

# OAA Nutrition Program

Fresh Conversations Training  
8-2-17



# IDA State Plan- Goals

## *Consider role of nutrition education*

- Support older Iowans as they make informed decisions and exercise self-determination and control about their independence, well-being and health.
- Promote Healthy Lifestyle Choices to Improve or Maintain Health and Well-being
- Ensure Older Iowans Have Access to Nutritious Meals and Opportunities for Social Engagement

# Objectives

Increase frequency of meal participation for consumers who may be socially isolated.

Increase participation in congregated and HD meals

Improve or maintain nutrition outcomes for nutrition program consumers.

# Performance Measures

- % HNR cong consumers receiving nutrition ed
- Outcome: *Older lowans at risk for poor nutrition and health status will receive information so they have better health-enhancing options.*
- Change in number and % of consumers receiving nutrition counseling
- Outcome: *..improve health literacy and optimize their nutrient intake*

# Performance Measures

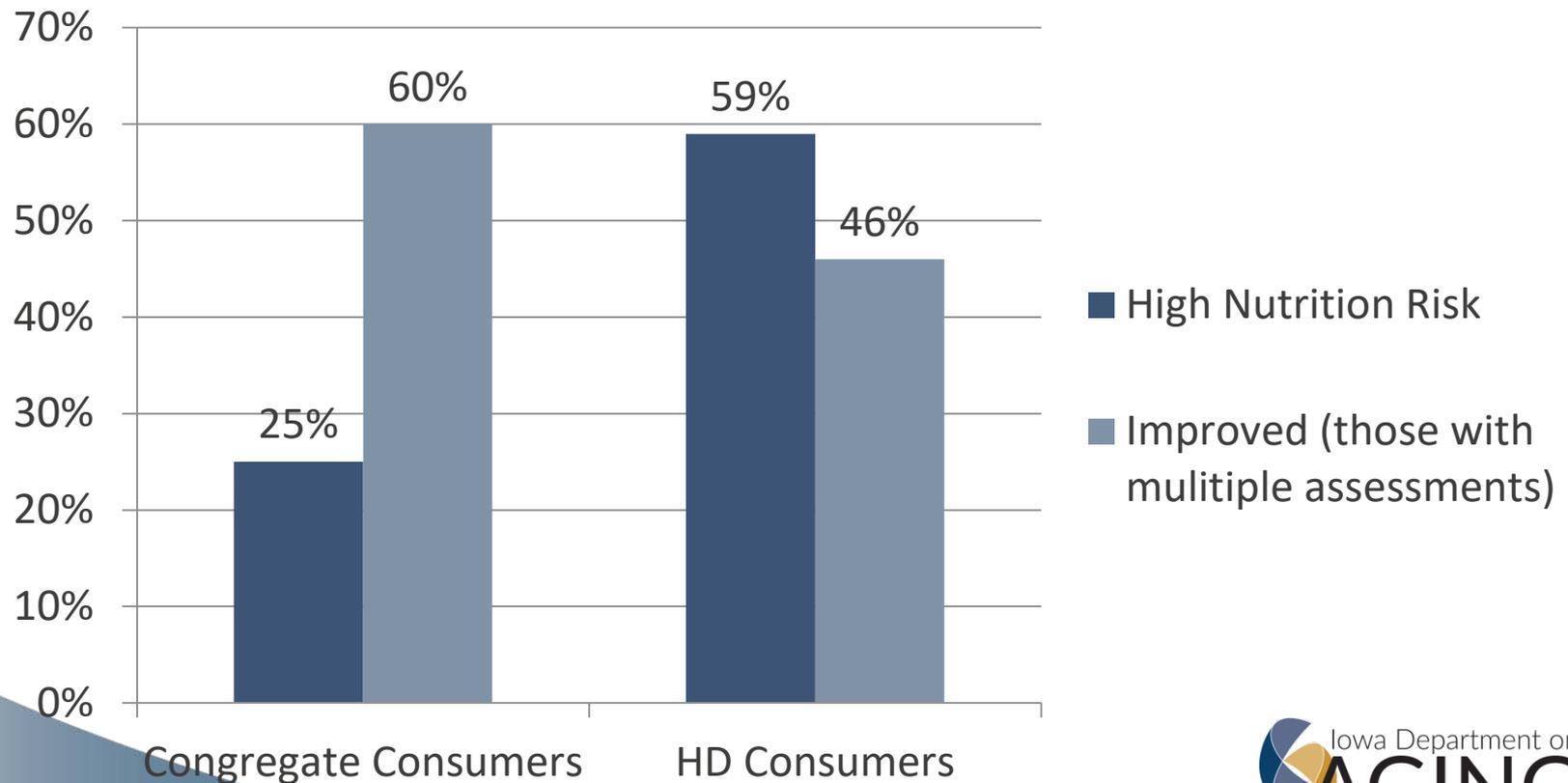
- % of congregate meal consumers served who may be socially isolated eating four meals at a meal site per month.
- *Outcome: Increase frequency of social activities in their community and consumption of nutritious meals.*

# Nutrition Workgroup

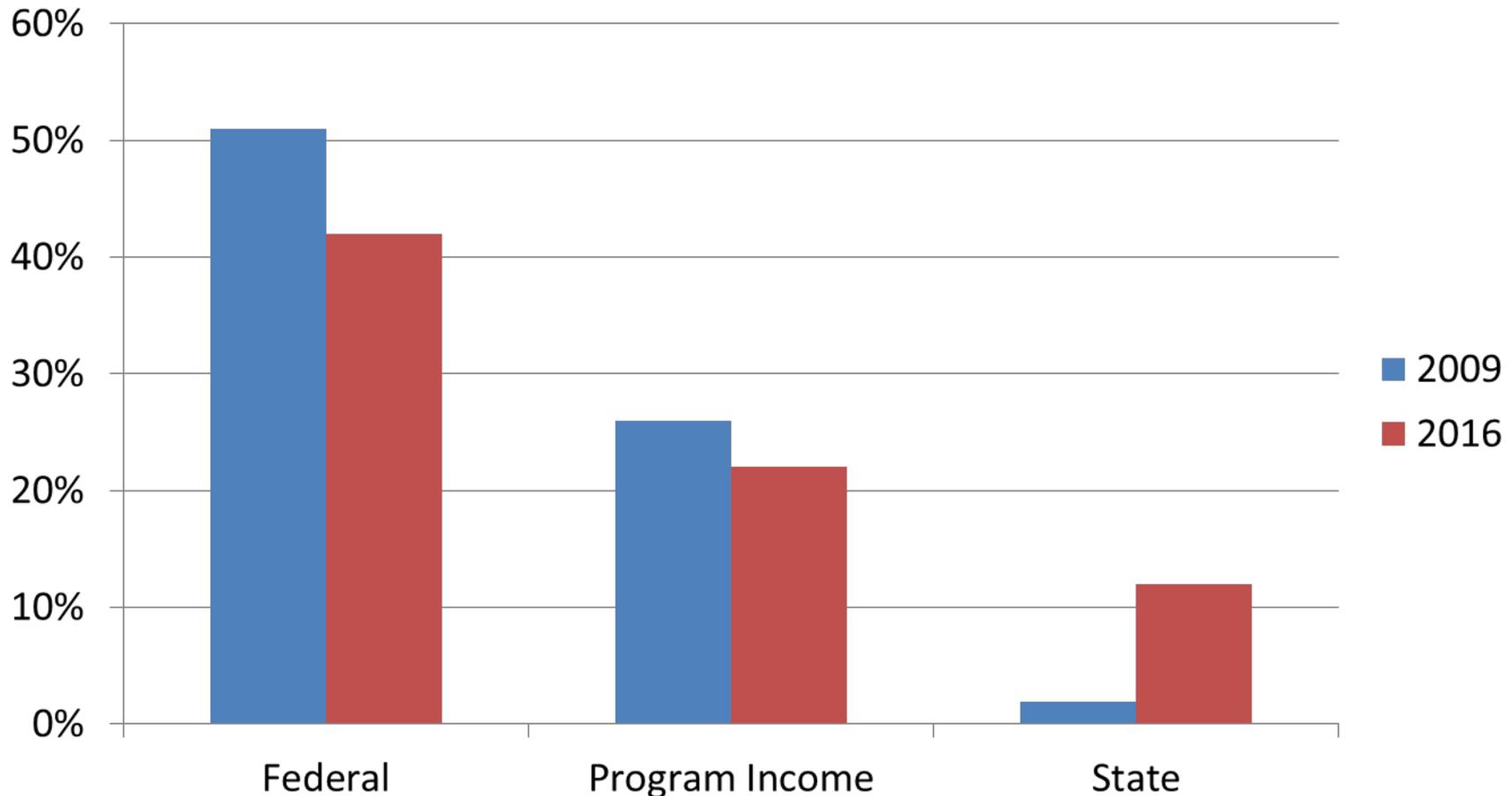
- Nutrition Directors
- AAA Executive Director representative
- Meet quarterly
- Review SAMS data and progress towards area plan projects and performance measures.

# Impact of Nutrition

*High nutrition risk puts consumers at risk for declining physical health, depression and loss of independence.*



# Trends : *Funding composition for meals changing*



- Lower percent from OAA Federal funds (2009 51%, 2016 42%)
- Lower percent from program income/individual contributions (2009 26%, 2016 22%)
- Larger percent from state funds (2009 1.9%, 2016 12%)

# Funding has not kept pace with inflation and growing number of seniors needing service

Hunger in Older Adults, February 2017

- GAO found that 9 in 10 food insecure seniors received neither congregate nor home delivered meals
- Congressional Research Service found using constant dollars, federal spending
  - \$25/older adult in 1990
  - \$12/older adult in 2013

# Business Acumen

- OAA programs available on contribution basis
- OAA funding no longer adequate
- IDA will be providing TA to AAAs for developing fee-for-service and sliding scale models for some programs and services:
  - Fall prevention programs
  - Other) EB programs
  - HD meals for hospital discharge to help reduce hospital readmissions (all ages/disease specific/diabetics)

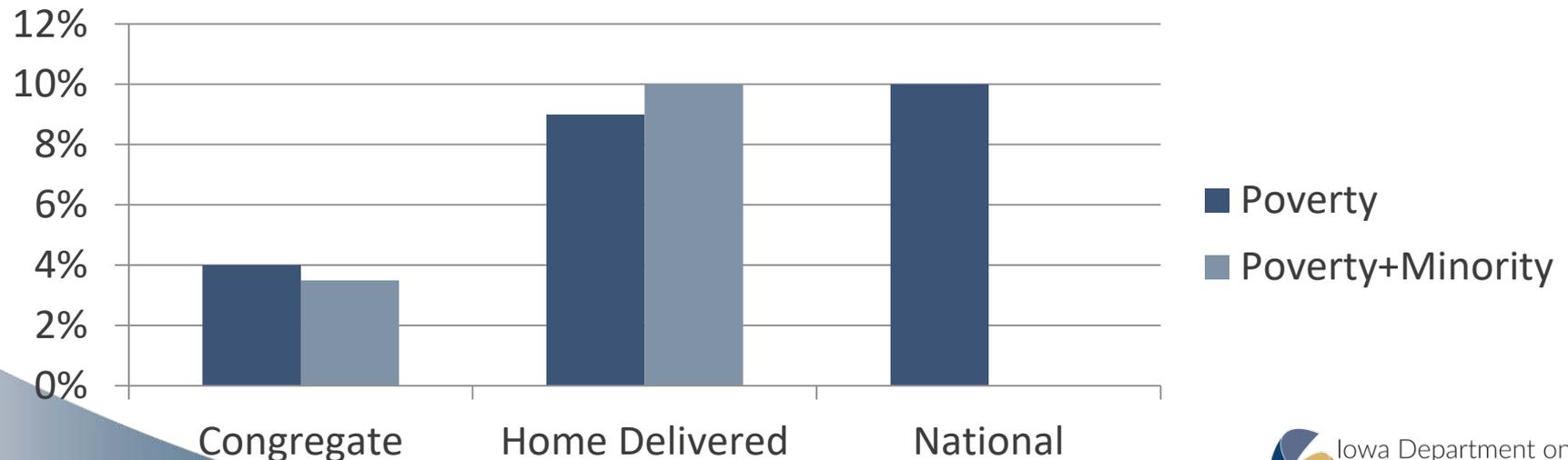
# Trends

*Meal participation is declining*

- Congregate meal participation has declined 46% over past 6 years
- Home delivered meal participation has declined 11% over past 6 years
- Some meal sites have been closed

# Meals reaching small percentage of potential population

- Congregate meals reach 4% of 60+ poverty; 3.5% 60+ minority and poverty. [of those served 36% at or below poverty; 3% 60+ and minority]
- Home delivered meals reach 9% 60+ poverty; 10% 60+ minority and poverty. [of those served 41% 60+ at or below poverty; 3% 60+ and minority]
- Nationally 10% of food insecure seniors participate in congregate or home delivered meal programs (GAO 2016)



# Trade Offs Used by Food Insecure Seniors

Hunger in Older Adults, February 2017

- 60% choose between food and utilities
- 58% choose between food and transportation
- 63% choose between food and medical care/medications

# Minority seniors are more vulnerable

Hunger in Older Adults, February 2017

- Eat small meals:
  - 39% Hispanic
  - 38% Black
  - 26% White
- Eat less nutritious meals
  - 42% Hispanic
  - 40% Black
  - 31% White
- Leads to functional decline, decreased ability to stay at home.

# Risk Factors for Isolation

AARP Foundation 2016

- Lack of accessible and affordable transportation
- Health issues such as untreated hearing loss, dementia, lack of mobility and frailty, which interfere with social connectedness
- Life transitions, such as retirement, becoming a caregiver or losing a spouse or friends
- Ageism and being limited by a lack of opportunities to contribute to one's community
- Poverty and discrimination because of social status, race, gender identity or sexual orientation
- Living in a rural area where interactions with others are more difficult

■ <http://www.forbes.com/sites/nextavenue/2016/12/25/loneliness-a-growing-health-threat-for-older-adults/#6e6756e779d1>

# Loneliness A growing Health Threat for Older Adults

- Health risks of prolonged isolation are equivalent to **smoking 15 cigarettes a day**
- “Social isolation is a potent killer,” said James Lubben, a professor at Boston College School of Social Work. “We need to start taking it much more seriously.”
- AARP Foundation, 2016

# Loneliness (con't AARP Foundation)

- 17% of American adults 65 and older are isolated
- Research shows a **26% increased risk of death due to subjective feeling of loneliness**
- 6 million adults 65 and older have a disability that prevents them from leaving their homes without help
- 51% of people 75 and older live alone
- Risk factor for having a person prematurely go into a nursing facility

# Loneliness

- A 2012 study showed that **people who felt lonely** — whether or not they lived with others or suffered from depression — **were at heightened risk of death**. It also showed that **43 percent of people over 60 felt lonely**.
- "If someone reports feeling lonely, they are more likely to lose their independence and they are at **greater risk of dying solely from being lonely**," said Dr. Carla Perissinotto, a geriatrician and researcher at the University of California, San Francisco who authored the study

# Socialization:

- Home delivered provides personal contact with some socialization and wellness check
- Congregate meal sites- Meet new people-- be with friends
- Have fun
- Variety of activities; activities with a purpose
- Learn: nutrition education, services and resources, civic events

# Opportunities for Fresh Conversations:

- To improve food security
- To increase meal participation
- To reduce loneliness/social isolation
- How??



Iowa Department on

**AGING**