



**National Association of Nutrition and Aging Services Programs**

1612 K Street, NW • Suite 400 • Washington, DC 20006

phone 202-682-6899 • fax 202-223-2099

[www.nanasp.org](http://www.nanasp.org)

Written Statement of  
Laura Howard  
Executive Director  
National Association of Nutrition and Aging Services Programs

Senate Health, Education, Labor and Pensions Committee  
Roundtable on Older Americans Act Reauthorization  
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Senators Enzi, Kennedy, DeWine, and Mikulski, and Members of the Committee:

I am Laura Howard, Executive Director of the National Association of Nutrition and Aging Services Programs (NANASP). On behalf of NANASP's more than 750 members across the country, I thank you for this opportunity to present NANASP's thoughts on the reauthorization of the Older Americans Act (OAA).

I and thirty NANASP members had the opportunity to participate in the recent White House Conference on Aging. We were pleased to see that the reauthorization of the Older Americans Act was the number one priority of the delegates. As a professional membership organization representing those at all levels of the aging network who are dedicated to providing quality nutrition and other direct services for older Americans, NANASP has a particular interest in this reauthorization. This is the year the first baby boomers become eligible for the OAA nutrition and other service programs, making it the first federal service program for the elderly to confront this demographic challenge.

Nutrition providers are acutely aware that the population they serve today is both changing and growing. One of the major challenges will be to attract those seniors newly eligible for OAA programs to participate. This may require a redefinition of congregate meals for a new generation. Nutrition programs will need to reassess and possibly redesign menus, service delivery methods and ancillary services offered to meet the expectations and desires of this new population, while continuing to serve those currently receiving services. Programs must balance these demands while adhering to federal nutritional standards in an ever-tighter budget environment.

Nutrition significantly impacts the health and long-term living of older Americans. Through the nutrition programs, seniors above the age of 60 can receive a meal at a congregate site or through a home-delivered program that provides one-third of their daily recommended nutritional intake. This provides a greater health status to seniors who otherwise might not be able to achieve proper nutrition. The nutrition programs also allow seniors to remain independent and in their homes instead of being prematurely institutionalized. According to the U.S. Administration on Aging, the average age of participants in the combined programs is approaching 80. As long-term care needs grow with increased life expectancy, home- and community-based services, such as those provided under the OAA, will play an integral part in maintaining the dignity, independence, and health status of many seniors and will continue to offer a cost-effective alternative to institutionalization or hospitalization.

The OAA nutrition programs also provide opportunities for social engagement in both congregate and home-delivered meal programs. It cannot be stressed enough that congregate programs are more than just a meal—they provide an opportunity for education and socialization and allow seniors to maintain community ties and stay active in society. The same is true in the home-delivered program, where the meal delivery is at times the only chance for an isolated senior to engage in human contact. This socialization is important to reducing isolation and is a tool used to monitor the safety and well-being of seniors living alone. The nutrition programs also allow seniors to remain active by providing opportunities for volunteerism and civic involvement.

Through their health, social and other benefits, the OAA nutrition programs are truly a win-win federal program. This reauthorization provides an opportunity to assess the effectiveness of existing programs and identify future needs. We thank you for the opportunity to provide input from the perspective of nutrition service providers during this process and urge you to reaffirm and expand the commitment to the largest service program in the Act.

Specifically, NANASP proposes that the OAA reauthorization:

- Increase OAA authorization levels by at least 25% above current FY 2006 funding levels to reflect inflation and ensure the Aging Network has the necessary resources to adequately serve the projected growth in numbers of older adults.
  - In 2006, the oldest of the baby boomers turn 60 and are now eligible to receive services under the OAA.
  - One of the fastest growing segments of our population is made up of those 75 and over. These seniors are often the most frail, most vulnerable and in the greatest need of aging supportive services such as those provided by the Title III nutrition programs. In fact, 69% of those receiving home-delivered meals and 64% of those receiving congregate meals are age 75 and over.
  
- Request that the Institute of Medicine Food and Nutrition Board conduct a study on the status and effectiveness of the nutrition programs and thoroughly disseminate the study's findings.
  - The Older Americans Act Nutrition Program, in existence for 35 years, has not been comprehensively evaluated by the Food and Nutrition Board (FNB) in relation to nutrition and health, quality of life, and independence. Since there were very few nutrition questions in recent national outcome studies, the cost effectiveness of the food and nutrition services may be underestimated. However, the cost of one day in a hospital equals the cost of one year of Nutrition Program meals, based on 2003 reported total expenditures and number of home-delivered meals provided by states.
  - The FNB at the Institute of Medicine, the National Academies, produces widely disseminated reports that provide government, industry, academia, and the public with the best available information and recommendations about food safety, food security, and nutrition, thereby promoting public health and preventing diet-related diseases. Studies have served as the basis for national policy by being thorough, balanced, and objective. National policy makers need advice on nutrition and food science in relation to health to ensure that decisions are supported by the best scientific analysis. Other federal food and nutrition assistance programs have been regularly evaluated and re-evaluated in whole and/or in part by the FNB.
  
- Raise the visibility of nutrition as an important health and welfare issue for unpaid family caregivers by exploring ways to provide meals and nutritional services to these caregivers and also have these meals counted toward NSIP totals.
  - Unpaid family caregivers can sacrifice their own health, financial security and quality of life in the course of their efforts to care for a loved one. If the caregiver is not eating well, this puts them and their charge at risk. Also a client is more

likely to eat more and receive better nutrition if the caregiver joins him/her in eating the same meals.

- Currently, meals provided to caregivers under the age of 60 are not able to be paid by Title IIIC or NSIP money; they must be paid by Title IIIIE, though whether this service is covered varies by state.
  - If caregiver meals are paid using Title IIIIE funds, allowing these meals to be counted toward NSIP totals will allow OAA nutrition programs to better meet the needs of the client and his or her caregiver by providing a nutritious meal.
- Ensure that the National Family Caregivers Support Program's (NFCSP's) match rate is equal to that of other OAA programs.
    - Currently, the match rate for the NFCSP is 25%, while the match rate of other Title III programs is 15%.
    - The increased match rate puts a significant burden on service programs already stretching limited resources and competing for local and public funding. Programs need to be encouraged to continue to provide services to at-risk caregivers and to plan for the future with additional services for the long term population growth. With the increased match, many programs may not be able to continue with caregiver programs and services.
- Establish and authorize adequate funding for one or more Nutrition and Physical Activity Resource Centers.
    - The OAA Nutrition Program is the largest program administered by the U.S. Administration on Aging. Yet, there is no requirement for the Assistant Secretary to fund a Resource Center for Nutrition and Physical Activity. Funding such a Resource Center is currently at the discretion of the Assistant Secretary for Aging.
    - The Aging Network needs technical assistance, access to the latest scientific information, guidance to establish outcome-based model programs, and help to implement newly released federal guidelines, such as the Dietary Reference Intakes (DRIs) and *Dietary Guidelines for Americans*, as well as national physical activity recommendations targeted to older adults. A Resource Center or Centers can assure that the Aging Network technical assistance needs are met. Another goal is to promote better cooperation between the food industry and the OAA Nutrition Program. Development and/or reformulation of more nutritious food products would expand menu options, food quality, and cost-effectiveness.
- Require each state unit on aging and encourage area agencies and local programs to employ registered dietitian(s) (RDs) because of their specific nutrition, food safety and foodservice expertise, as well as their program administration abilities.
    - Currently, there is no requirement at the state level to have a registered dietitian on staff, though budgetary and major administrative decisions are made at the state level that impact local nutrition programs.
    - An RD would bring specific skills to the design, implementation and evaluation of the nutrition program. Application of the basic nutrition science of the Recommended Dietary Allowances and the Dietary Guidelines for Americans is essential to help keep older adults active, healthy and at home. This science is increasingly complex. The RD can integrate and disseminate this information

about nutrition science advancements to ensure that the most recent science evidence is put into practice.

- An RD can ensure that the role of nutrition is addressed in home- and community-based nutrition services in the context of long term care, especially since programs are serving more frail, impaired older adults at home who have more complicated nutrition needs.
  - An RD can be a resource for training other professionals and function as a team member in designing comprehensive and coordinated service systems to meet the unique needs of older individuals in each state.
- Include statutory language in the Older Americans Act that increases support to the Aging Network to promote senior mobility and to facilitate coordination of human services transportation, especially as it relates to nutrition.
    - Transportation is a priority service under OAA Title III. Mobility is essential to live at home in the community. Providing safe, convenient modes of transportation to those who can no longer drive is necessary, but transportation funding competes with limited funding for many other needed services.
    - The Act needs to allow flexibility for agencies to collaborate together in meeting the community needs.
  - Maintain the Title V Senior Community Service Employment Program's (SCSEP's) vital, historic focus on community service, which significantly benefits nutrition programs and the entire aging population.
    - Low-income older adults who want or need to remain in or re-enter the workforce need options for employment. SCSEP allows older adults who must work to stay independent but who may not have the education or resources to compete with younger workers.
    - Workers under the SCSEP program provide incredible value to the aging network that needs dedicated staff, but has increasingly limited funds.

Through these principles, we believe the Act will be strengthened and improved to allow service providers to adequately prepare for the projected increase in demand while continuing to serve the seniors who rely on these services.