

Nutrition Requirements of the Older Americans Act (OAA)

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

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 lays out the purposes behind this funding:

- Reduce hunger, food insecurity, and malnutrition among older adults
- Promote socialization of older individuals
- Promote health and well-being of older people by helping them access nutrition and other disease prevention and health promotion services, and by delaying the onset of adverse health conditions caused by poor nutrition or sedentary behavior

The OAA spells out the responsibilities of state units on aging (SUAs) and area agencies on aging (AAAs), along with specific standards and requirements for your Nutrition Program.

What are the nutrition requirements you need to meet?

OAA Section 339 lists the basic nutrition requirements:

- Meals must comply with the most recent [Dietary Guidelines for Americans](#) (DGAs).
- Meals must provide nutrients that meet the [Dietary Reference Intakes](#) (DRIs).
 - At least 33 1/3 percent of the DRIs for one meal a day.
 - At least 66 2/3 percent of the DRIs for two meals a day.
 - At least 100 percent of the DRIs for three meals a day.
- Meal service must meet state and local public health codes for safe and sanitary foodservice. Most state health departments use the Food and Drug Administration's (FDA's) [Model Food Code](#) as their standard.
- Meals need to be appealing to older adults.

Why do these requirements matter?

Your Nutrition Program exists to provide food and meals that are adequate, nutritious, safe, and appealing, so older adults can stay healthy and manage chronic health conditions. These requirements are the backbone that makes that possible.

What are the DGAs?

The DGAs are federal policy, developed jointly by HHS and USDA, that make recommendations to promote health and prevent chronic disease. Note: USDA doesn't set requirements for the OAA; the DGAs just serve as your nutrition standard.

The DGA recommendations include:

- Prioritizing whole, nutrient-dense foods (protein, dairy, vegetables, fruits, healthy fats, whole grains)
- Avoiding highly processed foods (chips, cookies, candy, sugary cereals, processed deli meats)
- Reducing added sugars, refined carbohydrates, excess sodium, and unhealthy fats
- Limiting alcohol

The DGAs guide federal food, nutrition, and health policies and programs nationwide. Senior nutrition programs are required to ensure meals and menus meet both the DGAs and DRIs.

What are the DRIs?

The DRIs are developed and published by the National Academies of Sciences, Engineering, and Medicine (NASEM). They represent the most current scientific knowledge on nutrient needs for healthy populations.

The DRIs establish Recommended Dietary Allowances (RDAs): the average daily intake needed to meet the needs of nearly all healthy people in a given age and sex group. Since you're required to provide at least one third of the DRI per meal, here's what that looks like in practice:

- **Vitamin C:** Adults 19+ need 90 mg/day (men) or 75 mg/day (women), so aim for about 30 mg (men) or 25 mg (women) per meal. Good sources: citrus fruits, strawberries, broccoli, spinach, peppers, tomatoes, and vegetable juice.
- **Calcium:** The RDA rises to 1,200 mg/day for women 51+ and men 71+ (up from 1,000 mg for younger adults), meaning each meal should provide about 400 mg for these groups. One cup (8 fluid ounces) of milk gets you roughly 300 mg of calcium plus some vitamin D — a good start, but not the whole target on its own.

Keep in mind: the DRIs identify food sources of nutrients, but they do not recommend specific foods or offer guidance that can be translated into actual meals.

And because nutrient needs shift by age and sex, a menu that hits the DRIs for a 25-year-old man won't necessarily hit them for a 70-year-old woman.

How do the DRIs and DGAs differ?

The DRIs tell you how much of a nutrient someone needs (like milligrams of calcium for bone health). The DGAs tell you what to serve to get there, pointing you toward foods like vegetables, fruits, grains, dairy, protein sources, and healthy fats.

DRI is nutrient-focused. DGAs are food-focused. When you're planning menus, you'll draw on both: selecting quality foods that deliver the nutrients older adults need, in combinations that are appealing and cost-effective.

What do the DGAs say about older adults specifically?

The DGAs include considerations for special populations, including older adults. Some older adults need fewer calories overall but still need equal or greater amounts of key nutrients like protein, vitamin B12, vitamin D, and calcium. Check out the [DGA/DRI Toolkit](#) on the [Nutrition and Aging Resource Center](#) website for tip sheets covering these special nutrient considerations.

Can you use the Nutrition Facts label instead of the DGAs and DRIs?

No. The Nutrition Facts label isn't a substitute for the DGAs and DRIs.

The values on that label are called the Daily Value (DV), and the DV isn't the same thing as the DGAs or DRIs required under the OAA. You can't use it as your basis for planning meals or verifying menu quality for your Nutrition Program.

Here's why: the FDA requires food manufacturers to label prepared foods (breads, cereals, canned and frozen foods, snacks, desserts, drinks) with ingredients and a limited list of nutrients. But that list doesn't cover everything needed to stay healthy; it reflects what's scientifically linked to chronic disease risk. Plus, some foods, like raw produce and fish, aren't required to carry a label at all. So, relying on labels alone will leave real gaps in your nutrition picture.

Who's responsible for implementing these requirements?

Your SUA is responsible for developing and implementing the policies, procedures, guidance, and technical assistance needed to meet OAA requirements. The OAA doesn't dictate exactly how you do this — that flexibility is yours. SUAs have room to develop their own approach to demonstrating adherence to the standards.

Section 339 also requires SUAs to bring in a registered dietitian (or someone with comparable education and training, if a dietitian isn't available) to help plan nutrition services. Local nutrition service providers are required to solicit that same expertise. If your AAA also directly provides nutrition services, this requirement applies to you as well.

At minimum, a registered dietitian nutritionist (or someone with comparable expertise) can help you with:

- Implementing nutrition standards and ensuring adherence
- Developing food service contracts, supplier contracts, and food service management contracts
- Food service and food safety management, and both quality and quantity meal production

- Planning to meet older adults' nutrition needs in both emergency and non-emergency situations
- Addressing hunger, food insecurity, malnutrition, health promotion, and chronic disease management
- Meeting other OAA Title III requirements, including nutrition education and counseling

How do you ensure adherence to these requirements?

Many SUAs build an eating pattern based on the DGAs to demonstrate adherence. The logic: if someone eats a meal matching that pattern, they're getting a diet that meets the DGAs and DRIs. For example, a meal with two vegetables and one fruit is assumed to deliver adequate fiber, vitamins A and C, and potassium.

You have flexibility here, too. Some states don't require every nutrient to be met in every single meal; instead, they use the DRIs to set target nutrients, acceptable ranges, or minimum levels for a defined set of nutrients.

Nutrients commonly tracked by SUAs in their policies and technical guidance include: calories, protein, carbohydrates, fat (including saturated fat), fiber, calcium, zinc, sodium, potassium, vitamin A, vitamins B6 and B12, vitamin C, and vitamin D. You may also want to set different nutrient levels for special circumstances, like short- or long-term emergencies or medically tailored meals. If you do, make sure your policies spell out a clear plan for each situation.

For more support, check out the [DGA/DRI Toolkit](#) from the Nutrition and Aging Resource Center, which includes tip sheets, menu creation tools, and recorded webinars.

What does a common, DGA/DRI-compliant eating pattern look like?

Here's a sample lunch or dinner pattern used by many SUAs, AAAs, and local providers:

Food Group	Portion Size Examples	Monday	Tuesday	Wednesday
Protein	3oz meat/fish/poultry; 1½ cup cooked beans; 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 (12"	Wild/brown rice pilaf

			tortilla counts for both grains)	
Grain #2	1 slice of bread, 1–6" tortilla; ½ cup rice/pasta, 5 crackers	Oatmeal topping on apple-raisin crisp dessert	Large tortilla, 12" (counts for both grains)	Sourdough 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	Green beans with mixed vegetables
Fruit	½ cup canned/frozen; 1 cup raw or 1 medium whole fruit, ¼ cup dried	Apples/raisins in dessert	Strawberries or blueberries	Pineapple canned in its own juices
Dairy/Alternative	1 cup fluid (reconstituted dry or evaporated milk); 1.5–2 oz cheese; 2 cups low-fat cottage cheese; 1 cup yogurt	1% milk	Cheese in quesadilla, 1.5 oz	Low-fat cottage cheese
Dessert (optional)	½ cup dessert options, 2 small cookies	Apple-raisin crisp	—	—
Oil/Margarine	1 tsp oil, 1 tsp butter or margarine, 2 Tbsp salad dressing	1 tsp soft margarine	—	1 tsp soft margarine
Beverages	8 oz	Coffee, tea, water	Coffee, tea, water	Coffee, tea, water

Can ACL waive nutrition requirements for Title III-C or Nutrition Services Incentive Program (NSIP) funded meals?

No. ACL doesn't have the authority to waive nutrition requirements for meals funded through Title III-C or the NSIP.

Can you use restaurants to provide meals?

Yes. The OAA doesn't dictate how you select meal caterers, vendors, or food suppliers; that decision is yours. Whatever alternative source you use, meals still need to comply with your state's standards for DGAs and DRIs, be developed in consultation with a registered dietitian or nutrition professional, and meet all state and local health standards. Your dietitian will need to partner with the restaurant on menu development, while your financial or contracts team handles the food service agreement.

Many states have gone further, using restaurants as both meal producers and service locations, so the restaurant functions like any other congregate site. Others use the local restaurant purely as a caterer or vendor. This approach has worked especially well for accommodating different food needs and preferences, including in rural areas where distance and food access can impact service delivery.

ACL has funded a number of nutrition innovators exploring this space. Visit the Nutrition and Aging Resource Center for a [Step-By-Step Guide to Working with Restaurants and Grocery Stores](#), plus [replication toolkits](#) for restaurant-based meal innovations.

One example worth looking at is the [Restaurant Partner Toolkit](#), which describes how the Erie County (New York) Department of Senior Services modernized its congregate dining program by partnering with local restaurants, giving participants the flexibility to eat at any participating restaurant, at a time of their choosing. The result: reduced feelings of social isolation among older adults. Other states have used restaurant voucher programs, tapping into restaurants, grocery stores, or hospital food facilities to expand service options. Ohio, for instance, built alternative meal provider options, including voucher programs, directly into its [state administrative code](#).