



# Older Americans Act: Title III Nutrition Services Program

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## Summary

The elderly nutrition services program, authorized under Title III of the Older Americans Act, provides grants to state agencies on aging to support congregate and home-delivered meals for people aged 60 and older. The program is designed to address problems of food insecurity, promote socialization, and promote the health and well-being of older persons through nutrition and nutrition-related services. It is the largest Older Americans Act program, funded at \$819.5 million in FY2010, accounting for over one-third (35%) of the Act's total funding. In FY2008, the most recent year for which data are available, over 240 million meals were served to about 2.6 million people; 61% were served to frail older people living at home, and 39% were served in congregate settings. The number of home-delivered meals served has outpaced congregate meals, growing by almost 44% from FY1990 to FY2008; the number of congregate meals served declined by 34%. The faster growth in home-delivered meals is partially due to relatively higher growth in federal funding for home-delivered meals over that time period, as well as state decisions to focus funds on frail older people living at home. Congress approved the Older Americans Act Amendments of 2006 (P.L. 109-365) extending the Act's authorization of appropriations through FY2011.

## **Contents**

|                                           |   |
|-------------------------------------------|---|
| Purpose.....                              | 1 |
| Nutrition Services Program .....          | 1 |
| Congregate Nutrition Services.....        | 1 |
| Home-Delivered Nutrition Services.....    | 2 |
| Nutrition Services Incentive Program..... | 3 |
| Funding .....                             | 3 |
| Service Delivery Requirements .....       | 6 |
| Meals Served .....                        | 6 |
| Program Participation.....                | 7 |
| Program Evaluation .....                  | 7 |

## **Figures**

|                                                                                                                                              |   |
|----------------------------------------------------------------------------------------------------------------------------------------------|---|
| Figure 1. Proportion of Senior Nutrition Participants and Meals Served for Congregate<br>and Home-Delivered Nutrition Programs, FY2008 ..... | 3 |
|----------------------------------------------------------------------------------------------------------------------------------------------|---|

## **Tables**

|                                                                              |   |
|------------------------------------------------------------------------------|---|
| Table 1. OAA Nutrition Services Program Funding, FY1990-FY2010.....          | 4 |
| Table 2. OAA Nutrition Services, Number of Meals Served, FY1990-FY2008 ..... | 5 |

## **Contacts**

|                                  |   |
|----------------------------------|---|
| Author Contact Information ..... | 8 |
| Acknowledgments .....            | 8 |

The elderly nutrition services program, authorized under Title III of the Older Americans Act (OAA)<sup>1</sup>, provides grants to state agencies on aging to support congregate and home-delivered meals to people aged 60 and older. The program is the largest component of the Act, accounting for \$819.5 million, or about one-third (35%), of the Act's total FY2010 funding of \$2.328 billion. The program is designed to address problems of food insecurity, promote socialization, and promote the health and well-being of older persons through nutrition and nutrition-related services. It evolved from demonstration projects first funded in 1968. In 1972, Congress authorized the program as a separate title of the Act and, in 1978, incorporated it into Title III. In 2006, Congress enacted P.L. 109-365, which reauthorized all programs under the Act through FY2011.<sup>2</sup>

## **Purpose**

P.L. 109-365 added a new purpose statement for the nutrition services program emphasizing both its nutritional and socialization aspects and its importance in promoting the health of older people. The purposes of the program as stipulated in the law are to (1) reduce hunger and food insecurity, (2) promote socialization of older individuals, and (3) promote the health and well-being of older individuals by assisting them to access 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.

## **Nutrition Services Program**

The Administration on Aging (AoA) in the Department of Health and Human Services (HHS) administers the Nutrition Services Program, which includes (1) the Congregate Nutrition Services Program, (2) the Home-Delivered Nutrition Services Programs, (3) and the Nutrition Services Incentive Program (NSIP). For the Congregate and Home-Delivered Programs, services must be targeted at persons with the greatest social and economic need, with particular attention to low-income older persons, including low-income minority older persons, older persons with limited English proficiency, older persons residing in rural areas, and those at risk for institutionalization. Means tests for program participation are prohibited, but older persons are encouraged to contribute to the costs of nutrition services, including meals. Older individuals may not be denied services for failure to contribute. The following describes these programs in greater detail.

### **Congregate Nutrition Services**

Congregate nutrition services provide meals and related nutrition services to older individuals in a variety of sites, such as senior centers, community centers, schools, and adult day care centers. Congregate nutrition service providers can also offer a variety of nutrition related services at meal sites, such as nutrition education and screening, nutrition assessment, and counseling as appropriate. The program also provides seniors with opportunities for social engagement and volunteer opportunities.

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<sup>1</sup> 42 U.S.C. 3021 et. seq. Regulations are at 45 C.F.R. 1321.1 et. seq.

<sup>2</sup> For further information, see CRS Report RL31336, *The Older Americans Act: Programs, Funding, and 2006 Reauthorization (P.L. 109-365)*, by Carol O'Shaughnessy and Angela Napili.

Individuals aged 60 or older and their spouses of any age may participate in the congregate nutrition program. The following groups may also receive meals: persons under age 60 with disabilities who reside in housing facilities occupied primarily by the elderly where congregate meals are served; persons with disabilities who reside at home with, and accompany, older persons to meals; and volunteers who provide services during the meal hours.

In FY2008, the most recent year for which data are available, about 4 in 10 congregate meals (39%) were served to almost two-thirds (65%) of all OAA nutrition program participants (or 94.2 million meals to almost 1.66 million meal participants).<sup>3</sup> (See **Figure 1**.)

## **Home-Delivered Nutrition Services**

Home-delivered nutrition services provide meals and related nutrition services to older individuals that are homebound. According to AoA, home-delivered meals are often the first in-home service that an older adult receives, and the program is a primary access point for other home and community-based services.<sup>4</sup> Like congregate nutrition service providers, home-delivered service providers can offer services such as nutrition screening and education, nutrition assessment, and counseling as appropriate. Home-delivered meals are also an important service for many family caregivers by assisting family members with their caregiving responsibilities and, for some, helping them maintain their own health and personal well-being.<sup>5</sup>

Individuals aged 60 or older and homebound and their spouses of any age may participate in the home-delivered nutrition program. Services may be available to individuals who are under age 60 with disabilities if they reside at home with the homebound older individual.

In FY2008, 6 in 10 meals (61%) were delivered to over one-third (35%) of all OAA nutrition program participants (or 146.4 million home-delivered meals to almost 910,000 participants).<sup>6</sup> (See **Figure 1**.)

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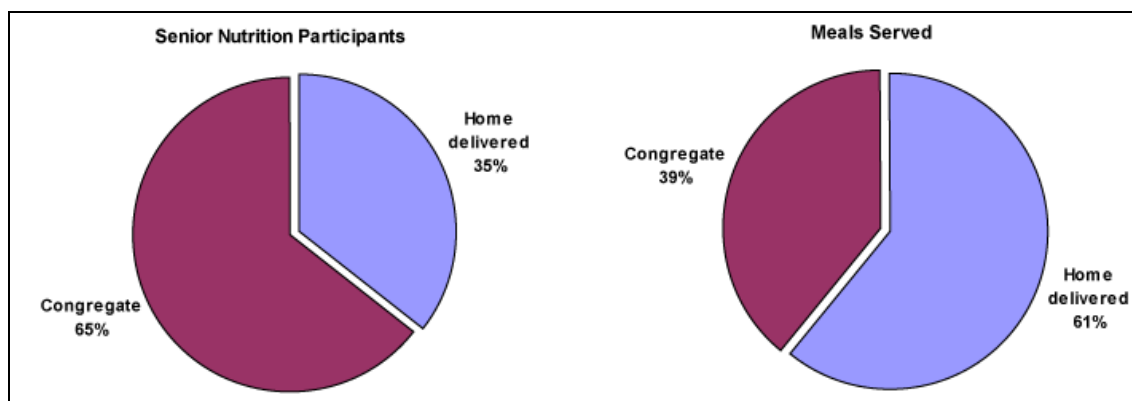
<sup>3</sup> Data from Administration on Aging, "State Program Report 2008," AGing Integrated Database at <http://www.agidnet.org/>.

<sup>4</sup> Administration on Aging, "Nutrition Services (Title C)," at [http://www.aoa.gov/AoARoot/AoA\\_Programs/HCLTC/Nutrition\\_Services/index.aspx](http://www.aoa.gov/AoARoot/AoA_Programs/HCLTC/Nutrition_Services/index.aspx).

<sup>5</sup> For further information on family caregiving, see CRS Report RL34123, *Family Caregiving to the Older Population: Background, Federal Programs, and Issues for Congress*, by Kirsten J. Colello.

<sup>6</sup> Data from Administration on Aging, "State Program Report 2008," AGing Integrated Database at <http://www.agidnet.org/>.

**Figure I. Proportion of Senior Nutrition Participants and Meals Served for Congregate and Home-Delivered Nutrition Programs, FY2008**



**Source:** CRS analysis of data from Administration on Aging, “State Program Report 2008,” AGing Integrated Database at <http://www.agidnet.org/>.

## Nutrition Services Incentive Program

The Nutrition Services Incentives Program (NSIP) provides funds to states, territories, and Indian tribal organizations to purchase food or to cover the costs of food commodities provided by the U.S. Department of Agriculture (USDA) for the congregate and home-delivered nutrition programs. Originally established by the OAA in 1974 as the Nutrition Program for the Elderly in USDA,<sup>7</sup> Congress transferred the administration of NSIP from USDA to AoA in 2003.<sup>8</sup> However, states and other entities may still choose to receive all or part of their NSIP allotments in the form of commodities. Obligations for commodity procurement for NSIP are funded under an agreement between USDA and HHS.<sup>9</sup>

## Funding

The AoA awards separate allotments of funds for the congregate nutrition services program and home-delivered nutrition services program to states and territories. State agencies, in turn, award nutrition services funds to the 629 area agencies on aging that administer the program in their respective planning and service areas. The AoA also awards a separate allotment to states, territories, and Indian tribal organizations for NSIP funds.

Funds for congregate and home-delivered nutrition services are allotted to states according to a formula based on each state’s relative share of the population aged 60 and over; however, the law stipulates that no state receive less than it received in FY2006. P.L. 109-365 gradually

<sup>7</sup> The program was originally established for commodities only. In 1977, states could receive allotments from USDA in cash or commodities.

<sup>8</sup> Division G, Title II, Section 217 of the Consolidated Appropriations Resolution, 2003 (P.L. 108-7).

<sup>9</sup> In 2006, pursuant to P.L. 109-365, Congress rescinded states’ option to receive commodities. However, in 2007, this option was reinstated through P.L. 110-19 (effective April 23, 2007) which authorized the transfer of NSIP funds from HHS to USDA for the purchase of commodities and related expenses.

eliminated a guaranteed growth factor in the formula, beginning in FY2008.<sup>10</sup> States are required to provide a matching share of 15% in order to receive funds for congregate and home-delivered nutrition programs.

NSIP funds are allotted to states and other entities based on each state's share of total meals served by the nutrition services program (both congregate and home-delivered meals) in all states and tribes during the prior year. As previously mentioned, states receive their share of NSIP funds in cash, but may elect to use some or all of their funds to purchase commodities through the USDA. Most states choose to receive their share of funds in cash, rather than commodities.<sup>11</sup> There is no matching requirement for NSIP funds.

In FY2010, of the total \$819.5 million appropriated for the program, \$440.8 million was for congregate nutrition (54%), \$217.7 million for home-delivered nutrition (26%), and \$161.0 million for nutrition services incentive grants (20%) (**Table 1**).<sup>12</sup> Funding for nutrition services represents 60% of FY2010 funding for Title III, which also funds a wide array of social services, family caregiver support activities, and disease prevention and health promotion services for older individuals.

**Table 1. OAA Nutrition Services Program Funding, FY1990-FY2010**  
(2009 constant dollars, in millions)

| Fiscal year       | Congregate meals | Home-Delivered meals | NSIP    | Total   |
|-------------------|------------------|----------------------|---------|---------|
| 1990              | \$576.9          | \$129.5              | \$235.3 | \$941.7 |
| 1995              | \$530.3          | \$132.8              | \$211.7 | \$874.7 |
| 2000              | \$466.4          | \$183.2              | \$174.4 | \$824.1 |
| 2005              | \$424.3          | \$200.3              | \$162.8 | \$787.4 |
| 2006              | \$408.3          | \$192.7              | \$156.6 | \$757.7 |
| 2007              | \$413.2          | \$195.0              | \$153.1 | \$761.4 |
| 2008              | \$404.0          | \$190.7              | \$150.9 | \$745.6 |
| 2009 <sup>a</sup> | \$434.3          | \$214.5              | \$161.0 | \$809.7 |
| 2010              | \$440.8          | \$217.7              | \$161.0 | \$819.5 |

**Source:** CRS analysis based on AoA/HHS and USDA amounts from appropriations legislation adjusted by the CPI-U.

- a. The American Recovery and Reinvestment Act (ARRA, P.L. 111-5) appropriated additional funding for senior nutrition services. This amount is not included in the FY2009 total. Specifically, ARRA appropriated \$100 million for senior nutrition services, of which \$97 million was provided to states and territories (\$65 million for congregate and \$32 million for home-delivered meals), and \$3 million was made available to Indian tribal organizations. States and territories received separate allotments for congregate nutrition and home-delivered nutrition programs based on the states population age 60 and older relative to the

<sup>10</sup> For further information, see CRS Report RS22549, *Older Americans Act: Funding Formulas*, by Kirsten J. Colello.

<sup>11</sup> In FY2008, 8 states chose to receive a portion of their share of the nutrition services incentive funds in commodities: Connecticut, Delaware, Idaho, Kansas, Massachusetts, Montana, Nevada, and Oklahoma. The FY2008 value for these commodities was \$2.7 million.

<sup>12</sup> For further information on OAA funding, see CRS Report RL33880, *Older Americans Act (OAA) Funding*, by Angela Napili. For information on state funding allocations see [http://www.aoa.gov/AoARoot/AoA\\_Programs/OAA/Aging\\_Network/State\\_Allocations/](http://www.aoa.gov/AoARoot/AoA_Programs/OAA/Aging_Network/State_Allocations/).

total U.S. population age 60 and older. For further information, see [http://www.aoa.gov/AoARoot/PRESS\\_Room/News/2009/03\\_18\\_09.aspx](http://www.aoa.gov/AoARoot/PRESS_Room/News/2009/03_18_09.aspx).

When adjusted for inflation, the total amount of funding appropriated for OAA Nutrition Services has decreased substantially over the past two decades (\$819.5 million for FY2010 compared to \$941.7 million in FY1990). This decline in relative funding has been experienced by the congregate meals and NSIP programs, while funding levels for the home-delivered meals programs have increased over the same time period.

In constant 2009 dollars, the total appropriation for congregate meals, home-delivered meals, and NSIP fell from \$941.7 million in 1990 to \$745.6 million in 2008, a decline of \$196.1 million or 21%. The amount appropriated for congregate meals fell from \$576.9 million to \$404 million, a decline of \$172.9 million or 30%. The amount appropriated for NSIP fell from \$253.3 million to \$150.9 million, a decline of \$84.4 million or 36%. Only the amount appropriated for home-delivered meals increased in real terms from 1990 to 2008, rising from \$129.5 million to \$190.7 million, an increase of \$61.2 million or 47%.

Overall, this reduction in purchasing power has affected the number of meals served, which declined by 3.9 million meals (or 2%) from FY1990 to FY2008, the most recent year for which data are available (see **Table 2**). The overall decline in meals served is due to a substantial decrease in the number of congregate meals served, while the number of home-delivered meals has increased.

**Table 2. OAA Nutrition Services, Number of Meals Served, FY1990-FY2008**  
(in millions)

| Fiscal year | Congregate meals | Home-delivered meals | Total meals | Home-delivered meals as a percent of total meals |
|-------------|------------------|----------------------|-------------|--------------------------------------------------|
| 1990        | 142.4            | 101.8                | 244.2       | 42%                                              |
| 1995        | 123.4            | 119.0                | 242.4       | 49%                                              |
| 2000        | 116.0            | 143.5                | 259.4       | 55%                                              |
| 2005        | 100.5            | 140.1                | 240.6       | 58%                                              |
| 2008        | 94.2             | 146.4                | 240.6       | 61%                                              |

**Source:** Data from Administration on Aging, "State Program Report 2008," AGing Integrated Database at <http://www.agidnet.org/>.

Fewer congregate meals served over the past two decades can also be attributed to states transferring allotted funds from the congregate nutrition program to certain OAA Title III programs. As previously mentioned, states receive separate allotments for congregate and home-delivered nutrition services, as well as for supportive services. However, they are allowed to transfer allotted funds among these three programs (up to 40% of funds between congregate and home-delivered nutrition services allotments with waivers for higher amounts if approved by the Assistant Secretary for Aging; and up to 30% among supportive services and congregate and home-delivered nutrition services allotments). States may not transfer NSIP allotted funds among these programs.



In recent years, state transfer of funds has resulted in a decrease of funds available for congregate nutrition services. In FY2008, states transferred \$77.8 million out of their congregate nutrition services allotments to either the home-delivered nutrition or supportive services allotments. These funding transfers resulted in a decrease of 19.2% in funds that were originally allotted to states for the congregate program. Funds available for home-delivered meals increased by 19.9% as a result of funding transfers. Funds for the supportive services program increased by 11.4%.<sup>13</sup> State initiatives to respond to the demand for home-based services by frail homebound older persons is an important factor in their decisions to transfer funds.

## Service Delivery Requirements

Congregate and home-delivered nutrition services providers are required to offer at least one meal per day, five or more days per week (except in rural areas where less frequency is allowed). Meals provided must comply with the Dietary Guidelines for Americans published by the Secretary of HHS and the Secretary of Agriculture. Providers must serve meals that meet certain dietary requirements based on the number of meals served by the project each day. Providers that serve one meal per day must provide to each participant a minimum of one-third of the daily recommended dietary reference intakes (DRIs) established by the Food and Nutrition Board of the Institute of Medicine (IOM). Providers that serve two meals per day must provide a minimum of two-thirds of the DRIs, and those that serve three meals per day must provide 100% of the DRIs. Providers must provide meals that comply with state or local laws regarding safe and sanitary handling of food, equipment, and supplies that are used to store, prepare and deliver meals, and must carry out meal programs using the advice of dietitians and meal participants. The law requires providers to offer nutrition screening and education to participants, and where appropriate, nutrition assessment and counseling. Providers are encouraged to make arrangements with schools and other facilities serving meals to children in order to promote intergenerational meals programs.

P.L. 109-365 noted that while diet is the preferred source of nutrition, evidence suggests that the use of a single daily multivitamin-mineral supplement may be an effective way to address poor nutrition among older people. Also, it noted that Title III nutrition service providers should consider whether congregate and home-delivered participants would benefit from a multivitamin-mineral supplement that is in compliance with government quality standards and that provides at least two-thirds of essential vitamins and minerals at 100% of daily value levels as determined by the Commissioner of Food and Drugs.<sup>14</sup>

## Meals Served

In FY2008, almost 241 million meals were provided to older people (see **Table 2**). In FY1990, home-delivered meals represented 42% of total meals served, but by FY2008, the share had climbed to 61% of total meals. From 1990 to 2008, the number of home-delivered meals served grew by almost 44%, while the number of congregate meals served actually declined by 34%. A

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<sup>13</sup> Data from Administration on Aging, "2008 U.S. Profile of OAA Programs," obtained through personal communication from the Administration on Aging, November 17, 2009.

<sup>14</sup> Section 318 of P.L. 109-365.

number of reasons account for this, including the trend by states to transfer funds from their congregate services allotments to home-delivered services; greater growth in federal funding for home-delivered services relative to the congregate nutrition program funds; state initiatives to expand home care services for frail older persons; and successful leveraging of non-federal funds for home-delivered services.

AoA data show that for FY2008, the U.S. average expenditure for congregate meals was \$6.75, ranging from \$15.94 in Alaska to \$1.55 in Puerto Rico. The average expenditure for home-delivered meals was \$5.14, ranging from \$11.72 in Wyoming to \$1.46 in Puerto Rico.<sup>15</sup>

## **Program Participation**

A 2008 National Survey of OAA participants show that in 2008, 60% of congregate nutrition survey respondents were age 75 and older; 48% lived alone; 16% had annual income of \$10,000 or less; and 58% reported that the congregate meals program provided one-half or more of their daily food intake. Furthermore, many congregate nutrition recipients reported these meals have fostered greater socialization, with 82% saying that they see friends more often due to meals.<sup>16</sup>

This 2008 survey found that 71% of home-delivered respondents were age 75 and older; 60% lived alone; 28% had annual income of \$10,000 or less; and 60% said that the home-delivered meals program provided at least one-half of their daily food intake. According to the survey, home-delivered meals recipients are particularly frail and are at risk for institutionalization. Almost 40% of recipients reported needing assistance with one or more activities of daily living (ADLs, such as bathing, dressing, eating, and using the toilet); 14% of these recipients needed assistance with three or more ADLs. In addition, 84% reported needing assistance with one or more instrumental activities of daily living (IADLs, such as shopping, telephoning, housework, and getting around inside the home).<sup>17</sup>

## **Program Evaluation**

The last major national evaluation of the nutrition program was completed in 1996. It showed that, compared to the total elderly population, nutrition program participants were older and more likely to be poor, to live alone, and to be members of minority groups. Almost half of home-delivered meal recipients and more than one-third of congregate meal recipients had income below the federal poverty level, compared to about 15% of the total U.S. population age 60 and over (at the time of the evaluation). Recipients were also more likely to have health and functional limitations that place them at nutritional risk. The report found the program plays an important role in participants' overall nutrition and that meals consumed by participants are their primary source of daily nutrients. The evaluation also found that the program leverages a fairly significant amount of nonfederal dollars: for every federal dollar spent, the program leveraged (at that time) on average \$1.70 for congregate meals, and \$3.35 for home-delivered meals from a

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<sup>15</sup> Data from Administration on Aging, "State Program Report 2008," AGing Integrated Database at <http://www.agidnet.org/>.

<sup>16</sup> Data from Administration on Aging, "National Survey of OAA Participants, 2008," AGing Integrated Database at <http://www.agidnet.org/>.

<sup>17</sup> Ibid.

variety of sources, including state, local, and private funds as well as participant contributions toward the cost of meals.<sup>18</sup>

The 2006 reauthorization legislation stipulated that the Institute of Medicine (IOM) conduct an evidence-based study of the program. The study is to include (1) an evaluation of the effect of nutrition projects on the health and nutrition status of participants, prevention of hunger and food insecurity, and ability of participants to remain living independently; (2) a cost-benefit analysis of nutrition projects, including their potential to affect Medicaid costs; and (3) recommendations on how nutrition projects may be modified to improve outcomes, and the nutritional quality of meals. To date, AoA has not conducted this study. However, prior to the 2006 reauthorization AoA had begun the process to conduct a new evaluation of the Title III Nutrition Services Program. According to AoA, this evaluation will contain (1) an evaluation of program impacts on participants' nutrition, health and well-being, socialization, and food insecurity; (2) a cost analysis that describes the cost per meal by cost categories and method of meal production; and (3) a process evaluation that examines the implementation of the program at the state and local levels and includes an assessment of the nutritional quality of the program meals.<sup>19</sup> The participant outcomes component will involve a matched comparison group and similar survey methods as those used in the National Health and Nutrition Examination Study (NHANES) to allow for comparison of research results to the previous evaluation, a matched comparison group, and national estimates from NHANES and other national data.

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## **Acknowledgments**

This report updates a report that was previously authored by Carol O'Shaughnessy.

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<sup>18</sup> U.S. Department of Health and Human Services, Office of the Assistant Secretary for Aging, *Serving Elders at Risk: The Older Americans Act Nutrition Programs*, National Evaluation of the Elderly Nutrition Program, 1993-1995, June 1996. Available at [http://www.aoa.dhhs.gov/prof/aoaprogram/nutrition/program\\_eval/eval\\_report.asp](http://www.aoa.dhhs.gov/prof/aoaprogram/nutrition/program_eval/eval_report.asp), visited Feb. 5, 2007.

<sup>19</sup> The evaluation is being conducted by Mathematica Policy, Inc. Data collection is planned for 2010 and 2011 with results reported in 2012. Personal communication from the Administration on Aging, November 17, 2009.