Addressing Food Insecurity and Malnutrition in Older Adults in the Age of COVID-19

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Abstract: The purpose of this report is to provide an overview of the U.S. older adult population, their risk of malnutrition and food insecurity before and during the COVID-19 public health emergency, and to summarize how the national aging and nutrition services network pivoted to meet the immense need for nutrition services.

Contents

[Introduction 3](#_Toc71015825)

[US Older Adult Population 3](#_Toc71015826)

[Pre-COVID 19 Challenges for Older Adult Nutrition 3](#_Toc71015827)

[Malnutrition in Older Adults 3](#_Toc71015828)

[Food Insecurity in Older Adults 4](#_Toc71015829)

[Nutrition Assistance Programs 4](#_Toc71015830)

[COVID-19 and Older Adult Nutrition 5](#_Toc71015831)

[Impact on Senior Nutrition Service Delivery 5](#_Toc71015832)

[Funding Flexibilities 5](#_Toc71015833)

[Responses from the Field 6](#_Toc71015834)

[The Road Ahead for Nutrition Programs for Older Adults 12](#_Toc71015849)

[Sustaining Successful Practice Models 12](#_Toc71015850)

[Evaluation and Success of Current Practice Models 12](#_Toc71015851)

[Expand Existing Funding Through Grants and Fundraising Activities 12](#_Toc71015852)

[Develop Business Practice Models 12](#_Toc71015853)

[Connect with the Healthcare Market 12](#_Toc71015854)

[Expand Community Partnerships 13](#_Toc71015855)

[Coordinating with Food Assistance Programs 13](#_Toc71015856)

[Conclusion 15](#_Toc71015857)

[Resources 15](#_Toc71015858)

[References 16](#_Toc71015859)

**Addressing Food Insecurity and Malnutrition in**

**Older Adults in the Age of COVID-19**

# Introduction

Adequate nutrition is critical for the health and well-being of all individuals, but it is particularly important for older adults. As people age, their health needs are likely to become more complex and be impacted by chronic disease, functional limitations, cognitive status, social determinants of health, and nutrition. Many older adults rely on federally funded programs to provide the array of nutrition and other long-term services and supports that they need in order to live independently in their communities. It is imperative that access to these federal programs is available to all older adults in need. Major disruptions to program delivery and participation, such as those resulting from the COVID-19 pandemic, can have a detrimental impact on the health and well-being of the older adult population. The COVID-19 public health emergency has greatly affected community-based nutrition services for older adults, swelling the number of those seeking their services while at the same time affecting the food supply chain and ability to congregate in person. This has strained the ability of programs to address the needs of both new and existing clients.

The purpose of this report is to provide a brief overview of the U.S. older adult population and their risk for malnutrition and food insecurity before and during the COVID-19 pandemic. It will also summarize how the national aging and nutrition services network has pivoted to meet the immense need for nutrition services during a public health emergency.

# US Older Adult Population

In 2021, it is estimated that around 1 in 6 Americans are now age 65 and older. This population has continued to increase over recent years. According to the 2018 Census Bureau report, between 2008 and 2018, the number of people in this age bracket rose 35% from 38.8 million to 52.4 million. By 2035, it is believed that older adults will outnumber children age 18 and younger for the first time in history. These trends not only represent a change in the country’s age composition, but a large increase in the number of older Americans who will need nutrition services and other support as they age within their communities.

# Pre-COVID 19 Challenges for Older Adult Nutrition

## Malnutrition in Older Adults

To maintain good health, older adults are encouraged to follow a healthy diet as recommended by the U.S. Dietary Guidelines for Americans (DGA). However, less than half meet the DGA food group recommendations.

Lack of adequate nutritional intake places older adults at risk of malnutrition. This condition can occur in anyone, at any age, however it is more prevalent in older adults. Risk factors for malnutrition in older adults include:

* Lower income
* Having less access to adequate, safe, nutritious food
* Presence of functional limitations and/or disabilities
* Food insecurity
* Use of coping mechanisms to “stretch” their food
* Eating alone
* Presence of multiple chronic conditions

Over time, malnutrition can lead to negative health conditions such as chronic illness, frailty, falls, and a lack of independence.

## Food Insecurity in Older Adults

Access to safe, nutritious, high quality food is essential for achieving and maintaining good health. It is also a basic [social determinant of health](https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health) that can reduce the risk of illness and improve management of chronic diseases and conditions. For older adults, accessing food can be a complex process that involves several critical components. These include having access to locations where nutritious food is available, transportation to get there, financial resources to purchase food once there, and the physical strength and cognitive ability to plan and carry out these tasks.

Food insecurity takes place when a person does not have access to safe, nutritious food. Data from various sources indicate that older adults are especially at risk for food insecurity. Food insecurity is one risk factor for malnutrition.

Prior to the COVID-19 pandemic, a 2019 national study by the [University of Michigan National Poll on Healthy Aging](https://www.healthyagingpoll.org/report/how-food-insecurity-affects-older-adults) found that 1 in 7 older adults (or 14%) had experienced household food insecurity in the past year. Food insecurity was highest among those with household incomes of less than $30,000. As previously stated, food insecurity is a risk factor for malnutrition and poor health.

## Nutrition Assistance Programs

Addressing the malnutrition and food insecurity challenges of older adults requires many people, such as health equity advocates, governments, nutrition professionals, and healthcare and aging service providers. By working together through strategic partnerships, these groups can create sustainable pathways for older adults to access the nutrition services they need and stave off the threat of hunger.

Over the last 50 years, multiple national systems have been created to address the food needs of vulnerable older adults. These include nutrition assistance programs overseen by the U.S. Department of Agriculture (USDA), the U.S. Department of Health and Human Services (HHS), home and community-based services, nutrition programs available via healthcare service providers, and community-based nutrition and aging service providers ([see Table 2](#_Coordinating_with_food)).

Among the most well-known and impactful of these programs is the National Senior Nutrition Program (NSNP), which offers services such as home-delivered meals and congregate nutrition services. These nutrition services, particularly those authorized under Title III-C of the Older Americans Act (OAA), are designed to promote the general health and well-being of older individuals through efforts that:

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

# COVID-19 and Older Adult Nutrition

## Impact on Senior Nutrition Service Delivery

The COVID-19 pandemic has been unlike any other emergency the U.S. has faced in recent history, causing major disruptions to our daily lives and putting those already vulnerable, such as older adults, at further risk for negative outcomes. Compared to others, older adults are at greater risk for hospitalization and death from COVID-19. In addition, in the midst of a pandemic, they found their access to food and meal services suddenly limited. Many were also faced with social isolation due to social distancing and stay at home orders.

Like all providers, nutrition programs had to pivot quickly in order to protect their participants while continuing to provide services that had until now involved close physical contact that could lead to exposure to the virus. In the spring of 2020, the majority of congregate nutrition sites closed to in-person dining for public safety. Many participants were moved to home-delivered meal services, placing a burden on the infrastructure of the delivery system itself (e.g., funding, staffing, equipment, and volunteers to deliver). Congregate meals became grab and go or drive-through pickup meals. Wellness checks moved to virtual settings. Programs also provided homemaker, chore, grocery/pharmacy/supply delivery, and other assistance services as needed.

## Funding Flexibilities

On March 13, 2020, the Robert T. Stafford Disaster Relief and Emergency Assistance Act was declared due to the COVID-19 pandemic (Stafford Act; 42 U.S.C. 5121-5207). As Major Disaster Declarations (MDD) requests were submitted and approved across the country, states were permitted to use the funds made available by the Act for disaster relief for older individuals. In addition, the use of malnutrition screening tools was allowed by the Coronavirus Aid Relief Economic Security (CARES) Act and subsequent Coronavirus Response Act legislations and additional flexibilities permitted by the Older Americans Act through the declaration of an MDD.

## Responses from the Field

Across the nation, nutrition programs responded to the growing need for nutrition services for vulnerable older adults in new and inventive ways. A selection of these initiatives is noted here to showcase the breadth and variety of these activities. Some of these program initiatives may be short-term solutions due to funding authorizations. However, other policies and procedures may continue and be developed into more effective and efficient service delivery models going forward.

### REAL Grille

REAL Grille is a social enterprise business of REAL Services, operated by Real Services AAA. The REAL Grill is one of severalsocial enterprise activities of REAL Services AAA, which administers more than 25 programs designed to help seniors live independently and serves over 30,000 clients a year in 12 counties across northern Indiana.

|  |  |
| --- | --- |
| **Organization** | Real Services Area Agency on Aging |
| **State** | Illinois |
| **Funding Source** | Agency Funds |
| **Website** | <https://realservices.org/953mnc-food-trucks-add-flavor-to-events-at-social-distance/>  |
| **Contact Information** | Phone: 574-233-8205 |
| **Innovation** | Social Enterprise |

### Simplified SNAP Enrollment for Older Adults

The Vermont Agency of Human Services, Department of Children and Families sought to improve how older Vermonters and persons with disabilities access the 3SquaresVT (or SNAP) program. The 3Squares Workgroup embarked on an Elderly Simplified Application Project, designed to increase enrollment in food assistance by individuals 60 years of age and older. The Workgroup found high rates of individuals who did not reapply for benefits, as well as a drop-off in first time applicants. An evaluation of the application process revealed that the 16-page application and large number of questions were perceived as challenging, adding to respondent burden. Going forward, the application has been simplified to 5 pages, the recertification period extended to 3 years, and questions have been modified to be solely pertinent to older adults (3Squares in a SNAP). Following an outreach campaign that included the procurement of a mailing list for potential older adult applicants, the Agency of Human Services has documented an uptick of about 500 new applications since October 2020.

|  |  |
| --- | --- |
| **Organization** | Agency of Human Services, Department of Children and Families |
| **State** | Vermont |
| **Funding Source** | State  |
| **Website** | <https://www.vtfoodbank.org/2020/12/esap-makes-signing-up-for-3squaresvt-a-snap.html>  |
| **Contact Information** | Phone: 855-855-6186Email: 3SVT@vtfoodbank.org |
| **Innovation** | Expanding Food Access |

### The Diner – An Intergenerational Dining Concept Pivoting to Meet the COVID-19 Need

The Diner is a casual dining experience with a mission to nourish seniors through food and socialization. Located in Vancouver, WA, the Diner is one of severalsocial enterprise activities of Meals on Wheels People, Inc. (MOWP), a nonprofit senior nutrition program. The Diner acts as a local service provider and supports the mission of MOWP through delicious restaurant meals for eligible Vancouver adults ages 60 and older. Like other restaurants, the Diner was faced with closure during COVID-19, and their only source of revenue was takeout service. Clients at MOWP grew from 5,000 to 8,000, while at the same time the much-needed revenue from the Diner disappeared. The Diner decided to offer Family Meals and critical household paper goods supplies. The Diner has created opportunities to increase sales while in the middle of a national crisis.

|  |  |
| --- | --- |
| **Organization** | Meals on Wheels People |
| **State** | Washington |
| **Funding Source** | Older Americans Act (OAA) and community support |
| **Website** | <https://seniornutrition.acl.gov/documents/TheDinerSocialDistancingPivotJuly2020.pdf> |
| **Contact Information** | Julie Piper FinleyPhone: 503-953-8136 Email: julie.piperfinley@mowp.org  |
| **Innovation** | Social Enterprise |

### Tulsa Transit Partnership with Meals on Wheels Tulsa

Tulsa Transit's lift service operators, First Transit, transitioned multiple paratransit vehicles to operate as a delivery service for Meals on Wheels (MOW). COVID-19 forced MOW Tulsa to upend its traditional model, and the nonprofit has sincetripled its clientele to try to meet needs exposed or exacerbated by the pandemic. Drivers operated 4-hour shifts Monday through Friday based on a schedule provided by the organization. The first transit team delivered close to 43,000 meals to Tulsa and the surrounding areas. The call center made more than 2,900 wellness check calls to those within the MOW program.

|  |  |
| --- | --- |
| **Organization** | Tulsa Transit in partnership with Meals on Wheels Tulsa |
| **State** | Oklahoma |
| **Funding Source** | Private funds |
| **Website** | [https://www.kjrh.com/news/local-news/tulsa-transit-receives-community-service-award-by-meals-on-wheels](https://protect2.fireeye.com/v1/url?k=eee76e22-b17c56ef-eee75f1d-0cc47adb5650-c12676d7c605f900&q=1&e=8cd00262-b9dd-4539-be7f-87995c88891b&u=https%3A%2F%2Fwww.kjrh.com%2Fnews%2Flocal-news%2Ftulsa-transit-receives-community-service-award-by-meals-on-wheels) |
| **Contact Information** | Tara HarrisPhone: 918-921-3563Email: tara@mowtulsa.org |
| **Innovation** | Strategic Partnership |

### Nevada COVID-19 Aging Network (CAN) Rapid Response Team

Nevada CAN is focused on maintaining the quality of life for the 454,221 homebound elders in the state. Nevada Care Connection Resource Centers work with older adults, people with disabilities, and family caregivers to explore a variety of services, resources, and programs available to them. Nevada CAN is an initiative of the Nevada Care Connection, established in 2005 as the state's Aging and Disability Resource Center program. Nevada CAN is a collaborative network of service organizations ensuring Nevadans who are at high risk are kept safe from exposure to COVID-19. The goal of the rapid response effort is to ensure they are well-supplied with daily essentials such as food and medication, have access to medical and social services, and remain free from isolation.

|  |  |
| --- | --- |
| **Organization** | Nevada Care Connection Resource Centers |
| **State** | Nevada |
| **Funding Source** | State |
| **Website** | <https://www.unr.edu/nevada-today/news/2020/nevada-can> |
| **Contact Information** | Phone: 866-535-5654 |
| **Innovation** | Strategic Partnership |

### A Restaurant Partnership to Enable Older Adults to Dine at Home

Sacramento County established a new program during COVID-19 to bring meals to seniors who are facing food scarcity. Dine At Home Sacramento is a partnership between [Sacramento County](https://www.saccounty.net/Pages/default.aspx) Child, Family and Adult Services, local restaurants, and theArea 4 Agency on Aging (A4AA). The goal of this initiative was to get food to seniors faster and to boost the restaurant industry. As of September 11, 2020, 15 participating restaurants had served 62,911 meals to 819 seniors across Sacramento County. Through the partnership, the restaurants have received more than $1,572,775 of revenue ($25 a meal for preparation and delivery).

|  |  |
| --- | --- |
| **Organization** | [Sacramento County](https://www.saccounty.net/Pages/default.aspx) Child, Family and Adult Services |
| **State** | California |
| **Funding Source** | CARES Act  |
| **Website** | <https://www.saccounty.net/news/latest-news/Pages/Meals-to-Seniors-During-COVID-in-Sacramento-County.aspx> |
| **Contact Information** | Bernda BongiornoEmail: bongiornob@saccounty.net  |
| **Innovation** | Strategic Partnership |

### Multiagency Partnership to Address Food Insecurity Among Older Adults

Meals on Wheels (MOW) of Tarrant County partnered with Tarrant County, United Way of Tarrant County, the Area Agency on Aging (AAA) of Tarrant County, Tarrant Area Food Bank, and Catholic Charities Fort Worth to provide food to Tarrant County senior citizens during the COVID-19 crisis. The program launched April 2020 to provide weekly frozen foods and a 10-pound box of senior-friendly canned goods and fresh produce to all participants. All items are delivered by Catholic Charities Fort Worth, which re-engineered its transportation program to use its vehicles to deliver the meals, groceries, and produce. All participants also receive toiletries and telephone reassurance calls.

|  |  |
| --- | --- |
| **Organization** | Meals on Wheels Tarrant County |
| **State** | Texas |
| **Funding Source** | Private  |
| **Website** | <https://www.unitedwaytarrant.org/blog/general/collaborative-new-program-launched-to-serve-seniors-during-covid-19-crisis/> |
| **Contact Information** | Phone: 817-336-0912 |
| **Innovation** | Strategic Partnership |

### Virtual Food Drive Initiative

The Michigan Department of Health and Human Services launched a virtual food drive in partnership with the Aging and Adult Services Agency and the Food Bank Council of Michigan. This program is an example of how a creative, innovative food distribution model can bring food to people where they are, alleviate household food insecurity, and prevent the spread of COVID-19 for those without transportation and other supports.

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| --- | --- |
| **Organization** | Food Bank Council of Michigan |
| **State** | Michigan |
| **Funding Source** | Private Funding |
| **Website** | <https://www.mlive.com/public-interest/2020/04/michigan-launches-virtual-food-bank-to-help-seniors-during-covid-19-crisis.html>  |
| **Contact Information** | Phone: 517-485-1202  |
| **Innovation** | Strategic Partnership |

### Mobile Feeding Initiative

In partnership with World Central Kitchen and Dreaming Out Loud, a brand new ‘mobile feeding’ initiative launched to bring nutritious meals and fresh, local produce directly to children, families, and seniors at 14 high-need locations in Washington, D.C.

|  |  |
| --- | --- |
| **Organization** | DC Central Kitchen |
| **State** | District of Columbia |
| **Funding Source** | Private Funding |
| **Website** | <https://dccentralkitchen.org/2020/11/25/dc-central-kitchen-partners-with-world-central-kitchen-and-dreaming-out-loud-for-mobile-feeding-initiative/> |
| **Contact Information** | Email: info@dccentralkitchen.org |
| **Innovation** | Strategic Partnership |

### Grocery and Medication Delivery Program

Piedmont Senior Resources (PSR) launched new grocery and medication delivery programs to help at-risk older adults stay safely in their homes during the COVID-19 pandemic. Participants in the AAA’s grocery program receive a standard approved list of groceries that they can pick up from selected grocery stores. To receive grocery delivery, clients must call PSR seven business days before their requested drop-off date and must be home when the groceries are delivered. Grocery shopping takes place monthly and gift cards are used for purchasing with a maximum spending amount. Clients participating in the medication program must contact their pharmacist to confirm that a PSR staff member or volunteer will be paying for and picking up their medications.

|  |  |
| --- | --- |
| **Organization** | Piedmont Senior Resources  |
| **State** | North Carolina |
| **Funding Source** | CARES Act |
| **Website** | <https://www.psraaa.org/news-events/psr-rolls-out-new-grocery-and-prescription-drug-purchasing-program>  |
| **Contact Information** | Email: lgaston@psraaa.orgPhone: 434-767-5588 |
| **Innovation** | Strategic Partnership |

### Produce Delivery Partnership for Older Adults

Guam’s State Office on Aging began searching for ways to supply healthy foods to seniors at home. The outcome is the “Mixed Local Produce Bag Initiative,” a win-win in the territory. Older adults and caregivers safely receive fresh fruits and vegetables, and farmers receive needed support during a tough time.

|  |  |
| --- | --- |
| **Organization** | Guam State Office on Aging |
| **State** | Guam |
| **Funding Source** | CARES Act |
| **Website** | <https://acl.gov/sites/default/files/programs/2020-08/GuamMixedProduce.pdf> |
| **Contact Information** | Email: biba.seniorcitizens@dphss.guam.gov Phone: 671-735-7011/7382Email: fcaguam@gmail.comPhone: 671-797-1844  |
| **Innovation** | Strategic Partnership |

### Takeout Meals with Vouchers

In rural Erie County, Billygans Café joined the “Go & Dine” Senior Dining Program in February—just before the pandemic hit. The café has been able to offer seniors a healthy option for food via safe takeout, and the owners credit the program with helping them to maintain a sense of community and keep their business afloat.

|  |  |
| --- | --- |
| **Organization** | Billygans Café  |
| **State** | New York |
| **Funding Source** | ACL Innovations in Nutrition Programs and Services Grant |
| **Website** | <https://acl.gov/sites/default/files/programs/2020-07/GoDineNYCafe.pdf>  |
| **Contact Information**  | Ryan GadzoEmail: seniorinfo@erie.gov  |
| **Innovation** | Restaurant Dining Program |

### Aging Services Partnership to Offer Fresh Foods and Menu Choice

AgeOptions is in the third year of testing and evaluating the benefits of a closed-loop referral system that is targeted to Older Adults who present as being food insecure. This project uses an online platform to receive referrals and provide the referring entity with a way to track which programs and services the referred individual has been linked to successfully. This project was in effect prior to the COVID-19 pandemic and continues today. Over the course of this initiative, AgeOptions partnered with Top Box Foods to better address the food insecurity and menu choice needs (i.e., fresh foods, culturally appropriate items) of the older adults served. As of June 2020, AgeOptions delivered 803 boxes of fresh produce, providing enough food to make 30,310 meals.

|  |  |
| --- | --- |
| **Organization** | AgeOptions |
| **State** | Illinois |
| **Funding Source** | ACL Innovations in Nutrition Programs and Services Grant |
| **Website** | <https://www.ageoptions.org/services-and-programs/nutrition-innovations-projects/>  |
| **Contact Information**  | Paul BennetEmail: paul.bennett@ageoptions.org  |

### Innovating to Meet the Need: COVID-19 Pivots and Lessons Learned

Since 2017, the Administration on Aging (AoA) has funded Innovations in Nutrition grants that support the testing and documentation of innovative and promising practices. The goal of this program is to enhance the quality, effectiveness, and proven outcomes of nutrition services within the aging services network.

Due to COVID-19, grantees were forced to pivot their innovation projects in ways large and small, including project format, workplans, timelines, and budget allocations. Some examples of these pivots include:

* *Client assessments:* 1) moving in-person assessments to virtual or telephone; 2) eliminating “in-person” and observational questions
* *Meal delivery format*: 1) increasing number of clients and number of meals provided; 2) moving from congregate meals to home delivered meals; 3) developing safety and distancing guidelines
* *Technology use:* 1) replacing in-person trainings to virtual settings; 2) delivering services to clients through technology
* *Communication*: meeting and communicating with grantee staff and partners online

 *Key Lessons Learned by Grantees included:*

* Increased communication with staff, stakeholders, and partners was needed to maintain momentum and cohesiveness.
* Increased understanding of the importance of being nimble, flexible, and prepared for change.
* Keep documentation of changes.
* Frequency of contact caused by COVID-19 enhanced and deepened client relationships (e.g., client isolation due to COVID-19 meant more frequent and/or longer phone calls).

# The Road Ahead for Nutrition Programs for Older Adults

## Sustaining Successful Practice Models

Continuing to provide quality nutrition services at current levels after federal emergency funding ends will require thoughtful planning and robust engagement. Additional federal or private COVID-19 funding has been able to sustain nutrition programs through the pandemic. However, the increase in the number of individuals served through services such as home-delivered meals may have created a need that outstrips available future funding. Identifying promising practices and solutions to increase a programs’ ability to provide services without sacrificing program quality or service will become necessary.

## Evaluation and Success of Current Practice Models

Programmatic lessons learned in response to the pandemic provides the framework for service delivery going forward. New creative business models and community partnerships were developed expeditiously and out of necessity. Relationships with grocery stores, restaurants, food banks and pantries, and other community organizations emerged to meet the immediate need for food and meals. These strategies should be evaluated in order to make informed decisions going forward. Evaluation activities support decision-making that can contribute to efficient and effective management and client-centered services.

## Expand Existing Funding Through Grants and Fundraising Activities

Successful programs depend on funding revenue in addition to participant contributions and public funding, such as the OAA, to support the need for services. In addition, funds can be sourced from private grants from foundations and businesses, and through fundraising activities such as special events, sponsored walks, and direct mail campaigns. As competition expands among other non-profit organizations for limited private funds, and the need for community support services increases, programs must identify ways to expand revenue sources.

## Develop Business Practice Models

Business opportunities that may or may not be within the current service delivery scope of the nutrition program organization may present themselves, such as enhanced nutrition services that supplement or contribute to positive health outcomes of the population served. Examples include for-pay meal options, food delivery programs, meal kits, and other nutrition or meal services that generate additional revenue. They may also include program additions which result in supplementary revenue and increased public recognition or partnerships, but are still within the overall mission of the organization, such as business ventures like catering, contracted services, thrift shops, or even event space rental.

## Connect with the Healthcare Market

Over recent years, opportunities for partnerships and contracts with community-based organizations and healthcare entities have grown. Not only are these opportunities within the mission of programs to provide nutritional support, but they have the potential to make a significant impact on the social determinants of health for older adults within the community. With service and delivery structure in place, as a trusted community entity, nutrition programs have proven to be a valuable partner in this expanding healthcare market. More and more programs are finding their way through this maze of healthcare opportunities, strengthening and developing community partners, and reaping financial and economies of scale benefits. For information on models for connecting with healthcare markets visit the [Aging and Disability Business Institute website](https://www.aginganddisabilitybusinessinstitute.org/) and [National Council on Aging’s Business Planning and Sustainability toolkit](https://www.ncoa.org/article/business-planning-sustainability).

## Expand Community Partnerships

Nutrition programs are resourceful, looking to their own communities for opportunities for partnerships that strengthen and expand their delivery of nutrition services. Community-based partner support can focus on meal preparation, food delivery, health, socialization support, wellness and physical fitness activities, or technology systems. For-profit businesses such as restaurants, grocery stores, and food vendors can increase capacity for delivery of meals. Non-profit or government community partnerships allow for an integrated approach to providing services.

Figure 1. Identifying Community Partnership Organizations

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## Coordinating with Food Assistance Programs

Several community-based programs address the food insecurity and nutrition needs of older adults. These may include both local organizations and federally-funded programs such as the Older Americans Act Nutrition Program (OAANP) and the USDA Food and Nutrition Service (FNP). Many of the programs have income eligibility requirements. Several have other eligibility requirements for services. A network of community coordination will maximize and target those at risk of food insecurity and malnutrition. Tips for working with USDA programs can be found in [this fact sheet](https://seniornutrition.acl.gov/documents/WorkingwithUSDAprogramsCOVID19.docx) from the National Resource Center on Nutrition and Aging (NRCNA).

Table 1: U.S. Department of Health and Human Services Food Assistance Programs

|  |  |  |  |
| --- | --- | --- | --- |
| **Food Assistance Program** | **Website/Contact** | **Low-Income or Means- Tested Eligibility** | **Other Eligibility** |
| Older Americans Act Nutrition Program-Home-delivered Meals | Contact your local Area Agency on Aging[https://eldercare.acl.gov](https://eldercare.acl.gov/) |   | X |
| Older Americans Act Nutrition Program-Congregate Meals | Contact your local Area Agency on Aging[https://eldercare.acl.gov](https://eldercare.acl.gov/) |  | X |
| Medicare | Contact your Medicare Advantage service provider |  | X |
| Medicaid Waiver | Contact your state Medicaid Office | X | X |

Table 2: U.S. Department of Agriculture Food Assistance Programs

|  |  |  |  |
| --- | --- | --- | --- |
| **Food Assistance Program** | **Website/Contact** | **Low-Income or Means- Tested Eligibility** | **Other Eligibility** |
| Supplemental Nutrition Assistance Program (SNAP) | <https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program> | X |  |
| Food Distribution Program on Indian Reservations (FDPIR) | <https://www.fns.usda.gov/fdpir/food-distribution-program-indian-reservations> | X | X |
| Commodity Supplemental Food Program (CSFP) | <https://www.fns.usda.gov/csfp/commodity-supplemental-food-program> | X | X |
| Child and Adult Care Food Program (CACFP) | <https://www.fns.usda.gov/cacfp/child-and-adult-care-food-program> | X | X |
| The Emergency Food Assistance Program (TEFAP) | <https://www.fns.usda.gov/tefap/emergency-food-assistance-program> | X |  |
| Senior Farmers Market Nutrition Program (SFMNP) | <https://www.fns.usda.gov/sfmnp/senior-farmers-market-nutrition-program> | X | X |

Table 3: National Food Assistance Programs

|  |  |  |  |
| --- | --- | --- | --- |
| **Food Assistance Program** | **Website/Contact** | **Low-Income or Means- Tested Eligibility** | **Other Eligibility** |
| Feeding America-Local Food Banks and Pantries | [https://www.feedingamerica.org](https://www.feedingamerica.org/) | X | X |
| Meals on Wheels America | <https://www.mealsonwheelsamerica.org> |  | X |
| Food Research & Action Center | <https://frac.org/>  | X | X |

# Conclusion

The national network of aging and nutrition services has risen, and continues rise admirably, to the challenge of addressing malnutrition and food insecurity among older adults, both before and during the COVID-19 pandemic. Decisive action at the federal level, coupled with inventive and targeted efforts at the regional and local levels, resulted in a coordinated effort to ensure that the nutrition needs of older adults were met. Continued efforts will ensure the lessons learned and progress made during the COVID-19 pandemic will continue well into the future.

# Resources

ACL has developed many FAQs, resources, and tip sheets that address working with community partners and other nutrition related information during COVID-19:

* [Resources and Tools to Support COVID-19](https://seniornutrition.acl.gov/covid-support.html)
* [Survival Guide: Navigating ACL’s Nutrition Program Guidance](https://seniornutrition.acl.gov/documents/CovidPage/TitleIIIC_SurvivalGuide-ACLguidanceC19.docx).
* [ACL COVID-19 Website](https://acl.gov/COVID-19)

In addition, resources were developed to provide ideas and considerations for nutrition programs that are in the process of reopening after COVID-19 closures:

* [Reopening Considerations for Senior Nutrition Programs](https://acl.gov/sites/default/files/programs/Senior_Nutrition/SNP_ReopeningConsiderations.Final.pdf)
* [Signage & Communication Resources](https://acl.gov/sites/default/files/programs/Senior_Nutrition/SNP_ReopeningSignageComms.Final.pdf)
* [Resources List](https://acl.gov/sites/default/files/programs/Senior_Nutrition/SNP_ReopeningResources.Final.pdf)

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