

Connecting Science to Practice: The OAA Nutrition Program as Malnutrition Prevention

Meredith Whitmire | Defeat Malnutrition Today



defeat **malnutrition** today

Who Are We?

Coalition of over 120 national, state, and local stakeholders and organizations, including community, healthy aging, nutrition, advocacy, healthcare professional, faith-based, and private sector groups



Working to create policy change toward a greater emphasis on screening for, detecting, treating and preventing malnutrition



Agenda

Introduction to Older Americans Act nutrition programs

Structure

Importance

Screening best practices

Policy moving forward

Referrals



HHS Community-Based Nutrition Programs

Also called the Older Americans Act Nutrition Services Programs

Established in 1972 and are authorized through the Older Americans Act (OAA)

Title III-C-1 congregate nutrition program (meals provided at senior centers and other group locations)

Title III-C-2 home-delivered nutrition program (“Meals on Wheels”)



OAA Nutrition Programs

Overseen by the HHS's Administration for Community Living

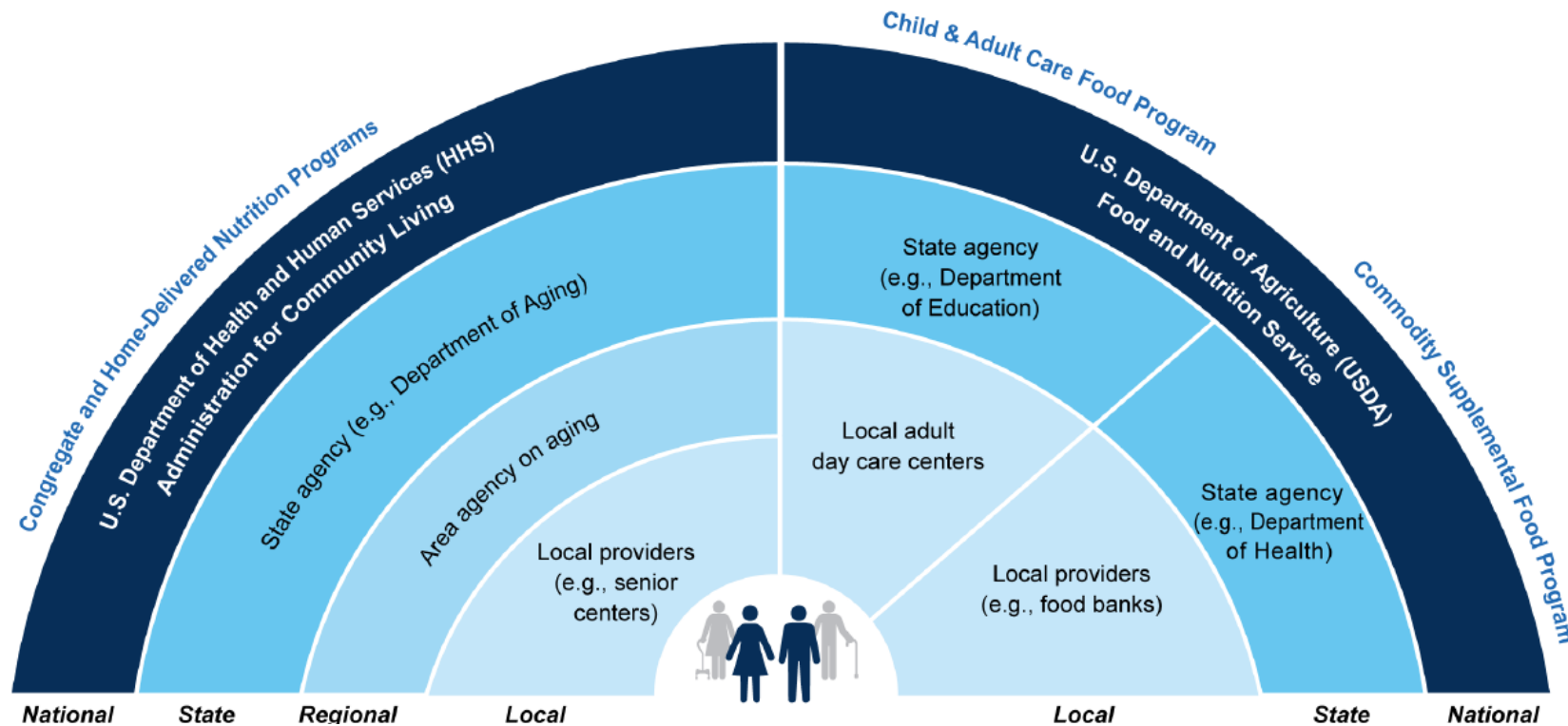
Collectively serve over 2.3 million older adults

Federal budget of almost \$1 billion total

Federally-funded, locally-run



Program Structure and Hierarchy



Nutrition Assistance Programs: Agencies Could Do More to Help Address the Nutritional Needs of Older Adults. US Government Accountability Office.

<https://www.gao.gov/assets/710/702788.pdf>

Published December 2019.



How Vital Are These Programs?

The Administration for Community Living administers the National Survey of Older Americans Act Participants (or NSOAAP) annually

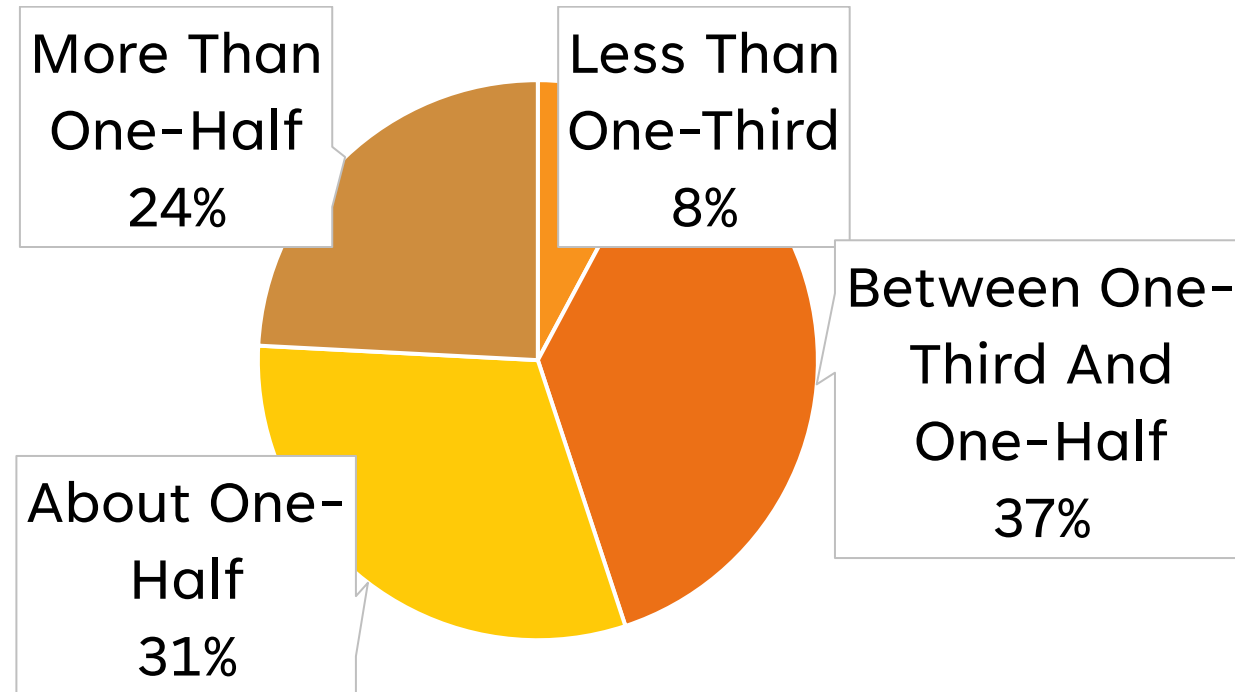
Conducted as a telephone survey to a random sample of OAA service recipients

Service recipient demographics, health, and wellbeing indicators are also collected

Good way to get a first-hand look at the programs as experienced by participants



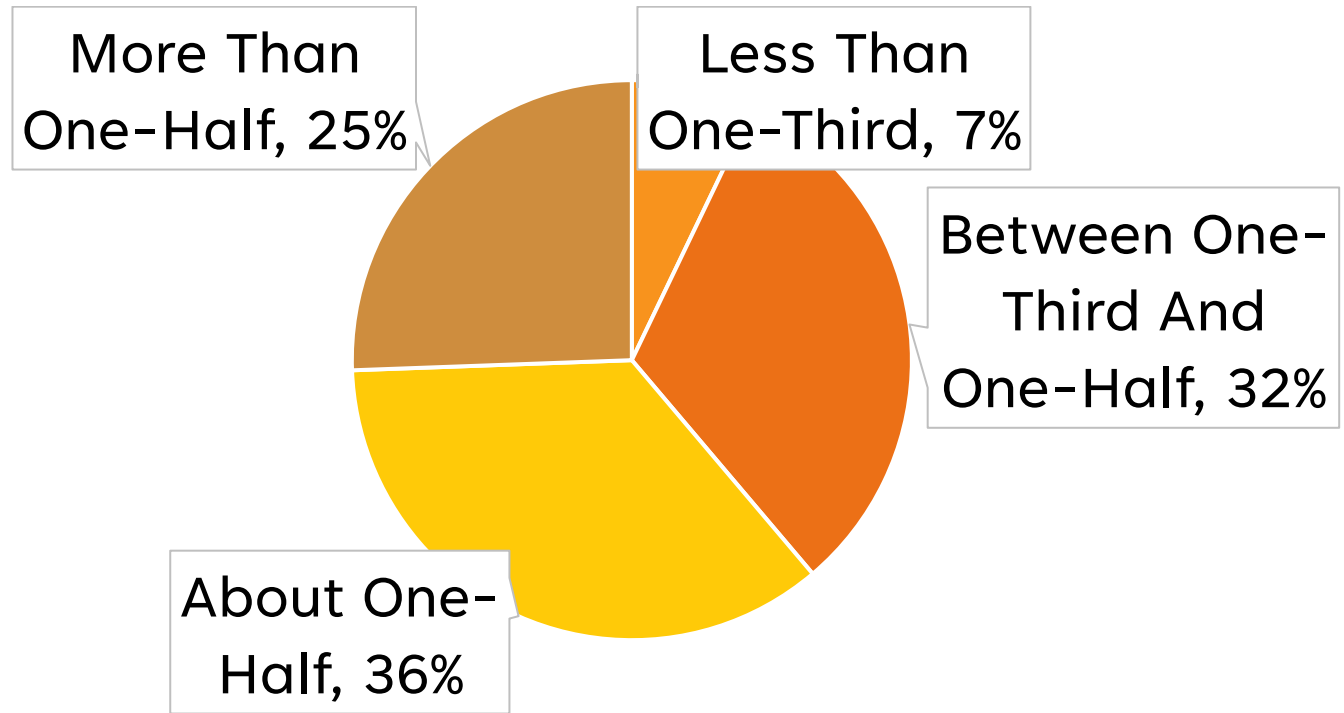
Congregate Meal Clients: The Portion of Food One Meal Represents



“Collecting Data on Older Adults: Opportunities to Learn About Nutrition Status” webinar, information presented by Kristen Robinson, Administration for Community Living, September 15, 2021



Home-Delivered Meal Clients: The Portion of Food One Meal Represents



“Collecting Data on Older Adults: Opportunities to Learn About Nutrition Status” webinar, information presented by Kristen Robinson, Administration for Community Living, September 15, 2021



Selected Survey Questions

Do you eat healthier foods as a result of the meals program?

Does receiving home-delivered meals improve your health?

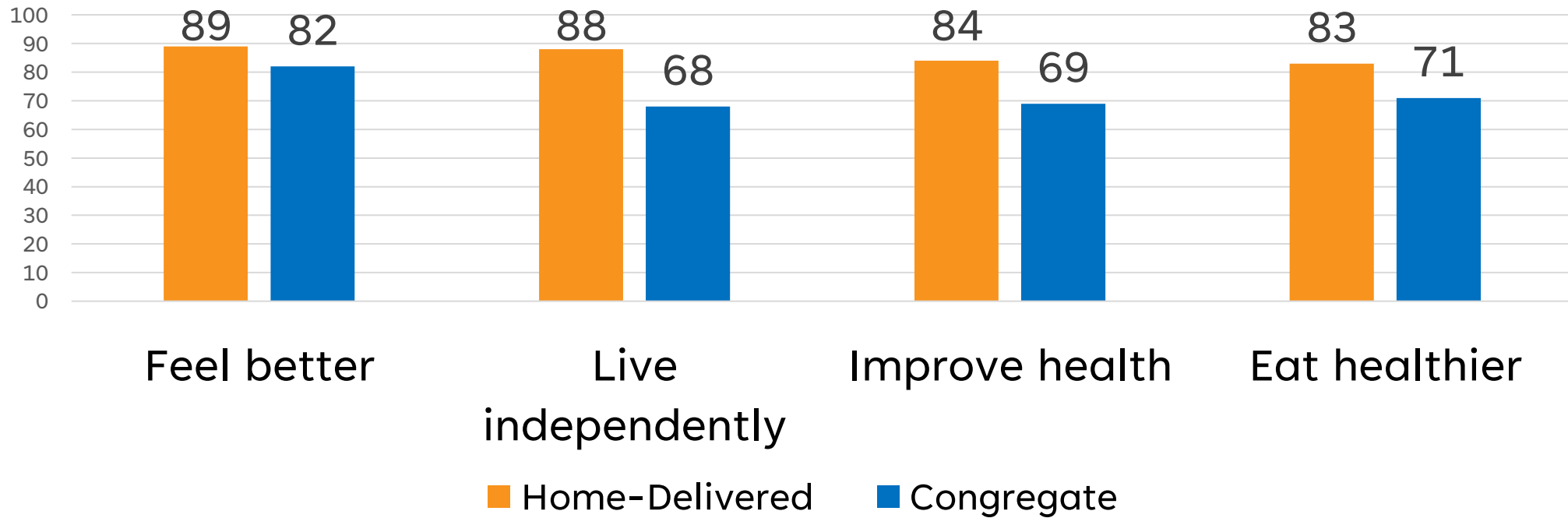
Do the meals help you to continue to live independently?

As a result of receiving meals, do you feel better?

“Collecting Data on Older Adults: Opportunities to Learn About Nutrition Status” webinar, information presented by Kristen Robinson, Administration for Community Living, September 15, 2021



Selected Questions: Responses



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Nutrition Screening

HHS congregate and home-delivered meals programs have had to screen for nutrition risk for years (DETERMINE Checklist)

The 2020 reauthorization of the Older Americans Act added “reducing malnutrition” to the purposes of the nutrition program and included malnutrition screening as part of the OAA’s nutrition screening requirements



Nutrition Screening (cont.)

BUT:

There is no federal policy or requirement on how assessments are conducted or their frequency

States have the flexibility to determine their own process for assessing the nutritional needs of participants



Screening at Nutrition Programs: Best Practices

Malnutrition Screening Tool (MST) is the screener preferred by the Academy of Nutrition and Dietetics for adults

Can be easily administered by nutrition program staff



Screening: Example Policy

One guide: the Illinois Department of Aging

“Who should be screened? All participants involved in nutrition services that have screened at “High Nutritional Risk” on the 10 federally required nutrition screening questions (i.e. DETERMINE Your Nutritional Health) should be screened for malnutrition.”

“Malnutrition Screening Guidance 2021.” Illinois Department on Aging.
<https://www2.illinois.gov/aging/programs/nutrition/Documents/IDoA-Malnutrition-Screening-Guidance-2021.pdf>



Screening: Example Policy (cont.)

“How to screen for malnutrition? Include the malnutrition screening along with the IDoA Congregate Registration or the Nutrition Referral/Assessment for Home Delivered Meals forms **initially (for those screened at “High” risk) and again annually or sooner based on resources available....** Have a process for case managers or others who directly interact with consumers to screen for malnutrition.”

“Malnutrition Screening Guidance 2021.” Illinois Department on Aging.
<https://www2.illinois.gov/aging/programs/nutrition/Documents/IDoA-Malnutrition-Screening-Guidance-2021.pdf>



Screening: Example Results

One recent study found that older adult residents of the Kentucky River region in eastern Kentucky had high rates of older adults at risk for malnutrition

50 percent of the population studied there scored a two or higher on the MST

Roberson L, Parker KA & Tucker, K. Action Alert: Strategies for Addressing Malnutrition Among Older Adults in Appalachia. Poster presentation, National Institutes of Health, Malnutrition in Clinical Settings: Research Gaps and Opportunities Workshop. 2022.



Example

REFERRAL BASED ON NUTRITION / MALNUTRITION RISK

Referred By: Area Agency on Aging and Independent Living

District Name: DAIIL

Address: 257 E Mainstreet 3E-E
Frankfort, KY 40601

Phone Number: 502-524-6930

Participant Information:

Name: Jaime Doe

Address: P.O. Box 1
Anywhere, KY 00000

Phone Number: 555-555-5555

We are referring our participant for follow up based on they are identified at being at high nutritional risk and/or at risk for Malnutrition based on the screens below. We are required by the state to refer our participants if they are found at nutritional risk. The DETERMINE nutrition screen below is Federally approved and mandated. The Malnutrition Screening Tool (MST) is a second screen that we have the option of using. The MST is reliable and validated. Our goal as an agency is to keep our participants healthy and in their homes to help them avoid long-term care. The back of this sheet you will find resources associated with malnutrition.

DETERMINE YOUR NUTRITIONAL HEALTH		Please circle the yes answers to the right	YES
I have an illness or condition that made me change the kind and/or amount of food I eat.			(2)
I eat fewer than 2 meals per day.			(3)
I eat few fruits, vegetables, or milk products.			2
I have 3 or more drinks of beer, liquor, or wine almost every day.			2
I have tooth or mouth problems that makes it hard for me to eat.			(2)
I don't always have enough money to buy the food I need.			4
I eat alone most of the time.			1
I take 3 or more different prescribed or over-the-counter drugs a day.			1
Without wanting to, I have lost or gained 10 pounds in the last 6 months.			(2)
I am not always physically able to shop, cook, and/or feed myself.			2
		Total	9

Please check the level of Risk

0-2	Good	Recheck your nutritional score annually	_____
3-5	Moderate Nutritional Risk	Life style changes may be necessary	_____
6 or more	HIGH NUTRITIONAL RISK	Referral to Dietitian or Physician is required	<input checked="" type="checkbox"/>

Screening: Example Results (cont.)

Roberson L, Parker KA & Tucker, K. Action Alert: Strategies for Addressing Malnutrition Among Older Adults in Appalachia. Poster presentation, National Institutes of Health, Malnutrition in Clinical Settings: Research Gaps and Opportunities Workshop. 2022.

MALNUTRITION SCREENING TOOL (MST)			
STEP 1: Screen with the MST		Circle the answers to the right	
Have you recently lost weight without trying?			
No		0	
Unsure		2	
If yes, how much weight have you lost?			
2-13 lb		1	
14-23 lb		(2)	
24-33 lb		3	
34 lb or more		4	
Unsure		2	
Weight Loss Score Total			2
Have you been eating poorly because of decreased appetite?			
No		0	
Yes		(1)	
Appetite Score Total			1
Add Weight loss and appetite score: MST SCORE			3
STEP 2: Score to determine risk (Please check below)			
MST = 0 or 1 NOT AT RISK (Eating well with little or no weight loss)		_____	
MST = 2 or more AT MALNUTRITION RISK (Eating poorly and/or recent weight loss)		<input checked="" type="checkbox"/>	
Rapidly implement nutrition interventions perform nutrition consult within 24-72 hours depending on risk.			
STEP 3: Intervene with nutritional support for your patients at risk for malnutrition			
Services currently received through our program:			
<u>Home Delivered Meals, Personal CARE, Transportation</u>			
Referring to the following for Medical / Nutritional follow up: <u>Physician</u>			
<u>SNAP Benefits, Commodities</u>			

Date of Referral: 9/12/17

Person Referring: Kathryn Tucker MS RD/CSLP



Future of the OAA Nutrition Program

Funding to meet demand has long been an issue with OAA nutrition programs

Exacerbated over the long term by the continued increase in the size of the older adult population and inflation

Long-term policy should include an overall increase in OAA nutrition program regular appropriations levels



“Adjusting for inflation, not only have total OAA appropriations over the past 18 years [federal fiscal years 2001-2019] failed to keep pace with [older adult] population growth, they actually fell by 16 percent.”

Referrals: How Do I Find Local Programs?

Eldercare Locator: <https://eldercare.acl.gov/>

Meals on Wheels America “Find Meals” locator tool:
<https://www.mealsonwheelsamerica.org/find-meals>

Local information and referral service (e.g. 211)



References List

Colello K. “Older Americans Act: Nutrition Services Program.” Congressional Research Service. 2020.

<https://crsreports.congress.gov/product/pdf/IF/IF10633>

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<https://www2.illinois.gov/aging/programs/nutrition/Documents/IDoA-Malnutrition-Screening-Guidance-2021.pdf>

Nutrition Assistance Programs: Agencies Could Do More to Help Address the Nutritional Needs of Older Adults. US Government Accountability Office. <https://www.gao.gov/assets/710/702788.pdf>. Published December 2019.

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Supporting Older Americans Act of 2020, Pub. L. No. 116-131. 2020. <https://www.congress.gov/bill/116th-congress/house-bill/4334/text>

Ujvari K, Fox-Grage W, Houser, “AARP Public Policy Institute: Spotlight: Older Americans Act.” 2019.

<https://www.aarp.org/content/dam/aarp/ppi/2019/02/older-americans-act.pdf>





Thank you!

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*More than 25 years of evidence-based
findings for population health*

Connecting Science to Practice: The OAA Nutrition Program as Malnutrition Prevention

Home-delivered and Congregate Meal Services for Older Adults Systematic Review: Recommendation from the Community Preventive Services Task Force

Leigh Ramsey Buchanan

Krista Hopkins Cole

Holly Wethington

Defeat Malnutrition Today Webinar

December 13, 2022

Disclaimer

The findings and conclusions in this presentation have not been formally determined by the Community Preventive Services Task Force or disseminated by the Centers for Disease Control and Prevention (CDC) and should not be construed to represent any CPSTF or agency determination or policy.

Community Preventive Services Task Force Recommendation

The [Community Preventive Services Task Force \(CPSTF\) recommends](#) home-delivered and congregate meal services for older adults living independently (i.e., not residents of senior living or retirement community centers) based on sufficient evidence of effectiveness showing reductions in malnutrition.

For home-delivered meal services, CPSTF also finds sufficient evidence of effectiveness for increasing energy intake and improving health-related quality of life and well-being.

For congregate meal services, additional research is needed to determine whether these services improve energy and protein intake and health-related quality of life and well-being.

Intervention Definition*

Meal services provide nutritious meals to adults 60 years and older who are living independently (i.e., not residents of senior living centers). Interventions prioritize those with greater social and economic needs and are delivered as one of the following:

- Home-delivered meal services, or
- Congregate meal services provided in group settings, such as senior centers, that give older adults an opportunity to socialize.

Meals typically follow nutritional guidelines, are usually provided five days per week, and may follow cultural- or health-related needs, such as diabetic requirements.

The Community Guide Systematic Review Process (10 Steps)

- 1. Select Topic:** Select a review topic based on CPSTF prioritization.
- 2. Create Coordination Team:** Create a team of staff, CDC program partners, CPSTF members, and other subject matter experts.
- 3. Select Intervention:** Select an intervention within the topic.
- 4. Conceptualize:** Define the intervention; craft the analytic framework; identify outcomes.
- 5. Search:** Systematically search for and retrieve evidence.
- 6. Screen:** Narrow retrieved set of papers.
- 7. Abstract:** Evaluate studies for quality and collect information from papers.
- 8. Analyze:** Analyze data from included studies.
- 9. Make CPSTF Recommendations:** Translate evidence into CPSTF recommendations and findings.
- 10. Disseminate:** Disseminate CPSTF findings and evidence gaps.

Brief Summary of Findings

The systematic review included 20 studies (24 study arms)

Home-delivered meal services (20 study arms)

- Dietary Behaviors
 - 7.1 percentage point increase in the percent of older adults who met their Recommended Daily Allowances (RDA) for energy (6 studies)
 - 5.9 percentage point increase in the percent of older adults who met their RDA for protein (6 studies)
- Food and Nutrition Security
 - 15.5 percentage point decrease in the percent of participants who were malnourished (9 studies, 10 study arms)
- Health-related Quality of Life and Well-being
 - Increase in health-related quality of life and well-being (3 studies, 4 study arms); no change (1 study)

Congregate meal services (4 study arms)

- Food and Nutrition Security
 - 9.0 percentage point decrease in the percent of participants who were malnourished (2 studies, 3 arms)

Additional results here: [TFFRS - Nutrition: Home-delivered and Congregate Meal Services for Older Adults | The Guide to Community Preventive Services \(The Community Guide\)](#)

Considerations for Implementation

The following considerations for implementation are drawn from studies included in the existing evidence review, the broader literature, and expert opinion from CPSTF, as noted below. CPSTF does not endorse any specific meal service intervention.

- Programs are encouraged to follow nutrition standards such as the Dietary Guidelines for Americans¹, even when not required, to ensure continued health benefits.
- Programs may incorporate nutrition education based on participants' current weight and activity level.
- It is important to develop policies on food safety and sanitation to minimize risk for foodborne illnesses, this may also include education for food preparers and deliverers.

Considerations for Implementation (continued)

Home-delivered meal services

- When considering the frequency of meal delivery, programs may want to balance interest in addressing participants' loneliness and exposure to communicable diseases.
- Programs may consider serving meals that allow for delayed consumption, for example ready-to heat or frozen meals rather than hot meals.
- Programs may consider incorporating food safety education and packaging that supports proper storage of leftovers.

Congregate meal services

- Programs may consider balancing socialization and providing meals with protecting older adults against communicable diseases.

Implementation Resources

- [ACL and the National Resource Center on Nutrition and Aging](#)
 - COVID-19 resources
 - Innovative and best practices for meals, socialization and health/well-being
- [Federal Grants for Nutrition Services from Administration on Aging](#)
- [Innovations in Nutrition Programs and Services | ACL Administration for Community Living](#)
- Meals on Wheels America: [Find Meals | Meals on Wheels America](#)

Evidence Gaps

CPSTF identified several areas that have limited information. Additional research and evaluation could help answer the following questions and fill remaining gaps in the evidence base.

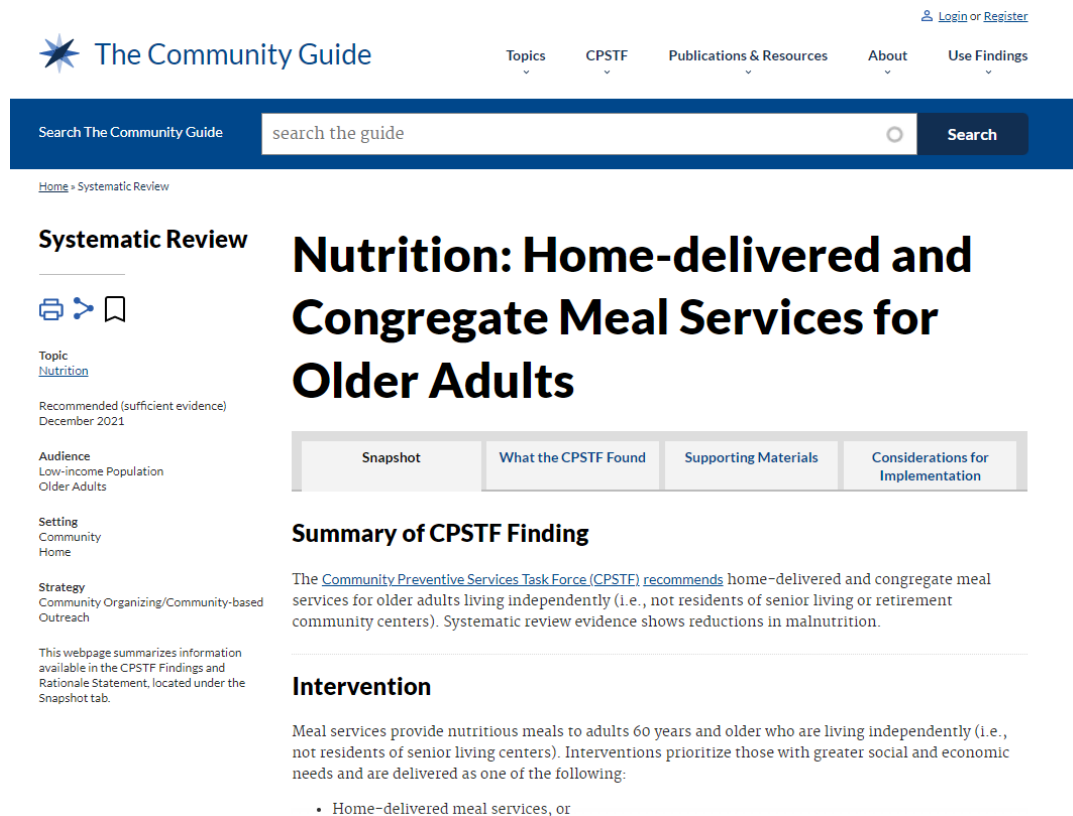
- How does intervention effectiveness vary by the following:
 - Race or ethnicity?
 - Extent of participants' support systems (e.g., friend networks, children)?
 - Participants' literacy level, education, and English proficiency?
 - Access to food (proximity to grocery stores)?
 - Frequency of meals provided?

Evidence Gaps cont.

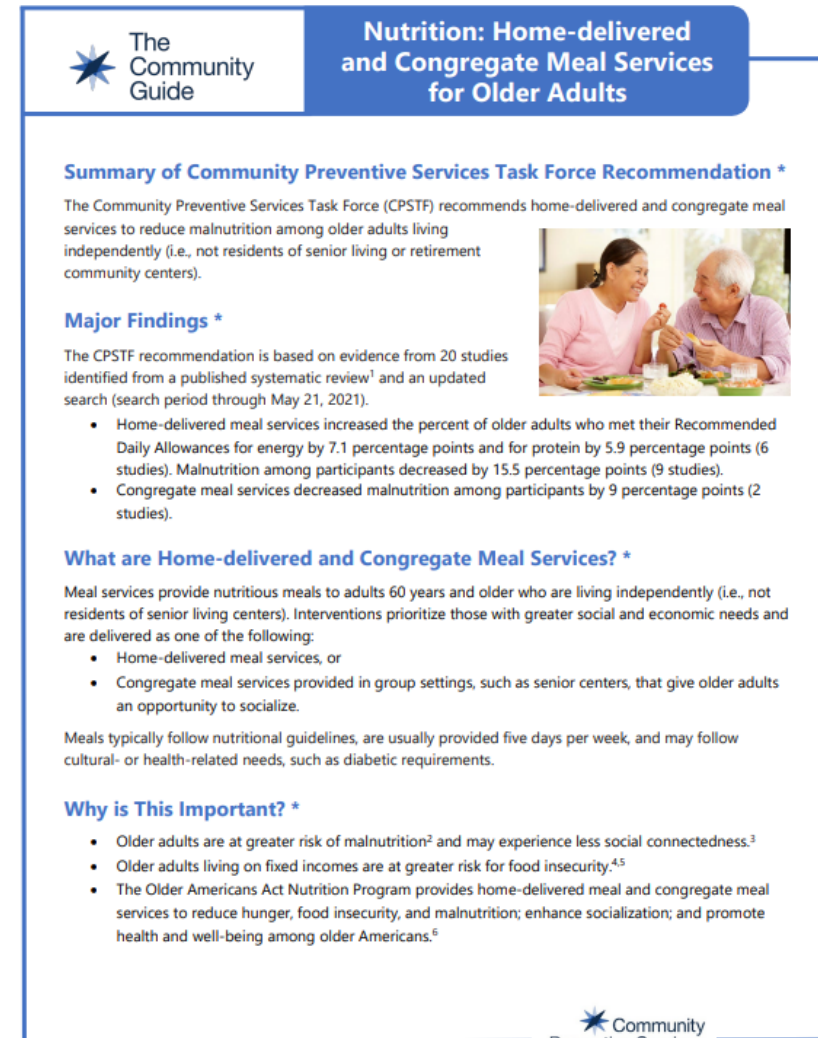
- What is the impact on dietary intake of including nutrition education?
- Are participants more likely to be referred to other community-based supports and programs than older adults who are not receiving meal services?
- Does participation affect activities of daily living, instrumental activities of daily living, or medication adherence?
- Do interventions demonstrate improvements for aging in place?

For More Information

- www.thecommunityguide.org/findings/nutrition-home-delivered-and-congregate-meal-services-older-adults



The screenshot shows the website interface for 'The Community Guide'. At the top, there is a navigation bar with 'The Community Guide' logo and links for 'Topics', 'CPSTF', 'Publications & Resources', 'About', and 'Use Findings'. A search bar is prominently displayed. The main content area features the article title 'Nutrition: Home-delivered and Congregate Meal Services for Older Adults' in large, bold text. Below the title is a 'Summary of CPSTF Finding' section, followed by an 'Intervention' section. The left sidebar contains metadata such as 'Systematic Review', 'Topic: Nutrition', 'Recommended (sufficient evidence) December 2021', 'Audience: Low-income Population Older Adults', 'Setting: Community Home', and 'Strategy: Community Organizing/Community-based Outreach'.



This block provides a detailed summary of the CPSTF recommendation. It includes the title 'Nutrition: Home-delivered and Congregate Meal Services for Older Adults' and a sub-section 'Summary of Community Preventive Services Task Force Recommendation *'. The text states that the CPSTF recommends these services to reduce malnutrition among older adults living independently. A photograph shows an older woman and man eating together. The 'Major Findings *' section lists three key points: home-delivered meals increase energy and protein intake while decreasing malnutrition; congregate meals also decrease malnutrition; and meals typically follow nutritional guidelines. The 'What are Home-delivered and Congregate Meal Services? *' section defines these services and notes that interventions prioritize those with greater social and economic needs. The 'Why is This Important? *' section highlights that older adults are at greater risk of malnutrition and food insecurity, and that the Older Americans Act Nutrition Program provides these services to address these issues.

Review Coordination Team

- Community Guide Office, Office of the Associate Director for Policy and Strategy, Centers for Disease Control and Prevention (CDC)
- Community Preventive Services Task Force (CPSTF)
- CPSTF Liaisons – Department of Health and Human Services (HHS), Office of Disease Prevention and Health Promotion
- Obesity Prevention and Control Branch; Division of Nutrition, Physical Activity, and Obesity; National Center for Chronic Disease Prevention and Health Promotion; CDC
- Administration for Community Living, HHS
- National Institutes of Health, National Heart, Lung, and Blood Institute; National Institutes for Health



THANK YOU!

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