GAO Report Discussion: What’s Next for Federal Senior Nutrition Programs?

DEFEAT MALNUTRITION TODAY WEBINAR
JANUARY 28, 2020
About the Coalition

Coalition of 100 national, state, and local stakeholders and organizations, including community, healthy aging, nutrition, advocacy, healthcare professional, faith-based, and private sector groups

Share the goal of achieving the recognition of malnutrition as a key indicator and vital sign of older adult health risk; work to create policy change toward a greater emphasis on screening, detecting, treating and preventing malnutrition
Samantha Koehler
Senate Aging Committee
About the Report
Background on the Report

Work was done between June 2018 and November 2019

Studied 4 states (VT, AZ, LA, MI)
  ◦ Conducted interviews with 20 local provider organizations and state aging agencies
  ◦ Visited 25 meal and food distribution sites in the 4 states

Report title says a lot: “Agencies Could Do More to Help Address the Nutritional Needs of Older Adults”
Nutrition Guidelines

One main finding is current federal nutrition guidelines do not sufficiently focus on the nutrition needs of older adults, especially those with chronic conditions

- According to the CDC, 85 percent of older adults have at least one chronic health condition and 62 percent have at least two chronic conditions
- The guidelines do not address the varying nutritional needs of older adults of different ages and instead focus on guidelines for broad age groups

These guidelines impact the federal programs which provide nutrition to older adults

Combined with less than robust oversight by two federal agencies of meals that are served, the result is that too many older adults are not receiving nutritious meals
Nutrition Education

According to HHS regional officials, there are no requirements for the frequency or type of nutrition education that must be provided, though as officials in one region noted, programs are encouraged to provide education that is science based

- Almost half of state agencies surveyed in 2014 required AAAs, either directly or through their local providers, to provide nutrition education at least quarterly, and about 25% of state agencies require it to be provided only semi-annually or annually

State agencies overseeing CSFP food packages must also establish a nutrition education plan and ensure that local providers provide nutrition education to program participants
Nutrition Screening

HHS congregate and home-delivered meals programs must screen for nutrition risk

- There is no federal policy or requirement on how assessments are conducted or their frequency, and states have the flexibility to determine their own process for assessing the nutritional needs of participants.
- HHS provides a tool (the DETERMINE checklist) that states may use for these assessments
A Health Issue for Older Adults... and a Fiscal Issue for Programs

This is both a health and fiscal issue

Lack of proper nutrients in food can lead to older adults becoming victims of malnutrition

- Estimates today show that one in two older adults are at risk
- Malnutrition in its most severe form can lead to longer stays in hospitals and overall higher health care costs, including one estimate provided by HHS Secretary Azar that malnutrition results in some $42 billion in health costs annually

On the fiscal side, in a time of limited federal resources—programs that are not producing the outcomes that are expected can face future funding uncertainty
Program Challenges

Also worth noting in the GAO findings are the challenges that HHS nutrition program providers are identifying, such as difficulty in providing:

- Medically tailored meals
- Cultural dietary preferences
- Transportation for both congregate and home delivered meal programs

CACFP program providers also have difficulty providing food that meets both federal requirements and the health needs of their specific participants

CSFP faces similar issues
Social Determinants of Health

These challenges relate to a growing issue that Congress and the Administration must confront—addressing and responding to the social determinants of health

The report specifically calls on HHS and USDA to improve oversight of meal programs and provide additional information to meal providers to help them meet older adults’ nutritional needs
GAO’s Recommendations

The GAO produced five specific recommendations

To us, the recommendations seem reasonable and able to be done without the need for major new funding

They note that the recommendations were “generally agreed with by HHS and USDA”

Three are directed at HHS and the other two at USDA

We are pleased that speaking on behalf of HHS and specifically the Administration for Community Living (ACL) which administers the Older Americans Act nutrition programs is ACL’s Deputy Assistant Secretary for Aging Edwin Walker

USDA advised us they could not provide us with a speaker for this webinar
Recommendations for HHS

ACL should work with others in HHS to document their plans to focus on the nutritional needs of older adults in the HHS-led Dietary Guidelines for years 2025-2030.
  ◦ GAO noted that no such plan yet exists

ACL should direct their regional offices to ensure states are monitoring the nutrition content of meals provided under the congregate and home delivered meals programs
  ◦ We are especially interested to see if the recent ACL reorganization of their regional offices will impact their ability to implement this recommendation

ACL should centralize a location for information on meeting nutrition needs of older adult participants in their programs
  ◦ We were pleased to note ACL’s response to this recommendation involves the National Resource Center on Nutrition and Aging
Recommendations for USDA

Better oversight of Child and Adult Care Food Program (CACFP) meals/snacks in adult day care settings by the USDA’s Food and Nutrition Service (FNS)

Better dissemination of the existing information on the nutrition needs of older adults to CACFP providers
Nutrition Assistance Programs: Agencies Could Do More to Help Address the Nutritional Needs of Older Adults

Edwin L. Walker
Deputy Assistant Secretary for Aging

Administration for Community Living
Administration on Aging

January 28, 2020
Administration on Aging

• Administers Programs Operated Under:
  – Older Americans Act;
  – Public Health Service Act; and
  – Elder Justice Act

• Five Programs/Offices
  – Supportive and Caregiver Services
  – Nutrition and Health Promotion Programs
  – Elder Justice and Adult Protective Services
  – American Indian, Alaskan Native, and Native Hawaiian Programs
  – Long-Term Care Ombudsman Programs
GAO Findings

• Nutrition
  – Can affect health outcomes of older adults
GAO Findings, continued

• Current Federal Nutritional Guidelines
  – Do not focus on the varying nutritional needs of older adults
GAO Findings, continued

- Most Older Adults have Chronic Conditions
  - Diabetes or Heart Disease

- Have Different Nutritional Needs
• As Older Adults Age
  – They Face Barriers
    ▪ Reduced Appetite

• Impairing their Ability to Meet their Nutritional Needs
GAO Recommendation #1

• HHS Should Document its Plan

• To Focus on Specific Nutritional Needs of Older Adults

• In the 2025-2030 Update of the Dietary Guidelines for Americans
HHS Response to Recommendation #1

• Office of Health Promotion & Disease Prevention (OHPDP)
  – Lead Responsibility in HHS
  – 2025-2030 Update of the Dietary Guidelines for Americans

• ACL Coordinating With OHPDP

• ACL Hiring a Registered Dietician
  – https://www.usajobs.gov/GetJob/ViewDetails/557852300
GAO Recommendation #2

• Regional Offices to Ensure States are Monitoring Providers

• To Ensure Meal Consistency

• With Federal Nutritional Requirements
GAO Recommendation #3

• Centralize Information on Promising Approaches for Making Meal Accommodations

• In One Location on the National Resource Center on Nutrition and Aging Website
Conclusion

• Our Approach to Program Improvement

• Work Collaboratively With You
  – NANASP
  – MOWA
  – Defeat Malnutrition Today Coalition
  – Nutrition Services Providers
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Looking Ahead
Congressional Relevance

A deeper dive into the report shows some relevance for Congress as well

Congress needs to complete action on the reauthorization of the Older Americans Act

- Both the House-passed bill and the Senate bill call for first-time malnutrition screening, and both bills also call for more medically-tailored meals and meals addressing cultural dietary preferences

When the process is finished, we call upon the House and Senate to provide adequate funding and resources to ensure this screening does occur and perhaps fund some pilot programs where a larger quantity of medically-tailored meals and/or culturally-appropriate meals can be provided

No matter what, Congress should be providing funding for all senior nutrition programs (both within HHS and USDA) to meet the demand for high-quality, nutritious food for a growing older adult population
Conclusions

We are grateful to both Sens. Murray and Casey for requesting the report and to ACL for responding to the report and participating today.

The report is important – it provides a recognition of the vital issue of older adult nutrition and a roadmap for further action:
- It also says that with improved oversight, meals that are provided with federal funds can meet more of the nutritional needs of older adults.
- We know from working with nutrition providers that they want to offer the best meals possible so older adults don’t have to be hospitalized or placed in a nursing home because of poor nutrition.

All of the programs cited in this report can help maintain the independence of the older adults they serve, and we should invest more in all of them—the return on this investment will be sound.
Resources

Interested in nutrition? Join our coalition! Info is on the Defeat Malnutrition Today website on how to join as an individual or an organization: [http://defeatmalnutrition.today](http://defeatmalnutrition.today)


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