



Nutrition Requirements of the Older Americans Act (OAA)

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What are the basic requirements of the OAA Title III C?

The OAA Title III C [Subpart C1, Congregate Nutrition Services (Section 331) and Subpart C2, Home-Delivered Nutrition Services (Section 336)] authorizes nutrition services for older adults. Section 330 states that its purposes are to:

- Reduce hunger, food insecurity and malnutrition;
- Promote socialization;
- Promote health; and
- Delay the onset of adverse conditions.

The OAA contains provisions about the responsibilities of the State Units on Aging (SUAs) and Area Agencies on Aging (AAAs). [The OAA](#) provides specific standards and requirements for the OAA Nutrition Program.

What are the nutrition requirements of the OAA?

OAA Section 339 lists the basic nutrition requirements in the OAA:

- Meals are to comply with the most recent [Dietary Guidelines for Americans](#);
- Meals are to provide nutrients to meet one-third of the [Dietary Reference Intakes](#);
- Meal service is to meet state and local public health code for the safe and sanitary foodservice. Most state public health departments use the [Model Code from the Food and Drug Administration](#); and
- Meals are to be appealing to older adults.

Why are the nutrition requirements of the OAA important?

Section 330 of the OAA states several purposes of OAA Nutrition Program, which are to reduce hunger and food insecurity/malnutrition and to promote the health and well-being of older individuals through nutrition, disease prevention and health promotion activities.

It is important to meet the nutrition requirements to ensure that the OAA Nutrition Program provides quality food and meals that are adequate, nutritious, safe, appetizing, and help older adults remain healthy and manage their chronic conditions. Not only are quality food and meals necessary to meet the purposes of the OAA, food security is a social determinant of health which is basic to the purpose of the OAA. In order to ensure the health and well-being of older adults, it is important to ensure social determinants of health are met.



What are the Dietary Guidelines for Americans (DGAs)?

The DGAs 2015-2020 are federal policy developed equally by the Departments of Health and Human Services (DHHS) and Agriculture that recommends how to eat to promote health and prevent chronic disease. The United States Department of Agriculture (USDA) does not provide any requirements for the OAA.

Every five years, DGAs are revised. The DGAs target specific groups of foods that Americans need to consume to be healthy (whole grains, fruits, vegetables, dairy and dairy alternatives, low-fat protein foods, and oils). It also focuses some foods and nutrients that Americans do not consume enough of such as dark green leafy, orange vegetables, or nutrients like potassium, vitamin D, calcium, and fiber. [The Appendices 10, 11, 12, and 13](#) found in the 2015-2020 DGA Guidelines provide information on which foods contain higher amounts of these nutrients.

The DGAs also target foods and nutrients that Americans consume too much of and are not healthy such as too many calories and too much sodium, saturated fat, and added sugars which need to be limited for individuals with specific chronic health conditions.

The DGA recommends different amounts of food for individuals of different ages, genders, and activity levels. For example, an active 25-year-old male needs more calories and different nutrients and amounts of food than a 70-year-old, sedentary woman does. Information on the nutrient needs of individuals of different ages and genders are found [in Appendices 2 and 7](#).

The eating patterns found in [Appendices 3 and 4](#) can be used for menu planning as well as program monitoring.

What are the Dietary Reference Intakes (DRIs)?

The DRIs are developed and published by the [Food and Nutrition Board, National Academy of Medicine, National Academy of Sciences](#). The DRIs represent the most current scientific knowledge on nutrient needs of healthy populations.

The DRIs establish nutrient values or levels of needed nutrients by age and gender. For example, the amount of vitamin C that an older adult needs daily is 90 milligrams (mg) of vitamin C (30 mg per meal) ; vitamin C is found in fruits such as citrus fruits, strawberries, as well as vegetables such as broccoli, spinach, peppers, tomatoes, or vegetable juice. The amount of calcium needed is 1200 milligrams per day or the amount of calcium found in one quart of milk. Most programs provide one container or 8 ounces of milk, which provides calcium and vitamin D to meet this need. [Appendix 7 of the DGAs](#) summarizes the nutrient goals of the DRIs for men and women of different ages.

The DRIs contain information on food sources of nutrients, but do not recommend foods to eat, nor do the DRIs provide advice that is easily translated to menu planning for programs.



Nutrient needs vary by age and gender so that younger and older adults, men and women do not need the same calories and other nutrients. The DRIs are different for younger and older people. Meals that meet the DRIs for a 25-year-old may not meet the DRIs for a 70-year-old.

How do the DRI and DGA requirement differ?

The DGAs focus on eating patterns and food choices to support health by emphasizing foods such as vegetables, fruits, grain products, dairy/dairy alternate foods, protein sources, and oils. The Departments of Health and Human Services and Agriculture issue the DGAs every five years. The DGAs are food focused.

The DRIs focus on the nutrients, which are found in food and are necessary for health and to decrease the risk of chronic disease. The DRIs provide the amount of a nutrient needed to maintain health or function such as the milligrams of calcium a person needs to consume to maintain bone health. The DRIs are published periodically.

In planning menus, nutrition professionals select quality foods that contain nutrients needed for health in combinations that are appealing to older adults and that are cost effective.

Can State Units on Aging (SUAs), Area Agencies on Aging (AAAs) or local nutrition service providers use the [Nutrition Facts](#) label on food packages instead of the DGAs and the DRIs?

No. The Nutrition Facts label on a food package is not the same as the DGAs and the DRIs.

The nutrient values listed on the label are called the daily value (DV). The DV is not the same as the DGAs or the DRIs, which are required by the OAA and cannot be used as a basis for planning meals nor assuring quality of menus for the OAA Nutrition Program.

The Food and Drug Administration (FDA) is responsible for enforcing the Food, Drug, and Cosmetic Act, which requires the food industry to [label prepared foods](#) such as breads, cereals, canned and frozen foods, snacks, desserts, drinks, etc. with food ingredients and a limited list of nutrients. The nutrients listed on a food label do not comprise all the nutrients needed to stay healthy. Rather the nutrients listed on the Nutrition Facts of packaged foods reflects scientific information about the link between the nutrient content of packaged foods and chronic disease. Nutrition labeling is not required for conventional foods such as raw produce (fruits and vegetables) and fish. As a result, many food items are not labeled.

Who is responsible for implementing the nutrition requirements of the OAA?

The SUA is responsible for developing and implementing policy, procedures, guidance and technical assistance to implement the requirements of the OAA. The OAA does not prescribe how SUAs, AAAs or local nutrition service providers are to implement these requirements. This is the responsibility of the SUA. SUAs have flexibility in developing policy and procedures to demonstrate adherence to the standards and requirements.



Section 339 of the OAA requires SUAs to utilize the expertise of a registered dietitian in planning nutrition services or, if a dietitian is not available, an individual with comparable education and training as dietitian. In addition, the OAA requires that local nutrition service providers solicit the advice of a dietitian or individual of comparable expertise. If the AAA is also the direct nutrition service provider, the AAA would need to meet this requirement. Dietitians can assist in developing practice and science-informed policies, procedures, guidance and technical assistance.

At a minimum, a registered dietitian nutritionist or qualified individual of comparable expertise can provide advice on:

- How to implement the nutrition standards and requirements and how to ensure adherence to the standards and requirements;
- How to develop foodservice contracts, contracts with food suppliers, and with food service management companies;
- How to assist in food service and food safety management and in both quality and quantity meal production;
- How to plan to meet nutrition needs of older adults both in non-emergency and emergency situations;
- How to address issues of hunger, food insecurity, malnutrition, health promotion and chronic disease management among older adults.
- How to meet other requirements within the Older Americans Act Title III to include the nutritional education and/or nutrition counseling requirements.

How do State Units on Aging (SUAs) ensure adherence to the nutrition requirements of the OAA?

The [Nutrition Program fact sheet](#) discusses these quality standards and how SUAs commonly address them. [The Older Americans Act Nutrition Program Did You Know](#) document attempts to dispel some common myths about program implementation.

Many SUAs establish an eating pattern based on the eating patterns found in [Appendices 3 and 4](#) of the 2015-2020 DGA Guideline to assure adherence to the standards. It is assumed that if an individual eats a meal that matches this eating pattern, the person will consume a diet that meets the DGAs and the DRIs. For example, if the eating pattern contains two vegetables and one fruit, it is assumed that the menu provides adequate fiber, vitamins A and C, and potassium.

In addition, some states may not require that all 26 nutrients be met in every meal and may use the DRIs to establish target nutrients, ranges (acceptable upper and lower levels of specific nutrients) or a minimum level for numerical amounts of these target nutrients.

These are the nutrients, as established by the DRIs, that are commonly used by several SUAs in their program policies, procedures, guidance and technical assistance: calories; protein; carbohydrate; fat,



including saturated fat; fiber; calcium; zinc; sodium; potassium; vitamin A; vitamins B6 and B12; vitamin C; and vitamin D.

States may establish different levels of nutrients for special circumstances such as nutrients needed for short-term or long-term emergencies, medically tailored meals, etc. States policies and procedures should address these special circumstances and have a solid plan of action for them.

What is a common eating pattern that is assumed to provide adequate nutrition and meet the requirements of the DGAs and DRIs?

A common eating pattern used for lunch or dinner funded by the OAA and used by many SUAs, AAAs, and local providers (with a sample menu) could be:

Food Group	Portion Size (see Choose MyPlate portions) examples	Monday	Tuesday	Wednesday
Protein	3 oz meat/fish/poultry; 1 egg= 1 oz	Roast chicken	Mixed bean soup, 1.5 cups	Baked salmon
Grain #1	1 slice bread, 1- 6" tortilla; ½ cup rice/pasta, 5 crackers	Whole wheat roll	Baked cheese quesadilla with whole wheat tortilla	Wild/brown rice pilaf
Grain #2	1 slice bread, 1- 6" tortilla; ½ cup rice/pasta, 5 crackers	Oatmeal topping on apple-raisin crisp dessert	Large tortilla, 12 "	Sour dough bread
Vegetable #1	½ cup cooked, 1 cup leafy greens, 1 small whole vegetable	Small baked sweet potato	Pepper, tomato corn salsa	Low-fat creamed spinach
Vegetable #2	½ cup cooked, 1 cup leafy greens, 1 small whole vegetable	Broccoli with diced red pepper	5 carrot sticks or ½ cup cooked carrots	Low-sodium vegetable juice
Fruit	½ cup canned/frozen; 1 small raw, ¼ cup dried	Apples/raisins in dessert	Strawberries or blueberries	Pineapple canned in its own juices
Dairy/alternate	1 cup low-fat fluid (reconstituted dry or evaporated	1% milk	Cheese in quesadilla; 1.5 oz	1% milk



	milk) 1.5 to 2 oz cheese			
Dessert (optional)	½ cup of dessert options, 2 small cookies	Apple-raisin crisp		
Oil/margarine	1 Tablespoon oil, 1 Tablespoon soft margarine, 2 Tablespoons salad dressing	1 tablespoon soft margarine		1 tablespoon soft margarine
Beverages	8 oz	Coffee, tea, water	Coffee, tea, water	Coffee, tea, water

Can the Administration for Community Living (ACL) waive the OAA nutrition requirements for meals funded with Title III C and Nutrition Services Incentive Program (NSIP)?

No. ACL does not have the authority to waive the nutrition requirements for meals funded with Title III C or NSIP. See NSIP Tip Sheets at <https://nutritionandaging.org/wp-content/uploads/2020/03/Nutrition-Services-Incentive-Program-of-the-Older-Americans-Act.-FINAL-3.30.pdf>.

Can SUAs, AAAs, and local nutrition service providers use restaurants to provide meals?

Yes. The OAA does not address how SUAs, AAAs or local nutrition service providers are to select meal caterers, vendors or food suppliers. This is a provider’s decision.

Many states have used restaurants to not only produce the meal but also provide the service location. In this case, the community restaurant functions just like any other congregate site. In other cases, the local restaurant has functioned as the caterer or vendor. This foodservice method has often been used in rural areas or to produce meals for racial/ethnic minorities.

In other states, SUAs, AAAs, or local nutrition service providers have used restaurant voucher programs for restaurants, grocery store food facilities or hospital food facilities to expand service options. For example, the [CHAMPSS \(Choosing Healthy Appetizing Meal Plan Solutions for Seniors\)](#) is a successful partnership between the Johnson County AAA Nutrition Program in Kansas and the Hy-Vee grocery chain. The Ohio SUA established [state administrative code](#) regarding alternative meal providers, including voucher programs to address consumer direction. ACL has funded many nutrition innovators who are working in this space. The Aging and Nutrition Resource Center, <https://nutritionandaging.org/>, has a wealth of information on this topic.

The meals produced by these alternative sources still need to comply with the state’s standards or guidelines for implementing the nutrition requirements of the OAA for meals [Dietary Guidelines for Americans (DGAs) and Dietary Reference Intakes (DRIs)], including consultation with a registered dietitian nutritionist or nutrition professional and meet all state and local health standards.



To be successful and serve adequate, quality, nutritious meals, dietitians with the AAAs or local nutrition service providers need to work with the restaurant to develop appropriate menus and work with the agencies financial or contracts person to negotiate appropriate food service contracts.