



November 2019

NUTRITION ASSISTANCE PROGRAMS

Agencies Could Do More to Help Address the Nutritional Needs of Older Adults

GAO Highlights

Highlights of [GAO-20-18](#), a report to congressional requesters

Why GAO Did This Study

The U.S. population is aging and, by 2030, the U.S. Census Bureau projects that one in five Americans will be 65 or older. Recognizing that adequate nutrition is critical to health, physical ability, and quality of life, the federal government funds various programs to provide nutrition assistance to older adults through meals, food packages, or assistance to purchase food.

This report examines (1) the relationship of older adults' nutrition to health outcomes and the extent to which federal nutrition guidelines address older adults' nutritional needs, (2) nutrition requirements in federal nutrition assistance programs serving older adults and how these requirements are overseen, and (3) challenges program providers face in meeting older adults' nutritional needs. GAO reviewed relevant federal laws, regulations, and guidance and conducted a comprehensive literature search; visited a nongeneralizable group of four states—Arizona, Louisiana, Michigan, and Vermont—and 25 meal and food distribution sites, selected for a high percentage of adults 60 or older, and variations in urban and rural locations, and poverty level; and interviewed officials from HHS, USDA, states, national organizations, and local providers.

What GAO Recommends

GAO is making five recommendations, including that HHS develop a plan to include nutrition guidelines for older adults in a future update, and that HHS and USDA improve oversight of meal programs and provide additional information to meal providers to help them meet older adults' nutritional needs. HHS and USDA generally concurred with our recommendations.

View [GAO-20-18](#). For more information, contact Kathryn A. Larin at (202) 512-7215 or larink@gao.gov.

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Agencies Could Do More to Help Address the Nutritional Needs of Older Adults

What GAO Found

Research shows that nutrition can affect the health outcomes of older adults. Federal nutrition guidelines provide broad guidance for healthy populations, but do not focus on the varying nutritional needs of older adults. Department of Health and Human Services (HHS) data show that the majority of older adults have chronic conditions, such as diabetes or heart disease. Research shows that such individuals may have different nutritional needs. As older adults age, they may also face barriers, such as a reduced appetite, impairing their ability to meet their nutritional needs. HHS plans to focus on older adults in a future update to the guidelines, but has not documented a plan for doing so. Documenting such a plan could help ensure guidelines better address the needs of the population.

Of the six federal nutrition assistance programs serving older adults, four have requirements for food that states and localities provide directly to participants, and federal agencies oversee states' monitoring of these requirements. In HHS's and U.S. Department of Agriculture's (USDA) meal programs, states must ensure meals meet requirements. Yet, HHS does not gather information from states, such as approved menus, to confirm this, and localities in two of the four selected states said state monitoring of menus was not occurring. Further, USDA regional officials told GAO they lack information on how meal programs operate at adult day care centers as they primarily focus on other sites for their on-site reviews. Additional monitoring could help HHS and USDA ensure meal programs meet nutritional requirements and help providers meet older adults' varying needs.

Examples of Lunches Served to Older Adults through Nutrition Programs in Selected States



Source: GAO. | GAO-20-18

In the states GAO selected, meal and food providers of the four nutrition programs with nutrition requirements reported various challenges, such as an increased demand for services. Providers in three of the four states reported having waiting lists for services. Providers of HHS and USDA meal programs in all four states also reported challenges tailoring meals to meet certain dietary needs, such as for diabetic or pureed meals. HHS and USDA have provided some information to help address these needs. However, providers and state officials across the four states reported that more information would be useful and could help them better address the varying nutritional needs of older adults.

Contents

Letter		1
	Background	4
	Evidence Shows Nutrition Is Associated with Older Adults' Health Outcomes, but Federal Nutrition Guidelines Do Not Address Their Varying Needs	10
	Several Nutrition Assistance Programs Serving Older Adults Include Nutrition-Related Requirements, and Federal Oversight of Requirements in Some Programs Is Limited	18
	Providers Face Challenges, Such as Increased Demand for Nutrition Programs and Meal Accommodations, and Some Lack Information to Address Them	33
	Conclusions	46
	Recommendations for Executive Action	46
	Agency Comments and Our Evaluation	47
Appendix I	Objectives, Scope, and Methodology	50
Appendix II	Comments from the Department of Health and Human Services	55
Appendix III	GAO Contact and Staff Acknowledgments	58
Table		
	Table 1: Key Characteristics of Federal Nutrition Assistance Programs Serving Older Adults, by Agency	6
Figures		
	Figure 1: Population Growth Projections for U.S. Adults 65 or Older, 2016-2060	5

Figure 2: Stakeholders Involved in Administering Selected Nutrition Assistance Programs That Directly Provide Meals and Food to Older Adults	8
Figure 3: Examples of Meals Served in the Congregate and Home-Delivered Meal Programs in Selected States	20
Figure 4: Examples of Meals Served at Adult Day Care Centers through the Child and Adult Care Food Program in Selected States	22
Figure 5: Examples of Nutrition Education Information Provided in Congregate Settings and the Commodity Supplemental Food Program	24
Figure 6: Examples of Food Donations at Congregate and Home-Delivered Meal Program Sites in Selected States	35
Figure 7: Example of a Grocery Store-style Shopping Model Used by a Commodity Supplemental Food Program Provider in One Selected State	42
Figure 8: Volunteers Helping to Prepare Food for Nutrition Assistance Programs Serving Older Adults in Selected States	44

Abbreviations

ACL	Administration for Community Living
CACFP	Child and Adult Care Food Program
CSFP	Commodity Supplemental Food Program
DRIs	Dietary Reference Intakes
FNS	Food and Nutrition Service
HHS	United States Department of Health and Human Services
SFMNP	Senior Farmers' Market Nutrition Program
SNAP	Supplemental Nutrition Assistance Program
USDA	United States Department of Agriculture

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November 21, 2019

The Honorable Robert Casey
Ranking Member
Special Committee on Aging
United States Senate

The Honorable Patty Murray
Ranking Member
Committee on Health, Education, Labor, and Pensions
United States Senate

The U.S. population is aging and, with life expectancy increasing, the older adult population is expected to continue growing. By 2030, the U.S. Census Bureau projects that one in five Americans will be 65 or older.¹ According to the U.S. Department of Health and Human Services' (HHS) Administration on Aging, adequate nutrition is critical to good health, physical ability, and quality of life, and it is an important component of home and community-based services for older adults. Various federal programs provide nutrition assistance to older adults in the form of meals, food packages, and assistance to purchase food. These include programs overseen by the U.S. Department of Agriculture (USDA), as well as programs overseen by HHS that are authorized under the Older Americans Act of 1965, as amended (Older Americans Act). State agencies and local nutrition program providers, including state government entities and private nonprofit organizations, are generally responsible for administering these programs and providing nutrition assistance to older adults.

In the last decade, attention has been given to federal nutrition assistance programs serving children, with a focus on improving the nutritional benefits of foods provided, but the extent to which this focus has been

¹U.S. Department of Commerce, Census Bureau, *Demographic Turning Points for the United States: Population Projections for 2020 to 2060* (March 2018).

incorporated into programs serving older adults is unclear.² This report examines (1) the relationship of older adults' nutrition to health outcomes and the extent to which federal nutrition guidelines address older adults' nutritional needs; (2) the extent to which federal nutrition assistance programs serving older adults have nutrition-related requirements and how these requirements are overseen; and (3) challenges program providers face in meeting the nutritional needs of older adults.

We relied on several methodologies to inform our objectives. At the federal level, we reviewed relevant federal laws, regulations, guidance, and program oversight documents, and interviewed relevant officials from HHS's Administration for Community Living and USDA's Food and Nutrition Service. Specifically, we interviewed officials from the departments' national offices and all of their regional offices. To understand challenges state agencies and local providers faced implementing federal nutrition assistance programs with nutrition-related requirements, as well as how these programs are overseen by states, we visited a nongeneralizable group of four selected states—Arizona, Louisiana, Michigan, and Vermont—between December 2018 and March 2019. We selected states and local sites within those states with a high percentage of adults 60 or older, and to ensure variation across the sites in geographic location, urban and rural location, percentage of older adults in poverty, and program provider and site type. In the four states, we interviewed relevant state agency officials, and representatives from 20 local provider organizations and visited 25 meal and food distribution sites in the selected local areas.³ Because we relied on a nongeneralizable sample of sites and states, the views of the entities we interviewed do not represent the views of all providers of federal nutrition assistance programs providing meals and food packages to older adults

²For example, the nutrition standards for meals served to students in USDA's National School Lunch Program were updated under the Healthy, Hunger-Free Kids Act of 2010 to more closely match with federal Dietary Guidelines for Americans. See Pub. L. No. 111-296, § 441, 124 Stat. 3183, 3261. The act also included updates to nutrition requirements for meals served in the Child and Adult Care Food Program, which includes adult day care centers that participate in the program and serve older adults. For the purposes of our review, we defined "older adults" as those 60 or older.

³Throughout this report, references to "local providers" are those responsible for the provision of meal services or food in the various federal nutrition assistance programs that we included in this review. Of the 20 local providers we interviewed, 14 were HHS congregate and home-delivered meal program providers, 3 were Commodity Supplemental Food Program providers, and 3 were Child and Adult Care Food Program providers.

or participants in those programs. To obtain additional information on program implementation challenges, we interviewed representatives from a range of national-level organizations involved in research, service provision, or advocacy related to nutrition assistance for older adults.

In addition, to address our first objective on older adults' nutritional needs and our second objective on nutrition assistance programs with nutrition-related requirements, we reviewed relevant research. Such research included relevant peer reviewed studies on the relationship between nutritional needs and health outcomes of older adults, the two federally supported guidance documents that detail the nutrition requirements for Americans—the 2015-2020 Dietary Guidelines for Americans and the Dietary Reference Intakes—and the evaluations of scientific evidence undertaken to support these guidance documents. In addition, we reviewed relevant studies evaluating the impact of HHS's nutrition assistance programs on older adults' nutrition.⁴

We assessed efforts by HHS and USDA to ensure federal guidelines reflect older adults' nutritional needs, to oversee the nutrition-related requirements of nutrition assistance programs serving older adults, and to assist providers of these programs, against Standards for Internal Control in the Federal Government and other relevant criteria.⁵ For more information on our scope and methodology, see appendix I.

We conducted this work from June 2018 through November 2019 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

⁴B. Carlson, R. Cohen, M. Hu, J. Mabli, E. Panzarella, N. Redel, *Process Evaluation of Older American's Act Title III-C Nutrition Services Program*, a report prepared at the request of the Department of Health and Human Services' Administration on Community Living (Cambridge, MA: Mathematica Policy Research, September 30, 2015). J. Mabli, E. Gearnan, R. Cohen, K. Niland, N. Redel, E. Panzarella, B. Carlson. *Evaluation of the Effect of the Older Americans Act Title-III C Nutrition Services Program on Participants' Food Security, Socialization, and Diet Quality* (Cambridge, MA: Mathematica Policy Research, April 21, 2017).

⁵GAO, *Standards for Internal Control in the Federal Government*, [GAO-14-704G](#) (Washington, D.C.: Sept. 2014).

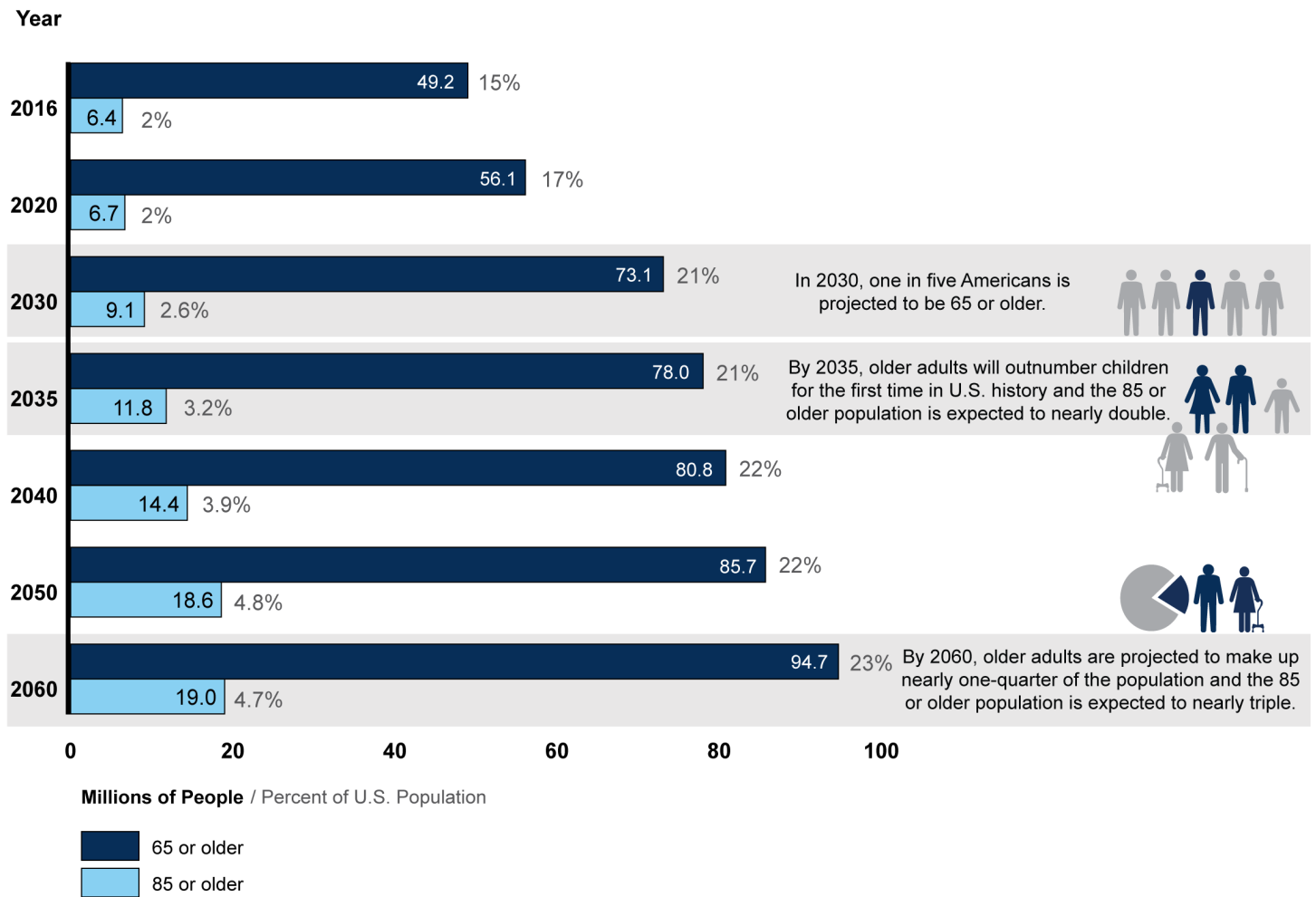
Background

Older Adult Population Growth

The U.S. older adult population is growing and is projected to steadily increase in the coming decades. By 2060, the U.S. Census Bureau projects that adults 65 or older will make up nearly one-quarter of the total U.S. population.⁶ In addition to the overall growth in this population, the number of adults 85 or older is expected to nearly triple, from 6.4 million in 2016 to 19 million in 2060 (see fig. 1).

⁶The U.S. Census Bureau reports population projections for older adults 65 or older.

Figure 1: Population Growth Projections for U.S. Adults 65 or Older, 2016-2060



Source: GAO analysis of U.S. Census Bureau data. | GAO-20-18

Federal Nutrition Assistance Programs Serving Older Adults

Several federal nutrition assistance programs serve older adults, which are overseen by HHS’s Administration for Community Living (ACL) and USDA’s Food and Nutrition Service (FNS).⁷ The characteristics of older

⁷In this report, we identified six key federal programs that provide nutrition assistance to older adults that are overseen by HHS and USDA. These federal nutrition assistance programs may also serve broader populations, including individuals younger than 60. For the purposes of this report, we focused on those individuals 60 or older that are served by these programs.

adults served by these programs vary, as do the types of assistance provided, the numbers of participants, and the amounts of federal expenditures (see table 1).

Table 1: Key Characteristics of Federal Nutrition Assistance Programs Serving Older Adults, by Agency

Dollars in Millions

Program	Eligible population	Type of assistance	Federal expenditures on older adults	Number of older adult participants
HHS Administration for Community Living				
Home-Delivered Nutrition Program	Adults 60 years or older	Prepared meals delivered to homebound participants	307.5 ^a	850,880 ^a
Congregate Nutrition Program	Adults 60 years or older	Prepared meals provided in congregate settings, such as senior centers	294.3 ^a	1,520,507 ^a
USDA Food and Nutrition Service				
Supplemental Nutrition Assistance Program (SNAP)	Households, including those with older adults, with low incomes ^b	Benefits to purchase food in participating retail stores	\$6,580.0 ^c	5,447,000 ^a
Commodity Supplemental Food Program (CSFP)	Adults 60 years or older with low incomes ^{b, d}	A monthly supplemental package of shelf-stable foods and refrigerated cheese	230.2 ^{e, f}	675,926 ^e
Child and Adult Care Food Program (CACFP)	Adults who are physically or mentally impaired or adults 60 years or older enrolled in an adult day care program ^g	Prepared meals provided in nonresidential adult day care centers	161.6 ^e	134,694 ^{e, h}
Senior Farmers' Market Nutrition Program (SFMNP)	Households of adults 60 years or older with low incomes ^b	Benefits to purchase locally grown fruits, vegetables, honey, and herbs from farmers' markets, roadside stands, and community supported agriculture programs	19.1 ⁱ	834,875 ^e

Source: GAO analysis of HHS and USDA information and data on these programs. | GAO-20-18

^aData reflect fiscal year 2017, the most recent year available as of July 2019 for congregate and home-delivered programs and April 2019 for SNAP.

^bFederal statute or regulations define specific income eligibility criteria.

^cThis figure represents estimated total benefits paid to older adult SNAP recipients in fiscal year 2017. According to USDA officials, USDA does not collect program expenditures by recipient type, but this estimate may be used as a proxy for federal expenditures on older adult SNAP recipients. Elderly individuals represented 13 percent of all SNAP recipients and received about 11 percent of total SNAP benefits in fiscal year 2017, according to USDA data.

^dCSFP also helps state and local agencies meet the nutritional needs of women, infants, and children who were certified and receiving CSFP benefits as of February 6, 2014 and continue to meet the eligibility requirements as of that date. Beginning February 7, 2014, CSFP eligibility was limited to adults 60 years and older. See Agricultural Act of 2014, Pub. L. No. 113-79, § 4102, 128 Stat. 649, 819-21.

^eData reflect fiscal year 2018, the most recent year available as of June 2019.

^fThis figure includes the cost of food and expenses related to administering the program.

^gIn addition to serving meals and snacks to adults enrolled at adult day care centers, the CACFP also provides meals and snacks to children enrolled at child care centers, day care homes, and afterschool care programs. This table focuses on meals and snacks served to adults enrolled at adult day care centers.

^hThe number of participants represents average daily attendance of adults enrolled at adult day care centers, which may include adults under age 60. USDA officials told us they do not collect national level CACFP data on the ages of participants.

ⁱThis figure represents total federal outlays for the SFMNP, which include the total costs of the vouchers that were redeemed at farmers' markets in fiscal year 2018.

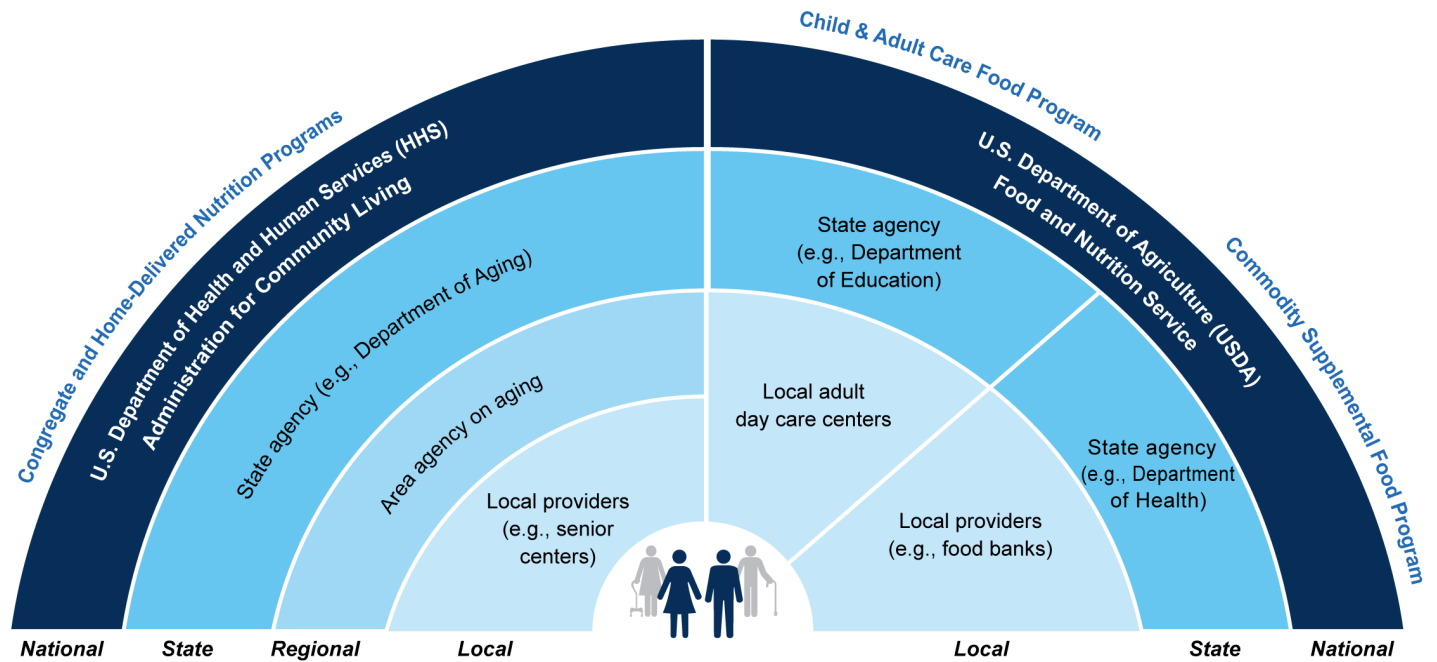
Program Administration

The nutrition assistance programs serving older adults are overseen by ACL and FNS's national and regional offices and are generally administered by state and local entities. The ACL and FNS national offices allocate funding and develop program regulations and guidance, and their respective regional offices provide support, such as technical assistance and training, to state agencies. State agencies implement the programs directly or through local entities. In the four programs that provide meals and monthly food packages to participants, state agencies work with regional and local agencies, such as government entities or private nonprofit organizations, to provide nutrition assistance to participants (see fig. 2). Specifically, in FNS's two programs, state agencies work directly with local providers, while in ACL's two programs, states work with regional level area agencies on aging, which generally contract with local providers.⁸ Area agencies on aging are public or private nonprofit entities that are responsible for planning and delivering services to older adults within their geographic service area.⁹

⁸Area agencies on aging generally provide services through contracts with local providers, but in certain circumstances may provide services directly. States that are geographically small or sparsely populated may administer services at the state level, rather than through area agencies on aging.

⁹Service areas are determined by states and can consist of a single county or multiple counties.

Figure 2: Stakeholders Involved in Administering Selected Nutrition Assistance Programs That Directly Provide Meals and Food to Older Adults



Source: GAO analysis of HHS and USDA program information and interviews with HHS and USDA officials. | GAO-20-18

Note: Area agencies on aging are public or private nonprofit entities that are responsible for planning and delivering the congregate and home-delivered nutrition programs, as well as other services, to older adults within their geographic service area. Service areas are determined by states and consist of a single county or multiple counties. Area agencies on aging generally provide services through contracts with local providers but may provide services directly. States that are geographically small or sparsely populated may administer services at the state level, rather than through area agencies on aging.

Federally-Supported Nutrition Guidelines

The Dietary Guidelines for Americans and the Dietary Reference Intakes (DRIs) are the two federally supported scientific bodies of work that provide broad information and guidance on the nutritional needs of healthy populations to help individuals maintain health and prevent nutrition-related chronic diseases.¹⁰ The dietary guidelines are developed

¹⁰According to HHS’s Centers for Medicare and Medicaid Services (CMS), chronic conditions are defined as conditions that last a year or more and require ongoing medical attention or limit daily activities or both. The U.S. Centers for Disease Control and Prevention uses a similar definition to define chronic diseases. For the purposes of this report, we use the term “chronic condition.” We refer to the Dietary Guidelines for Americans as the “dietary guidelines” throughout this report.

by HHS and USDA and summarized in a federal policy document that focuses on providing practical nutritional and dietary information and guidance for Americans ages 2 and older.¹¹ Overall, the 2015-2020 Dietary Guidelines recommend the consumption of a variety of vegetables, fruits, grains (at least half of which are whole grains), and protein, as well as fat-free or low-fat dairy and oils—sources of essential fatty acids and vitamin E. They also recommend foods and beverages that limit saturated and trans fats, as well as added sugars and sodium. Developed by the National Academies of Sciences, Engineering, and Medicine, the DRIs are a set of values used to plan and assess diets and nutrient intakes in both the United States and Canada, and the DRIs also provide scientific support for the development of the dietary guidelines.¹² Specifically, the DRIs provide nutrient intake recommendations at levels considered safe for consumption of a wide range of nutrients, including vitamins, such as vitamins A and C; minerals, such as sodium and iron; and macronutrients, such as fiber and fat.

¹¹HHS and USDA are required to jointly publish a new edition of the dietary guidelines every 5 years. See National Nutrition Monitoring and Related Research Act of 1990, Pub. L. No. 101-445, § 301, 104 Stat. 1034, 1043-44 (codified as amended at 7 U.S.C. § 5341). HHS and USDA appoint an external advisory committee of nutrition, health and medicine experts to review scientific evidence on nutrition and health that builds off the previous edition of the dietary guidelines. The advisory committee's work culminates in a scientific report, which HHS and USDA use, among other things, to update the dietary guidelines. Dietary Guidelines Advisory Committee, *Scientific Report of the 2015 Dietary Guidelines Advisory Committee: Advisory Report to the Secretary of Health and Human Services and the Secretary of Agriculture* (Washington, D.C.: U.S. Department of Agriculture, Agricultural Research Service, 2015). U.S. Department of Health and Human Services and U.S. Department of Agriculture *2015-2020 Dietary Guidelines for Americans 8th Edition* (December 2015), available at <http://health.gov/dietaryguidelines/2015/guidelines/>.

¹²Based on systematic reviews of evidence, the DRIs are developed by committees of nutrition, health, and medicine experts under the Health and Medicine Division of the National Academies of Sciences, Engineering, and Medicine with funding from the U.S. and Canadian governments. National Academies of Sciences, Engineering, and Medicine, *Dietary Reference Intakes: The Essential Guide to Nutrient Requirements* (Washington, D.C.: The National Academies Press, 2006). National Academies of Sciences, Engineering, and Medicine, *Dietary Reference Intakes for Calcium and Vitamin D* (Washington, D.C.: The National Academies Press, 2011). National Academies of Sciences, Engineering, and Medicine, *Guiding Principles for Developing Dietary Reference Intakes Based on Chronic Disease* (Washington, D.C.: The National Academies Press, 2017). National Academies of Sciences, Engineering, and Medicine, *Dietary Reference Intakes for Sodium and Potassium* (Washington, D.C.: The National Academies Press, 2019). The 2006 report summarizes the findings of all DRIs reports published prior to 2006 on individual nutrients, such as fiber, magnesium and other essential nutrients. Since 2006, the DRIs have been updated for four nutrients: calcium and vitamin D in 2011 and sodium and potassium in 2019.

Evidence Shows Nutrition Is Associated with Older Adults' Health Outcomes, but Federal Nutrition Guidelines Do Not Address Their Varying Needs

The Majority of Older Adults Have Chronic Conditions and Evidence Shows Older Adults' Nutrition Is Associated with Their Health Outcomes

The majority of older adults in the U.S. have chronic conditions, and evidence shows that nutrition is associated with the development of such conditions.¹³ Older adults are the fastest growing segment of the population, and they also have the greatest prevalence of chronic conditions. For example, according to the most recent data available from the Centers for Disease Control and Prevention (CDC), 62 percent of older adults 65 and older had more than one chronic condition in 2016, such as diabetes or heart disease, compared to 18 percent of adults ages 18 to 64.¹⁴ Although the risk of developing chronic conditions increases with age, research has shown that poor nutrition is a contributor to

¹³According to HHS's U.S. Centers for Medicare and Medicaid Services (CMS), chronic conditions are defined as conditions that last a year or more and require ongoing medical attention or limit daily activities or both. The U.S. Centers for Disease Control and Prevention uses the same definition to define chronic diseases. For the purposes of this report, we use the term "chronic condition."

¹⁴This analysis reflects adults with more than one of the following 10 chronic conditions: hypertension, coronary heart disease, stroke, diabetes, cancer, arthritis, hepatitis, weak or failing kidneys, chronic obstructive pulmonary disease, or current asthma. CDC National Center for Health Statistics, National Health Interview Survey, family core and sample adult questionnaires, table 39, accessed July 22, 2019, <https://www.cdc.gov/nchs/data/hus/2017/039.pdf>.

negative health outcomes, including many chronic conditions.¹⁵ For example, research shows that over- and under-consumption of certain nutrients, in addition to physical inactivity, is associated with the development of chronic conditions, including certain cancers, obesity, heart disease, and diabetes.¹⁶ The CDC reported that, in 2016, nutrition-related chronic conditions, including heart disease and stroke, were among the leading causes of death for older adults 65 and older in the United States, with heart disease accounting for 25 percent of deaths among this population.

At the same time, research shows that nutrients and diet can prevent, delay, or assist in managing many chronic conditions, and individuals with certain chronic conditions may have different nutritional needs compared to healthy individuals. For example, according to research reviewed during development of the dietary guidelines and DRIs:¹⁷

- diets low in sodium that also replace some carbohydrates with protein or unsaturated fats lower blood pressure and cholesterol levels, both reducing the risk of developing heart disease and helping to manage it;

¹⁵Dietary Guidelines Advisory Committee, *Scientific Report of the 2015 Dietary Guidelines Advisory Committee: Advisory Report to the Secretary of Health and Human Services and the Secretary of Agriculture* (Washington, D.C.: U.S. Department of Agriculture, Agricultural Research Service, 2015). National Academies of Sciences, Engineering, and Medicine, *Guiding Principles for Developing Dietary Reference Intakes Based on Chronic Disease* (Washington, D.C.: The National Academies Press, 2017). Academy of Nutrition and Dietetics, "Position of the Academy of Nutrition and Dietetics: Food and Nutrition for Older Adults: Promoting Health and Wellness," *Journal of the Academy of Nutrition and Dietetics*, vol. 112, no. 8 (2012): pp. 1255-1277.

¹⁶For example, inadequate consumption of potassium or over-consumption of sodium is associated with high blood pressure, also known as hypertension, which is a risk factor for heart disease or stroke. National Academies of Sciences, Engineering, and Medicine, *Dietary Reference Intakes: The Essential Guide to Nutrient Requirements* (Washington, D.C.: The National Academies Press, 2006). The relationship between nutrition and the development of chronic conditions, such as hypertension, is of particular concern for older adults who, according to the CDC, already have an increased risk for heart disease and stroke due to age. Department of Health and Human Services, CDC, *The State of Aging and Health in America 2013* (Atlanta, GA: 2013).

¹⁷Dietary Guidelines Advisory Committee, *Scientific Report of the 2015 Dietary Guidelines Advisory Committee: Advisory Report to the Secretary of Health and Human Services and the Secretary of Agriculture* (Washington, D.C.: U.S. Department of Agriculture, Agricultural Research Service, 2015). National Academies of Sciences, Engineering, and Medicine, *Dietary Reference Intakes: The Essential Guide to Nutrient Requirements* (Washington, D.C.: The National Academies Press, 2006).

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- consumption of certain types of dietary fats, such as omega-3 fatty acids found in fish and flaxseed, for example, may help prevent or manage heart disease;
 - increased consumption of fiber reduces total blood cholesterol, and high cholesterol is both a chronic condition as well as an increased risk for developing other chronic conditions, such as heart disease and stroke; and
 - decreased consumption of foods high in added sugars, saturated fats, and sodium helps reduce the risk of diabetes, stroke, or heart attack.

Barriers to Older Adults' Meeting Nutritional Needs May Negatively Affect Their Health Outcomes

Research has shown that certain age-related changes may impair older adults' ability to meet their nutritional needs, potentially resulting in negative health outcomes. According to a study conducted by the Academy of Nutrition and Dietetics, physiological changes that occur with age, such as decreased metabolism and reductions in muscle mass and nutrient absorption, may make it difficult for older adults to meet their nutritional needs.¹⁸ Research reviewed to develop the dietary guidelines also indicates that older adults experience a decline in calorie or energy needs as they age, due in part to decreased physical activity. As a result of reduced energy needs, older adults exhibit less hunger and also experience changes in taste sensation and sense of smell, all of which may lead to decreased food consumption, according to the Academy of Nutrition and Dietetics study.¹⁹ Inadequate consumption of certain nutrients, such as potassium, may lead to increased risk of negative health outcomes, including the development of chronic conditions, as noted earlier.

Age-related physical or mental impairments also may impact older adults' ability to meet their nutritional needs, potentially resulting in negative health outcomes. The Older Americans Act defines disability to include a physical or mental impairment, or combination of the two, that results in substantial functional limitations to certain major life activities, including

¹⁸Academy of Nutrition and Dietetics, "Position of the Academy of Nutrition and Dietetics: Food and Nutrition for Older Adults: Promoting Health and Wellness," *Journal of the Academy of Nutrition and Dietetics*, vol. 112, no. 8 (2012): pp. 1255-1277.

¹⁹Because a reduced appetite can result in limited total nutrient intake, older adults should eat nutrient dense foods, such as those high in fiber, to meet their nutritional needs, as nutrient needs often remain constant or may even increase with age, according to the Academy of Nutrition and Dietetics study.

self-care and mobility, among other things.²⁰ An HHS official we spoke with noted that some older adults' inability to perform daily activities—which can include eating, walking, or leaving the home to obtain groceries or meals, because of a physical or mental impairment—can contribute to inadequate nutrition. According to the CDC, age-related declines in cognitive functioning, such as the ability to reason and remember, may affect some older adults' ability to leave their homes and shop for food, hindering their ability to meet their nutritional needs.²¹

Further, HHS reported that older adults with age-related physical impairments, such as impaired mobility and vision, may have difficulty opening, reading, and using food packaging, limiting their ability to prepare food.²² According to an Academy of Nutrition and Dietetics study, older adults with a physical impairment, such as an inability to chew or swallow food, may have reduced ability to consume nutrients, which, as previously noted, may increase their risk of negative health outcomes.

Older adults may also require the use of medication, which may impact their ability to absorb or consume nutrients and meet their nutritional needs. For example, according to the National Institute on Aging, common side effects of certain medications can include reduced appetite and dry mouth, which may make it difficult to chew and swallow. In addition, some medications require older adults to limit their consumption of certain foods, such as citrus fruit, as consumption of these foods may change the effectiveness of the medications or cause other negative

²⁰See 42 U.S.C. § 3002(13).

²¹Department of Health and Human Services, CDC, *The State of Aging and Health in America 2013* (Atlanta, GA: 2013).

²²Department of Health and Human Services, Administration for Community Living, Center for Policy and Evaluation, *Opportunities to Improve Nutrition for Older Adults and Reduce Risk of Poor Health Outcomes* (March 2017). Further, according to an Academy of Nutrition and Dietetics study, individuals who have difficulty preparing meals may rely on processed, ready-to-eat meals that are often high in sodium. As previously noted, overconsumption of sodium is associated with hypertension. Academy of Nutrition and Dietetics, "Position of the Academy of Nutrition and Dietetics: Food and Nutrition for Older Adults: Promoting Health and Wellness," *Journal of the Academy of Nutrition and Dietetics* (2012).

health outcomes.²³ However, such restrictions may impact older adults' ability to obtain the nutrients commonly found in those foods.

Further, some older adults experience food insecurity, and therefore have limited access to adequate food and nutrients, which research has shown may lead to negative health outcomes.²⁴ According to research reviewed to develop the dietary guidelines, food insecurity is a leading nutrition-related public health issue that compromises nutrient intake, potentially resulting in an increased risk of developing a chronic condition, as well as difficulty managing chronic conditions.²⁵ USDA reported that 8 percent of U.S. households with an older adult and 9 percent of U.S. households in which an older adult lived alone experienced food insecurity in 2017—the most recent year for which data are available.²⁶ According to HHS, food insecure older adults are more likely to experience negative health outcomes than their food secure counterparts.²⁷ For example, research has shown that older adults who are food insecure consume lower amounts of essential nutrients and are more likely to experience negative health outcomes, like diabetes or physical or mental impairments.²⁸

²³For example, according to HHS's Food and Drug Administration, grapefruit—a source of vitamin C, potassium, and fiber—interferes with medications taken to address high cholesterol by allowing too much of the medication to stay in the body longer, increasing the risk factors for kidney failure.

²⁴Food insecurity is associated with reduced food intake or hunger due to a lack of money and other resources for food. U.S. Department of Agriculture, Economic Research Service, *Household Food Security in the United States in 2017*, Economic Research Report 256 (September 2018).

²⁵Dietary Guidelines Advisory Committee, *Scientific Report of the 2015 Dietary Guidelines Advisory Committee: Advisory Report to the Secretary of Health and Human Services and the Secretary of Agriculture* (Washington, D.C.: U.S. Department of Agriculture, Agricultural Research Service, 2015).

²⁶U.S. Department of Agriculture, Economic Research Service, *Household Food Security in the United States in 2017*, Economic Research Report 256 (September 2018). In comparison, USDA reported that 12 percent of all U.S. households were food insecure in 2017.

²⁷Department of Health and Human Services, Administration for Community Living, *Older Americans Benefit from Older Americans Act Nutrition Programs*, Research Brief 8 (September 2015).

²⁸C. Gundersen and C. Ziliak, *The Health Consequences of Senior Hunger in the United States: Evidence from the 1999-2014 NHANES*, report submitted to Feeding America and the National Foundation to End Senior Hunger (August 16, 2017).

Federal Nutrition Guidelines Do Not Address the Varying Nutritional Needs of Older Adults

The federal nutrition guidelines—the dietary guidelines and Dietary Reference Intakes (DRIs)—provide broad nutrition guidance for healthy populations. However, the guidelines do not address the nutritional needs of older adults, including the majority of older adults in the United States who have multiple chronic conditions.²⁹ Specifically, the guidelines focus on the foods and nutrients healthy individuals need to maintain health and prevent nutrition-related chronic conditions, which limit their applicability to older adults who already have chronic conditions. According to the scientific report for the 2015-2020 Dietary Guidelines, the guidelines are expected to evolve to address public health concerns and the nutritional needs of specific populations.³⁰ Further, a report from a DRI working group indicates that the growth of the older adult population and the prevalence of chronic conditions in this group highlight the importance of understanding how nutrition can help to address chronic conditions.³¹ Although DRI researchers recently took steps to examine research on the relationship between nutrition and chronic conditions, they noted in a March 2019 report that current research on this issue is somewhat limited.³²

At the same time, the federal nutrition guidelines do not address the varying nutritional needs of older adults of different ages and instead focus on guidelines for broad age groups. Specifically, the dietary guidelines provide information by gender on the nutrient needs of all

²⁹Developed by committees of experts, the dietary guidelines and DRI values focus on the nutritional needs of healthy populations to help individuals maintain health and prevent nutrition-related chronic conditions.

³⁰The advisory committee's 15 members, appointed by HHS and USDA, are researchers in the fields of nutrition, health, and medicine. As part of its assessment of evidence on diet and health, the advisory committee also provides recommendations for future research.

³¹E.A. Yetley, A. J. MacFarlane, L. S. Greene-Finestone, C. Garza, J. D. Ard, S. A. Atkinson, D. M. Bier, A. L. Carriquiry, W. R. Harlan, D. Hattis, J. C. King, D. Krewski, D. L. O'Connor, R. L. Prentice, J. V. Rodricks, and G. A. Wells, "Options for basing Dietary Reference Intakes (DRIs) on chronic disease endpoints: Report from a joint US-/Canadian-sponsored working group," *The American Journal of Clinical Nutrition*, vol. 105, no. 1 (2017): pp. 249S-285S.

³²Researchers recently expanded the methodology used to develop the DRIs to include an examination of the relationship between nutrient intakes and the risk of chronic conditions. However, a DRIs report issued in March 2019, which sought to use the updated methodology, found that evidence examining this relationship for certain nutrients was often insufficient and the report highlighted the need for additional research on the effects of nutrients on chronic condition outcomes. National Academies of Sciences, Engineering, and Medicine, *Dietary Reference Intakes for Sodium and Potassium* (2019).

adults 51 or older, and the DRIs provide this information by gender for older adults 51 through 70 and 71 or older. However, research has shown that these broad age categories do not account for how needs change with age among older adults, particularly for those 71 or older. For instance, according to the Academy of Nutrition and Dietetics study, the nutrient needs of older adults can be wide-ranging given the various changes that may occur with aging, such as those associated with reduced energy needs.³³ Further, according to a summary report on the DRIs, physiological functioning, such as nutrient absorption, varies greatly after age 70.³⁴ HHS officials similarly noted that nutritional needs change with each stage in life, and the needs of older adults who are in their 60s and those who are in their 90s or older may be substantially different.

Additionally, researchers note that information on the varying nutritional needs of the different age groups of older adults is limited. For instance, the advisory committee that developed the 2015-2020 Dietary Guidelines noted that more data are needed on older adults' diets, particularly for those 71 or older, and the degree to which age-related changes affect older adults' ability to establish and maintain proper nutrition. Similarly, researchers at the Jean Mayer USDA Human Nutrition Research Center on Aging—one of the largest research centers studying nutrition and aging in the United States—told us that research on different age groups has been hindered in part by limitations in national nutrition and health data on older adults, and adults 85 or older, in particular, despite the projected growth of this age group.

HHS officials said they intend to include a focus on nutritional guidance for older adults in the 2025-2030 Dietary Guidelines update, but they have not yet documented their plans to do so. Broadly, HHS and USDA officials told us they intend to address the nutritional needs of individuals across the entire lifespan in future updates to the dietary guidelines.³⁵ USDA is leading the 2020-2025 Dietary Guidelines update, which will

³³Academy of Nutrition and Dietetics, "Food and nutrition for older adults," p.1258.

³⁴National Academies of Sciences, Engineering, and Medicine, *Dietary Reference Intakes: The Essential Guide to Nutrient Requirements* (2006).

³⁵HHS and USDA collaborate on updates to the dietary guidelines every 5 years with one agency—either HHS or USDA—leading the update.

include guidance for those individuals in the earliest stages of life.³⁶ HHS officials said that when they lead the 2025-2030 Dietary Guidelines update, they intend to include a focus on nutritional guidance for older adults. However, HHS has not yet documented this intention, such as through a formal plan.³⁷ As noted, older adults' nutritional needs can vary with age and many face certain challenges that additional nutrition guidance could help address, such as the management of chronic conditions or age-related changes, yet guidance currently falls short in part because of limited research evaluating older adults' nutritional needs. In its Strategic Plan for fiscal years 2018-2022, HHS notes that one of the department's objectives is to prevent, treat, and control communicable diseases and chronic conditions. As previously noted, the dietary guidelines are also expected to evolve to address public health concerns and the nutritional needs of specific populations. A plan for incorporating a focus on older adults in a future dietary guidelines update, such as one that addresses their various needs based on available research on this population and identifies existing information gaps, could help ensure federal nutrition guidelines better address the nutritional needs of this population.

³⁶Specifically, USDA is including nutrition guidance for pregnant women, infants, and toddlers up to 24 months old in the 2020-2025 Dietary Guidelines update. Historically, the dietary guidelines have focused on nutrition guidance for Americans ages 2 and older. According to USDA, proper nutrition during the earliest stages of life is critical to support healthy growth and development throughout childhood and prevent chronic condition in adulthood. As of June 2019, USDA officials reported that the 2020-2025 update is under way.

³⁷In 2018, for the first time, HHS and USDA sought public comments on a set of priority topics and scientific questions, according to the life stage, to guide the development of the 2020-2025 dietary guidelines update. HHS officials told us that the questions will help to clarify the needs of older adults. In addition to ACL, several other offices within HHS are involved in the updates to the dietary guidelines.

Several Nutrition Assistance Programs Serving Older Adults Include Nutrition-Related Requirements, and Federal Oversight of Requirements in Some Programs Is Limited

Four of the Six Federal Nutrition Assistance Programs Serving Older Adults Include Nutrition Requirements

The four federal nutrition assistance programs that we reviewed and that provide meals and food directly to older adults have federal nutrition requirements, while two other programs we reviewed that provide older adults with benefits to purchase food do not. Specifically, HHS's congregate and home-delivered meal programs and USDA's Child and Adult Care Food Program (CACFP) have nutrition requirements for older adults' meals, and the Commodity Supplemental Food Program (CSFP) has nutrition requirements for the monthly food package provided to older adults.³⁸ Two other federal programs—USDA's Supplemental Nutrition Assistance Program (SNAP) and Senior Farmers' Market Nutrition Program—provide older adults with benefits to purchase food, and neither

³⁸Congregate and home-delivered nutrition services include the provision of meals, as well as other nutrition services, such as nutrition education and counseling. In this report, we often refer these programs as the "congregate meal" and "home-delivered meal" programs.

program has specific nutritional requirements that must be met when purchasing food.³⁹

The four programs with nutrition requirements used the federal nutrition guidelines—the Dietary Guidelines for Americans—as the basis for their nutrition requirements. These guidelines are also the basis for nutrition requirements in other federal nutrition assistance programs, such as those that serve children.⁴⁰ As discussed earlier, the current guidelines provide broad guidance on nutrition for healthy populations and therefore serve a role in health promotion for all individuals.⁴¹

Congregate and Home-Delivered Meal Programs

All meals provided under HHS’s congregate and home-delivered programs must include components—such as fruits, vegetables, grains and protein—and portion sizes consistent with the dietary guidelines.⁴² Further, programs providing participants with one meal a day must include a minimum of 33.3 percent of the Dietary Reference Intakes.⁴³

³⁹The Senior Farmers’ Market Nutrition Program only offers participants fresh, nutritious, unprepared, locally grown fruits, vegetables, honey, and herbs. In our previous work on federal nutrition assistance programs, several officials and providers told us that the variety of nutrition assistance programs can help eligible households address the specific needs of individual members, which may include older adults. As such, an older adult who participates in a nutrition assistance program that has nutrition requirements, such as the Commodity Supplemental Food Program, may also benefit from participating in SNAP, which allows the purchase of food items that may meet the older adult’s specific needs. GAO, *Domestic Food Assistance: Complex System Benefits Millions, but Additional Efforts Could Address Potential Inefficiency and Overlap among Smaller Programs*, [GAO-10-346](#) (Washington, D.C.: April 15, 2010).

⁴⁰For example, meals served to children in the National School Lunch Program or School Breakfast Program must be aligned with the most recent Dietary Guidelines for Americans.

⁴¹Although as noted earlier the dietary guidelines do not address the specific needs of certain subpopulations of older adults, programs whose nutritional requirements are based on the dietary guidelines provide some assurance of meeting the broad nutritional needs of healthy adults.

⁴²For example, as part of a 2,000 calorie-level diet, the dietary guidelines recommend that a person consume 2.5 cups of vegetables, 2 cups of fruit, 6 ounces of grains, 5.5 ounces of protein, 3 cups of fat-free or low-fat dairy, and 5 teaspoons of oils each day. States administering congregate and home-delivered meal programs may implement the nutrition requirements to best meet the needs of the older adults they serve, such as using funds to provide meals that help to address statewide chronic conditions or health issues affecting the older adults in their state. Officials from state agencies in the four selected states told us they did not impose additional nutrition requirements beyond those required at the federal level.

⁴³In programs serving two or three meals per day, 66.6 or 100 percent of the DRIs must be provided, respectively.

Program providers must also be given flexibility to design meals that appeal to older adults. See figure 3 for examples of congregate and home-delivered meals served in selected states.

Figure 3: Examples of Meals Served in the Congregate and Home-Delivered Meal Programs in Selected States



Home-delivered frozen meal of chicken, peas, and mixed vegetables



Home-delivered meal of fish, mashed potatoes, and green beans



Congregate lunch of beef stew over egg noodles, carrots, corn with brown butter sauce, braised red cabbage with apples, mashed acorn squash, thyme buttermilk biscuit, and milk



Congregate lunch of beef lasagna, roasted zucchini, sweet potatoes, garlic toast, and fruit gelatin

Source: GAO. | GAO-20-18

Note: Additional items were served with these meals are not all included in the photos, such as milk, tea, or lemonade.

Child and Adult Care Food Program (CACFP)

Adult Meal Pattern for Breakfast, Lunch, Supper, and Snacks Served in the USDA's Child and Adult Care Food Program (CACFP)

Breakfast

Select all three components for a reimbursable meal:

- Fluid milk (8 fl. oz. or 1 cup)
- Vegetables or fruits or both (1/2 cup)
- Grains (2 ounce equivalents)

Lunch

- Fluid milk (8 fl. oz. or 1 cup)
- Meat or meat alternate (2 oz.)
- Vegetables (1/2 cup)
- Fruits (1/2 cup)
- Grains (2 ounce equivalents)

Supper

Must contain the food components and servings listed for lunch, except that it does not require a serving of fluid milk.

Snacks

Must contain two of the following five components for a reimbursable meal:

- Fluid milk (8 fl. oz.)
- Meat or meat alternate (1 oz.)
- Vegetables (1/2 cup)
- Fruit (1/2 cup)
- Grains (1 ounce equivalent)

Source: Summary of adult day care meal pattern requirements in USDA's CACFP. | GAO-20-18

Meals and snacks provided to older adults at day care centers as part of USDA's CACFP must follow specified meal patterns that are consistent with the federal dietary guidelines. In 2016, USDA revised the adult meal pattern for each meal service based on the most recent dietary guidelines to include a greater variety of vegetables and fruit, more whole grains, and less added sugar and saturated fat.⁴⁴ See sidebar for the current meal patterns for adult meals and snacks served at adult day care centers.⁴⁵ Figure 4 provides examples of meals served at adult day care centers in selected states.

⁴⁴The revised meal patterns were required to be implemented by October 1, 2017.

⁴⁵Several related CACFP requirements or options are not shown in the sidebar. For example, unflavored low-fat, unflavored fat-free, or flavored fat free milk must be served to adult participants. However, non-dairy milk substitutes that are nutritionally equivalent to milk may be served in place of milk to adults with medical or special dietary needs. In addition, yogurt may be served in place of milk once per day. For more information, see USDA's memorandum entitled, "Nutrition Requirements for Fluid Milk and Fluid Milk Substitutions in the Child and Adult Care Food Program, Questions and Answers" (July, 14, 2016), available at https://fns-prod.azureedge.net/sites/default/files/cacfp/CACFP17_2016os.pdf.

Figure 4: Examples of Meals Served at Adult Day Care Centers through the Child and Adult Care Food Program in Selected States



Lunch of meat loaf with red sauce, mashed potatoes and gravy, steamed string beans and carrots, fruit cup, and whole wheat bread roll with butter



Lunch of red beans and sausage on brown rice, corn bread, salad and grapes



Lunch of roasted seasoned chicken on the bone, mashed potatoes, steamed vegetables, two white bread rolls

Source: GAO. | GAO-20-18

Note: Additional items were served with these meals that may not be included in the photos, such as milk, water, orange juice, iced tea, coffee, or steamed vegetables.

As part of the federal requirements for CACFP, adult day care centers must keep on file and follow a plan of care for functionally impaired program participants, which may include information on a participant's special dietary needs, such as the need for a diabetic, heart-healthy, or

Commodity Supplemental Food Program (CSFP)

pureed diet.⁴⁶ Plans of care may be followed over CACFP meal pattern requirements as long as there is a written statement from certain medical authorities supporting the need for substitutions or modifications.

Foods that are distributed to participants monthly through USDA's CSFP must include certain quantities of dairy, fruits, vegetables, grains, and proteins in each package, consistent with the dietary guidelines.⁴⁷ In February 2019, USDA issued new requirements for the food packages after a workgroup assessed the nutritional and operational aspects of the food package as it relates to the needs of older adult participants and recommended changes. According to USDA, the new requirements include more whole grains and canned fruits and vegetables. Officials in three regions said that although states have until November 2019 to implement the new requirements, states have provided early positive feedback on the additional variety in the food package.

Several Programs Also Require the Provision of Services to Help Older Adults Meet Nutritional Needs

Nutrition Education

Several of the nutrition assistance programs that have nutrition requirements for meals or food served to older adults also require other services to help ensure older adults' nutritional needs are met. These services include nutrition education, screenings and assessments, and the use of nutrition professionals.

Three of the four selected nutrition assistance programs serving older adults that have nutrition requirements also require nutrition education to support efforts to meet older adults' nutritional needs. These programs are HHS's congregate and home-delivered meal programs and USDA's

⁴⁶Each participant enrolled in the adult day care portion of the Child and Adult Care Food Program is evaluated to determine their health and emotional needs. Once needs have been established, an individual plan of care is developed to meet the physical, emotional, and social needs of the participant. Adult day care centers are not required to have an individual plan of care for participating adults 60 or older who are not impaired, but must have a plan for each impaired adult.

⁴⁷As noted above, the dietary guidelines do not address the needs of certain subpopulations, but programs whose nutritional requirements are based on the dietary guidelines provide some assurance of meeting the broad nutritional needs of healthy adults.

CSFP, which provides monthly food packages.⁴⁸ See figure 5 for examples of nutrition education materials from selected states.

Figure 5: Examples of Nutrition Education Information Provided in Congregate Settings and the Commodity Supplemental Food Program

The figure displays three examples of nutrition education materials. The first is a '10 tips Nutrition Education Series' titled 'Got your dairy today?' from the USDA, based on the Dietary Guidelines for Americans. It lists ten tips for dairy consumption, such as 'Skim' the fat, 'Boost potassium and vitamin D, and cut sodium', and 'What about cream cheese?'. The second is another '10 tips Nutrition Education Series' titled 'Make half your grains whole grains', also from the USDA, based on the Dietary Guidelines for Americans. It lists ten tips for whole grain consumption, such as 'Make simple shifts', 'Whole grains can be healthy snacks', and 'Be a smart shopper'. The third is a 'Food Safety' poster titled 'For People with Diabetes', featuring a purple background and images of food preparation. It includes the text 'A need-to-know guide for those who have been diagnosed with diabetes' and is attributed to the U.S. Department of Agriculture Food and Drug Administration.

Source: Nutrition education documents collected during visits with program providers in selected states. | GAO-20-18

To help promote health and delay adverse health conditions among older adults, area agencies on aging, either directly or through their local providers, are required to provide nutrition education to congregate and

⁴⁸Although USDA's CACFP does not require adult day care centers to provide nutrition education to program participants, USDA oversees multiple nutrition education efforts that local entities implement in various settings. For example, the SNAP-Ed program provides states with nutrition education funding for older adults who are SNAP participants or who have limited financial resources. States can then offer SNAP-Ed programming in a variety of settings, such as CSFP distribution sites, adult day care settings, senior farmers' market programs, and congregate meal sites. For more information on these efforts, see GAO, *Nutrition Education: USDA Actions Needed to Assess Effectiveness, Coordinate Programs, and Leverage Expertise*, GAO-19-572 (Washington, D.C.: July 25, 2019).

home-delivered meal participants.⁴⁹ According to HHS regional officials we spoke with, 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. According to the nationwide evaluation of the congregate and home-delivered meal programs, almost half of state agencies surveyed in 2014 required area agencies on aging, either directly or through their local providers, to provide nutrition education at least quarterly, and about one-quarter of state agencies require it to be provided semi-annually or annually.⁵⁰ Officials from two of the four state agencies told us local providers educate participants in a variety of ways, including by directly sharing nutrition-related information about specific menu items or meals offered to participants or by partnering with other entities, such as universities, to help educate older adults on nutritional well-being.

State agencies overseeing CSFP food packages must also establish a nutrition education plan and ensure that local providers provide nutrition education to program participants.⁵¹ For example, providers must include information about the nutritional value and use of the foods provided in the food package and should account for specific ethnic and cultural characteristics of program participants.⁵² USDA regional officials and state agency officials overseeing CSFP in three of the four states told us that providers generally use USDA's household foods fact sheets—which includes food product descriptions, general food storage information, recipes, and nutritional information—to provide nutrition education to

⁴⁹Local providers have primary responsibility for providing services to adults in the congregate and home-delivered nutrition programs. However, area agencies on aging also contribute to the provision of nutrition and supportive services to older adults, through their role in planning and coordinating services within their service area.

⁵⁰Further, the evaluation estimated that 98 percent of area agencies on aging and 77 percent of local providers offered nutrition education to participants. B. Carlson, R. Cohen, M. Hu, J. Mabli, E. Panzarella, N. Redel, *Process Evaluation of Older American's Act Title III-C Nutrition Services Program*, a report prepared at the request of the Department of Health and Human Services' Administration on Community Living (Cambridge, MA: Mathematica Policy Research, September 30, 2015).

⁵¹See 7 C.F.R. §§ 247.4(c)(1), 247.5(b)(9), and 247.18.

⁵²See 7 C.F.R. § 247.18(b)(1)-(3). In addition to the nutritional value of foods in the food package, nutrition education should include information on the relationship of the food in the food package to the overall dietary needs of the population served and information on how to meet special nutritional needs of participants using the foods provided, among other requirements.

CSFP participants.⁵³ State officials in our selected states also noted other methods CSFP providers used to support nutrition education. For example, officials in one of the states told us one of their distribution sites provides nutrition education materials in 17 languages to accommodate the different cultural backgrounds of the population it serves. Officials in another state we visited told us some of their provider sites partner with universities, inviting staff from the university's nutrition program to the provider site to share and discuss nutrition information with participants.⁵⁴

Screening and Assessments

Both of HHS's congregate and home-delivered meal programs require states to ensure area agencies or local providers conduct nutrition screenings and assessments of participants to help identify health risks.⁵⁵

⁵³Food fact sheets are included on USDA's "What's Cooking" website, accessed July 25, 2019, <https://whatscooking.fns.usda.gov/fdd/household-material-fact-sheets>.

⁵⁴According to an official from this state, this effort is part of USDA's Supplemental Nutrition Assistance Program Education (SNAP-Ed), one of USDA's largest nutrition education programs.

⁵⁵USDA's CACFP and CSFP do not require local providers to conduct nutrition-related screenings and assessments of program participants, although the evaluation of the nutrition education provided under CSFP must be directed by a nutritionist or other qualified professional. Research has shown that individuals with low-incomes have a greater likelihood of food insecurity, and both of these programs provide nutrition assistance to participants who generally have low-incomes with a focus on reducing their food insecurity.

Federal Nutrition Screening Tool

The Warning Signs of poor nutritional health are often overlooked. Use this Checklist to find out if you or someone you know is at nutritional risk.

Read the statements below. Circle the number in the "yes" column for those that apply to you or someone you know. For each "yes" answer, score the number in the box. Total your nutritional score.

	YES
I have an illness or condition that made me change the kind and/or amount of food I eat.	2
I eat fewer than 2 meals per day.	3
I eat few fruits or vegetables or milk products.	2
I have 3 or more drinks of beer, liquor or wine almost every day.	2
I have tooth or mouth problems that make it hard for me to eat.	2
I don't always have enough money to buy the food I need.	4
I eat alone most of the time.	1
I take 3 or more different prescribed or over-the-counter drugs a day.	1
Without wanting to, I have lost or gained 10 pounds in the last 6 months.	2
I am not always physically able to shop, cook and/or feed myself.	2
TOTAL	

DETERMINE YOUR NUTRITIONAL HEALTH

Total Your Nutritional Score. If it's –

0-2 **Good!** Recheck your nutritional score in 6 months.

3-5 **You are at moderate nutritional risk.** See what can be done to improve your eating habits and lifestyle. Your office on aging, senior nutrition program, senior citizens center or health department can help. Recheck your nutritional score in 3 months.

6 or more **You are at high nutritional risk.** Bring this Checklist the next time you see your doctor, dietitian or other qualified health or social service professional. Talk with them about any problems you may have. Ask for help to improve your nutritional health.

Remember that Warning Signs suggest risk, but do not represent a diagnosis of any condition. For the page to learn more about the Warning Signs of poor nutritional health.

These materials are developed and distributed by the Nutrition Screening Initiative, a project of:

- AMERICAN ACADEMY OF FAMILY PHYSICIANS
- THE AMERICAN DIETETIC ASSOCIATION
- THE NATIONAL COUNCIL ON THE AGING, INC.

The Nutrition Screening Initiative • 1018 Wisconsin Avenue, NW • Suite 809 • Washington, DC 20007
The Nutrition Screening Initiative is funded in part by a grant from Aging Products Division of Johnson Laboratories, Inc.

Source: HHS's Nutrition Screening Initiative. | GAO-20-18

According to HHS data for fiscal year 2016, the most recent year for which data are available, just over one-fifth (347,002) of the 1.6 million congregate meal participants served and more than one-half (496,729) of the 868,382 home-delivered meal participants served were deemed at high nutrition risk.⁵⁶ HHS officials stated that 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. However, HHS provides a tool that states may use for these assessments.⁵⁷ See sidebar for the Federal Nutrition Screening tool used to determine a person's nutrition risk. According to the nationwide evaluation of the congregate and home-delivered meal programs, over half of area agencies on aging and local providers of congregate and home-delivered meal programs had a formal process for assessing nutritional needs.⁵⁸ Further, HHS regional officials we spoke with suggested that these assessments generally occur annually. Across the four selected states we visited, the majority of area agencies on aging conducted nutrition screenings and assessments, with the frequency varying from every 6 months to every few years.⁵⁹ The Older Americans Act requires states to prioritize certain groups with high social and economic needs, such as those who are low-income, minorities, or isolated, and two area agencies on aging told us they use nutrition risk screenings and assessments to address malnutrition and identify those individuals who fall in these categories.

Nutrition Professionals

HHS's congregate and home-delivered meal programs require the use of nutrition professionals, such as registered dietitians, to help local providers meet the nutritional needs of older adults—primarily through

⁵⁶Those deemed at high nutrition risk have an increased likelihood of poor nutrition or malnutrition.

⁵⁷In the 1990s, ACL partnered with other organizations to develop a nutrition risk screening tool based on the warning signs of malnutrition to help determine a person's nutritional risk and worked with states to adopt this tool into state standards. The nutrition screening tool was a result of the Nutrition Screening Initiative, a project of the American Academy of Family Physicians, The American Dietetic Association, and the National Council on the Aging, Inc.

⁵⁸Specifically, the evaluation estimated that 83 percent of area agencies on aging and 65 percent of local providers had a formal process for assessing nutrition needs. *Process Evaluation of Older American's Act Title III-C Nutrition Services Program* (Cambridge, MA: Mathematica Policy Research, September 30, 2015).

⁵⁹Officials from an area agency on aging in one of the selected states told us their local providers conduct screenings and assessments and then share the information with their agency.

menu reviews to verify that each menu is following federal nutrition requirements, according to HHS officials.⁶⁰ According to the nationwide evaluation of the congregate and home-delivered meal programs, at least one-half of the state agencies, area agencies on aging, and local providers used the services of a nutrition professional to help meet the nutritional needs of older adults.⁶¹ In the four selected states, three state agencies had a nutrition professional on staff or contracted with a nutrition professional who worked with area agencies on aging to review menus, and in the other state, a nutrition professional was on staff or contracted for by area agencies on aging or local provider sites. In addition to menu reviews, nutrition professionals in the four selected states were also involved in activities such as training meal providers or providing nutrition education and counseling to participants.

Federal Oversight of Meal Programs Provides Limited Information on the Extent to Which Programs Are Adhering to Nutritional Requirements and Addressing Challenges

As part of HHS's oversight of the congregate and home-delivered meal programs, regional officials meet with state staff and review state plans and other program information, but these efforts do not require states to provide documentation that meals served to participants comply with the programs' nutrition requirements. State agencies are responsible for monitoring area agencies on aging' implementation of these programs and ensuring that meals are consistent with the programs' nutritional requirements. HHS regional offices, in turn, conduct oversight of the nutrition programs through its reviews of states. HHS's guidance directs regional staff to collect information from states on the use of nutrition professionals in these programs. However, HHS's guidance does not direct regional staff to systematically review or collect any other information from states, such as approved menus, to confirm that meals served to participants are consistent with the programs' nutrition requirements.

⁶⁰USDA's CACFP and CSFP do not require providers to use a nutritional professional to help them meet the nutritional needs of older adults. As discussed earlier, CSFP distributes to participants monthly food packages which include prescribed foods, such as cereal, dairy, and vegetables, and quantities per federal requirements. In addition, CACFP has federally-prescribed meal pattern requirements, which define the meal components and quantities of each that must be served in meals to adult day care participants. Although not required, officials in one state we visited told us some adult day care centers participating in CACFP contract with a dietician who reviews the menus and provides suggestions.

⁶¹Some HHS regional officials we spoke with also explained that an area agency on aging may rely on staff with nutrition expertise from another area agency or state agency within their state in areas where there are a lack of nutrition professionals, such as in rural areas.

A recent national evaluation of meals provided through the congregate and home-delivered meal programs, however, indicates that state oversight of meals' consistency with program nutrition requirements may have limitations. According to the 2017 evaluation, while program meals generally contributed positively to participants' diets, the meals were higher in sodium and saturated fat than the recommended limits.⁶² For example, the diets of the majority of congregate and home-delivered meal participants included adequate amounts of a range of vitamins and minerals, with the exception of magnesium and calcium.⁶³ However, a majority of participants had intakes of sodium and saturated fat from these meals that exceeded the dietary guidelines' recommended limits.⁶⁴ Specifically, 94 percent of congregate meal participants and 69 percent of home-delivered meal participants had sodium intakes from program meals that exceeded the dietary guidelines' recommended limit.⁶⁵ Likewise, 89 percent of congregate meal participants and 72 percent of home-delivered meal participants had saturated fat intakes from program meals that exceeded the recommended limit, despite the role state agencies play in monitoring programs to ensure meals meet federal

⁶²B. Carlson, R. Cohen, E. Gearan, J. Mabli, K. Niland, E. Panzarella, N. Redel, *Evaluation of the Effect of the Older Americans Act Title III-C Nutrition Services Program on Participants' Food Security, Socialization, and Diet Quality*, a report prepared at the request of the Department of Health and Human Services' Administration on Community Living (Cambridge, MA: Mathematica Policy Research, April 21, 2017).

⁶³Specifically, the diets of the majority of congregate and home-delivered meal participants included adequate amounts of vitamin B12, niacin, riboflavin, iron, phosphorus, thiamin vitamin B6, folate, zinc, vitamin A, and vitamin C. However, less than half of congregate and home-delivered meal participants had adequate intakes of magnesium and calcium.

⁶⁴The evaluation assessed the nutritional quality of congregate and home-delivered meals offered through the Nutrition Services Program under the Older Americans Act and examined how well the meals conformed to federal nutrition guidelines in effect at the time of the evaluation. M.K. Fox, E. Gearan, K. Niland, Issue Brief: *Nutritional Quality of Congregate and Home-Delivered Meals Offered in the Title III-C Nutrition Services Program: An Examination Utilizing the Healthy Eating Index Tool* (October 2017).

⁶⁵In addition, nearly half of the daily sodium consumed by participants came from program meals (46 to 47 percent, respectively for congregate and home-delivered meal participants). Foods that contributed substantial amounts of sodium included processed meats, such as ham and sausage, and mixed dishes such as chicken teriyaki, beef stroganoff, chili, and gumbo.

nutrition requirements.⁶⁶ According to the evaluation, overconsumption of sodium and saturated fat may pose a public health concern.⁶⁷

Information obtained from the selected states we visited also suggests that state oversight of congregate and home-delivered meals' consistency with program nutritional requirements may have limitations. Specifically, some selected states did not utilize a nutrition professional at the state level to help ensure meals served through the programs met federal nutrition requirements. For example, in one state, the state-level nutrition professional position was vacant and, officials from an area agency on aging we spoke with confirmed that state-level monitoring of menus for compliance with nutrition requirements had not occurred due to the vacancy. Area agency on aging officials added that the vacancy has also meant that state staff are not available to train or provide guidance to area agencies on the programs' nutrition requirements. In the other state, officials from an area agency on aging told us the state agency has not focused on oversight of providers' menus. HHS is responsible for overseeing its federal nutrition assistance programs to ensure compliance with the programs' nutrition requirements. More complete information on state efforts to assess meal consistency with federal nutrition requirements could help HHS assure that meals served to program participants are meeting those requirements.

In USDA's CACFP, which provides meals to older adults at adult day care centers, USDA regional offices review states' monitoring of local providers for consistency with federal meal pattern requirements. States are required to review each entity involved in the CACFP at least once every 3 years.⁶⁸ During these reviews, state staff must assess provider compliance with federal requirements, which includes a review of a sample of the provider's menus to ensure they comply with federal meal

⁶⁶In addition, on average, a program meal contributed to 39 to 41 percent of congregate and home-delivered meal participants' daily intake of saturated fat.

⁶⁷HHS officials told us that following the release of this evaluation, HHS held webinars that presented these findings and made available resources through its National Resource Center on Nutrition and Aging on topics such as ways to reduce sodium and identify sources of sodium and saturated fat. In addition, HHS regional officials told us they hold regular calls with state nutritionists and one-on-one technical assistance that includes topics such as planning meals that meet the dietary guidelines.

⁶⁸Specifically, state agencies must review independent centers, including adult day care centers, and sponsoring organizations of 1 to 100 facilities at least once every 3 years, according to federal regulations. See 7 C.F.R. § 226.6(m)(4)(i).

pattern requirements. Through federal management evaluations, USDA regional staff review states' monitoring of the program, including their reviews of menus to ensure compliance with meal pattern requirements, and conduct onsite reviews at both the state agency and local provider level.⁶⁹ Regional staff told us they review all states at least once every 3 years.⁷⁰

However, USDA regional officials told us they lack information on how the program is working at adult day care centers, in part because its onsite reviews of adult day care providers are generally limited, unlike on the child care side of the program. According to USDA officials, the majority of state agencies oversee both child care and adult day care CACFP providers,⁷¹ and USDA's criteria for selecting providers for onsite reviews focus on those providers receiving the highest reimbursement amounts.⁷² According to regional officials, because CACFP serves a significantly greater number of meals to children than to adults, providers receiving the highest reimbursement amounts are those serving meals in child care sites in the majority of states.⁷³ Thus, federal onsite reviews of providers serving meals to older adults in adult day care centers generally have been limited.⁷⁴

USDA's regional officials told us that because they have not done onsite reviews at most adult day care centers recently, they lack information on how the program is working in those centers. USDA officials in four of the seven regional offices told us they receive few questions or requests for

⁶⁹During management evaluations, USDA regional staff also review technical assistance requests that states receive from providers and trainings that states offer to providers on the program's meal pattern.

⁷⁰Officials from USDA's national office told us that while there is no requirement in regulation on the frequency of CACFP management evaluations, the frequency of these reviews may reflect an agency practice.

⁷¹The exception is in two states, Florida and Illinois, in which different state agencies oversee CACFP in child care and adult day care settings, according to these officials.

⁷²USDA, Food and Nutrition Service guidance "*Management Evaluation of State Agency Operations, Child and Adult Care Food Program, Fiscal Year 2019.*"

⁷³For example, in fiscal year 2018, CACFP served nearly 2 billion meals in child care settings compared to over 79 million meals in adult day care centers.

⁷⁴In addition, at the state level, across the four selected states, state agencies reported that they have few staff responsible for overseeing the program or a small number of staff focused on the adult day care side of the program.

technical assistance from state agencies or providers operating the program in adult day care centers. However, our discussions with providers in the four selected states suggest that they face challenges operating the program in these centers and addressing the varying needs of participants they serve, such as those with physical and mental impairments, and may benefit from additional information or assistance. USDA is statutorily required to review state agency and provider compliance with regulations governing program administration and operation of certain nutrition assistance programs, including CACFP. Further, USDA guidance notes that its management evaluations are critical for monitoring state agency program compliance and improving program operations by providing a basis for assessing the administration of the CACFP and developing solutions to challenges in program operations. Without taking action to ensure on-site reviews of adult day care centers participating in CACFP are conducted more consistently, USDA may be missing an opportunity to identify and help address challenges adult day care centers face in operating the program, such as challenges meeting varied needs of participants. Such efforts could help them better assess the extent to which centers are meeting the nutritional needs of the older adults they serve and to better target technical assistance.

For USDA's CSFP, which provides monthly food packages to older adults, USDA regional office oversight includes reviews of state agencies' monitoring of local providers and visits to local providers, covering all states at least once every 3-5 years. Regional staff indicated that they review monthly participation data, food inventory reports, and state plans as part of their oversight of the program. As part of their visits with local providers, regional officials told us they open and review food packages at local sites to ensure packages include the required food components and assess the types of nutrition education provided to participants, such as recipes or cooking classes.

Providers Face Challenges, Such as Increased Demand for Nutrition Programs and Meal Accommodations, and Some Lack Information to Address Them

Providers Reported Challenges Meeting Increased Demand for Nutrition Programs, with Some Leveraging Additional Resources to Meet Needs

The growth in the older adult population has led to an increased demand for nutrition programs to serve them, and some providers told us they faced challenges meeting the nutritional needs of this population. From 2009 through 2018, the population of adults 60 or older grew by 31 percent.⁷⁵ Federal funding for certain nutrition assistance programs serving older adults has not increased at the same rate as the population.⁷⁶ Specifically, during that same time period, federal funding for HHS's congregate and home delivered meal programs grew by 13 percent.⁷⁷ HHS officials told us that with the increased demand for these programs and relatively flat federal funding, some providers have been unable to maintain the same level and quality of service that they have historically provided.

According to state officials and providers in three of the four selected states we visited, the increased demand for older adult nutrition programs has resulted in waiting lists, in particular for the home-delivered meal

⁷⁵The older adult population growth is based on the U.S. Census Bureau's National Population Estimates from July 1, 2009 to July 1, 2018.

⁷⁶HHS reports that states supplement the federal funding provided for the congregate and home-delivered meal programs with other funding sources, such as state and local government funding, fundraising, and direct payments for meals.

⁷⁷HHS provides grant funds to states to provide services under the congregate and home-delivered meal programs; however, these programs are also funded at the state and local levels as well as through voluntary contributions by program participants. The 13 percent increase in federal funding is between fiscal years 2009 and 2018. However, most of that increase occurred after 2017.

program.⁷⁸ For example, state officials in one selected state we visited told us they have large waiting lists in their state for the home-delivered meal programs due to a higher demand for services. They indicated that, in the absence of other changes, they will only be able to serve new people through attrition of current program participants. One provider in the same state said they have a waiting list of more than 12,000 older adults for their home-delivered meal program. Another provider told us they are currently serving about 10 percent of the older adult population in their area, although the need for these services is greater, and they have continually had a waiting list for their home-delivered meal program.⁷⁹

Some providers have leveraged additional funding sources to decrease waiting lists and expand the reach of their congregate and home-delivered meal programs. Specifically, in two of the four states we visited, some providers said they have received additional funding to support nutrition and other services for older adults through a local property tax—called a millage tax.⁸⁰ In one of these states, a local provider told us that the local millage tax provided \$9.8 million for older adult services in 2018. Officials noted that these funds allowed providers to add new meal routes and decrease waiting lists for home-delivered meals, as well expand the capacity of senior centers to serve more older adults through nutrition and other programs.

In three of the four selected states, some providers reported partnering with various entities, including grocery stores, local farmers, and others to obtain food at low or no cost or serve more older adults, which helped them to meet the increased demand for the congregate and home-delivered meal programs. For example, in one state, the area agency on aging that directly provides meals joined a larger consortium of organizations to purchase food at a lower cost from a food vendor. In another state we visited, a provider we spoke with reported that the majority of its food for older adults' meals came from food donations

⁷⁸According to a nationwide evaluation of the congregate and home-delivered meal programs, about one-half (51 percent) of local providers that arrange or provide home-delivered meals reported having a waiting list for potential participants as of 2015. *Process Evaluation of Older Americans Act Title III-C Nutrition Services Program* (Cambridge, MA: Mathematica Policy Research, September 30, 2015).

⁷⁹In order to serve some of the people who were on the waiting list, the provider reduced the number of meals served to participants from 7 to 5 meals per week.

⁸⁰According to area agency on aging officials in one selected state, the local millage tax was approved for a specific time period, and is not guaranteed to continue after that time.

provided by local grocery stores and food banks and through a program in which local farmers dedicate some of their produce for donation. This provider indicated that food donations saved them \$140,000 in food costs in 2018 (see fig.6).

Figure 6: Examples of Food Donations at Congregate and Home-Delivered Meal Program Sites in Selected States



Source: GAO. | GAO-20-18

Note: Food donations to congregate and home-delivered meal programs may consist of fresh fruits and vegetables, such as bananas, oranges, beets, tomatoes, avocados, and other items.

Providers Face Challenges Meeting Needs for Certain Meal Accommodations and Some Lack Information to Help Address These Needs.

Providers we spoke with in the four selected states reported challenges meeting older adults' needs for certain meal accommodations, and both providers and state officials that administer the congregate and home-delivered meal programs as well as the CACFP meal program across the four states reported a need for additional information from the federal agencies overseeing these programs. As previously noted, the majority of older adults in the United States now have more than one chronic condition and older adults may have physical or mental impairments—all factors that may necessitate certain accommodations to ensure meals meet their nutritional needs. Although some providers we spoke with have taken steps to mitigate challenges meeting these needs, some reported

Congregate and Home-Delivered Meal Programs

that they continue to face challenges, such as the lack of skilled chefs and other resources, to make such accommodations.

Providers of HHS's congregate and home-delivered meal programs in three of the four states said they faced challenges making meal accommodations to meet the dietary needs of older adult participants with chronic health conditions. As previously noted, 62 percent of older adults 65 and older had more than one chronic health condition in 2016—the most recent year for which data are available. Eight of the 14 congregate and home-delivered meal providers across the selected states we visited said they do not tailor meals to meet participants' special dietary needs—for example, due in part to limited resources and capacity. For example, four providers told us it is cost prohibitive to tailor meals. At one site we visited that does tailor meals, local officials told us that their vendor charges more for tailored meals because of the additional work involved to customize meals to meet the needs of participants with specific health conditions. Another provider said that some chefs lack the skills needed to prepare such meals. For example, the provider said that although some older adults need mechanically soft or pureed meals because of oral health issues, staff may lack the skills to produce those meals. Federal restrictions on reimbursing liquid meals may make providing such meals cost-prohibitive, according to officials in selected states. For example, state and local officials and a provider in two selected states said that program participants who are unable to chew, swallow, or digest solid foods due to various health conditions, may need such meals, yet these meals do not qualify for federal meal reimbursement. According to HHS officials, while a liquid meal does not qualify for meal replacement, states may use federal funds dedicated to providing nutrition education, counseling, and other aging services to purchase these meals.

Some of these program providers in the selected states used additional funding sources to help them make meal accommodations for program participants with special dietary needs, and HHS also funds awards that can be used for this purpose. For example, an area agency in one selected state we visited received a grant from a local foundation to provide some of their home-delivered meal participants with special dietary meals, including for those with renal conditions and diabetes for up to 3 months. Similarly, another provider used a grant to provide liquid

meals to home-delivered meal participants who needed them.⁸¹ Since 2017, HHS has also awarded grants to support innovative projects that enhance the quality, effectiveness, and outcomes of the congregate and home-delivered meal programs, and some of the projects have focused on providing meal accommodations for certain program participants. For example, a grantee in one state used these grant funds to develop and deliver modified meals appropriate for home-delivered meal participants with reduced dental function. Another state grantee created new medically-tailored meals for program participants transitioning from hospital to home.

According to HHS officials, the department has seen positive preliminary results from the innovation grants, but does not currently have a centralized location that compiles information for congregate and home-delivered meals providers on promising approaches for making meal accommodations for participants with special dietary needs. HHS officials said they have shared some information on the projects through webinars and conferences and provided links to webinar materials on the National Resource Center on Nutrition and Aging website—funded by HHS.⁸² Further, HHS officials noted that they posted additional relevant materials, such as a toolkit focused on lowering sodium in meals, on the Center's website. However, these materials are not compiled in one location on the Center's website, which may hinder meal providers' ability to locate all of the relevant information HHS has compiled. State officials and providers across the four selected states said that federal guidance on accommodating the special dietary needs of older adult program participants is limited and additional support would be helpful. HHS is responsible for collecting and disseminating information on older adults. Providing information on promising practices and available opportunities may help support providers' efforts to accommodate the special dietary needs of some older adults participating in these programs.

⁸¹State officials in one state told us that donations of liquid meals have assisted their efforts to provide these meals to program participants, and one provider noted they have helped meet the need for liquid meals by offering them at a low cost for participants to purchase.

⁸²For example, the Center's website includes materials related to a two-part webinar held in October 2018 in which preliminary information about grantee projects was shared. For link to website see: <https://nutritionandaging.org>. Additionally, according to HHS officials, the Center held a webinar on promising practices for tailoring meals in August 2019.

Child and Adult Care Food Program (CACFP)

State and local entities administering USDA's CACFP in adult day care centers in the four selected states reported that they face challenges providing meal accommodations to meet the nutritional needs of program participants. Officials in three selected states said they believe the federally-required meal patterns do not fully address older adults' nutritional needs, including those with special dietary needs.⁸³ For example, milk is a federally-required component of breakfasts and lunches served through the program, though officials from three selected states said that milk can be problematic for older adults because many are lactose-intolerant or do not like drinking milk.⁸⁴ Further, officials in one state said that the meal pattern includes a significant amount of carbohydrates, which is inconsistent with the needs of older adults who have diabetes. Although CACFP requires adult day care centers to serve meals consistent with federal meal pattern requirements or a participant's plan of care, which may include medically-prescribed meal accommodations, state officials reported some older adults face barriers to obtaining medical documentation of meal accommodation needs. Specifically, officials from two selected states said that some participants may not have access to medical providers, and officials from one of those states explained that a visit to a medical provider is sometimes cost-prohibitive for those with limited incomes.⁸⁵

⁸³According to USDA officials, providers of meals served to older adults participating in the CACFP can modify meal pattern requirements to accommodate the specific nutritional needs of older adults. For more information, see CACFP-17-2016, available at https://fns-prod.azureedge.net/sites/default/files/cacfp/CACFP14-2017_SFSP10-2017os.pdf.

⁸⁴According to USDA officials, the Healthy, Hunger-Free Kids Act of 2010 provided the flexibility to substitute fluid milk with non-dairy beverages that are nutritionally equivalent to fluid milk to children or adults with special dietary needs, without the need for medical documentation. For more information, see USDA's memorandum, "Nutrition Requirements for Fluid Milk and Fluid Milk Substitutions in the Child and Adult Care Food Program, Questions and Answers" (July 14, 2016), available at https://fns-prod.azureedge.net/sites/default/files/cacfp/CACFP17_2016os.pdf. Under the updated adult day care meal patterns, which were required to be implemented as of October 1, 2017, a serving of milk is not required in a supper served to an adult, though it is required in both breakfast and lunch. Six ounces or ¾ cup of yogurt may be used to meet the equivalent of 8 ounces of fluid milk once per day.

⁸⁵The CACFP reimburses meals and snacks served to adults enrolled at adult day care centers based upon their eligibility for free, reduced price, or paid meals. For example, participants from households with incomes at or below 130 percent of the federal poverty guidelines are eligible for free meals while participants from households with incomes between 130 and 185 percent of the federal poverty guidelines are eligible for reduced-price meals.

Officials in two of the four selected states said adult day care meal providers have used available federal options that allow older adults to tailor their own meals to meet their nutritional needs, though officials also noted that these options have limitations. For example:

- State officials in one selected state said they encourage adult day care centers to implement the federal “offer versus serve” option. This option allows adult participants, including older adults, to decline, for example, up to two of the five meal components required with a lunch—milk, fruits or vegetables, grains, and meat or meat alternate. According to USDA guidance, this option may reduce waste and give adults more choices.⁸⁶ However, officials in this state noted that making choices is sometimes difficult and time-consuming for program participants with cognitive impairments, such as Alzheimer’s disease or dementia.⁸⁷
- State officials in another state said that the federal family-style meal service option, which allows older adults to serve themselves from communal platters of food with assistance from supervising adults, if needed, also provides older adults with the ability to tailor meals to meet their needs. However, state officials in this state noted this meal service approach also creates challenges with feeding certain older adults appropriately. For example, this approach makes it harder to meet the needs of those with particular dietary or functional requirements, such as those who have specific nutritional needs due to chronic conditions or those with swallowing or chewing issues.

State officials and adult day care providers across all four selected states said that federal guidance for providing meals to older adults in adult day care centers is limited, and providers in two of the states said they lack information on ways to address some of the challenges associated with providing meals that meet the nutritional needs of older adults in these centers. For example, providers noted that information on promising practices for serving the differing needs of older adults in these centers, including those with special dietary needs and those with functional

⁸⁶See “*Offer Versus Serve in the Child and Adult Care Food Program*”, FNS-659 (February 2018), available at <https://fns-prod.azureedge.net/sites/default/files/tn/CACFPOfferVersusServe.pdf>, accessed on August 27, 2019.

⁸⁷USDA guidance indicates that it is the adult’s choice to select or decline a food component under the offer versus serve option, and adult day care centers may not specify what food components a child or adult must select.

limitations, would assist their efforts to meet participants' nutritional needs. State officials or providers in all four selected states said that FNS's efforts to provide guidance and trainings are more focused on the child care component of the CACFP than the adult day care component. USDA officials confirmed their efforts to provide guidance to meal providers have been primarily focused on the child care side of the program in light of the larger number of participants served.

Although USDA provides some guidance and information to address the adult component of the CACFP, some CACFP entities serving older adults may not be aware of these resources, and information on promising practices or other resources to help providers meet the varying needs of older adults is more limited. USDA officials said CACFP guidance and trainings address the implementation of adult meal pattern requirements and existing flexibilities with these requirements, such as allowable substitutions for milk.⁸⁸ USDA also produced a handbook specifically for adult day care centers in 2014 to help assist providers in these centers.⁸⁹ However, USDA officials said that awareness of existing guidance and trainings available may be lacking, in part, because turnover for CACFP providers is high and new providers may not be aware of existing resources. Some providers also said that more information on how to address the special dietary needs and functional limitations of some participants would be helpful, as USDA's existing guidance and trainings focus on standard adult meal pattern requirements. For example, while the 2014 handbook includes information on meal patterns and different serving methods to provide meals, it does not include information specific to meeting the differing needs of older adults in these centers. In October 2019, USDA officials told us that they are in the process of updating this handbook to reflect

⁸⁸For example, some of USDA's materials include meal pattern implementation posters, training slide decks, a Food Buying Guide, a Crediting Handbook for the CACFP, standardized recipes with meal pattern crediting information, and training webinars related to meal pattern implementation, which can be accessed for free at <https://www.fns.usda.gov/tn>, according to USDA officials. These officials added that USDA maintains a cooperative agreement with the Institute of Child Nutrition, which currently offers the CACFP Meal Pattern Requirements Training resources such as face-to-face trainings and online courses that include guidance for older adults and are available at <https://theicn.org/>. In addition, USDA officials said that sponsoring organizations and others participating in the CACFP can sign up to be part of a Team Nutrition Network for CACFP Organizations, where they will have access to new nutrition education and training materials and the opportunity to collaborate with other CACFP organizations.

⁸⁹USDA, FNS, *Adult Day Care: A Child and Adult Day Care Food Program Handbook* (January 2014).

new policies, guidance, and promising practices for addressing the needs of older adults. USDA officials also stated that they are in the process of reviewing a promising practice to address meal accommodations for older adults with varying needs. USDA is responsible for providing training and technical assistance to states in order to assist state agencies with program management and facilitate effective operation of the program. Without awareness of existing resources and additional guidance and information to help adult day care providers address the challenges they face meeting the nutritional needs of the older adults they serve, providers may continue to be limited in their ability to do so.

Commodity Supplemental
Food Program (CSFP)

USDA, state, and local officials administering the CSFP said that the federal requirements for foods provided in each monthly food package limit the extent to which providers can tailor or alter the foods provided to accommodate individual participants' nutritional needs; though some approaches and recent changes help address this challenge. For example, two food package providers we spoke with said they use other methods of food delivery along with the food package such as a pantry or grocery store-style model, which allows participants to come to a site and choose from a variety of foods that meet the requirements (see fig. 7). USDA also recently issued updated federal requirements for the type and quantity of foods provided in the food package, which department officials said provide more variety to be more useful to older adults. As previously noted, some regional USDA officials told us that early feedback from states on the changes has been positive, though states have until November 2019 to implement the new requirements. For example, USDA officials in one regional office said states provided positive feedback on the introduction of new food items, such as lentils.

Figure 7: Example of a Grocery Store-style Shopping Model Used by a Commodity Supplemental Food Program Provider in One Selected State



Source: GAO. | GAO-20-18

Providers Also Reported Other Challenges That Hinder Efforts to Meet Older Adults' Nutritional Needs, Though Some Have Taken Actions to Help Address Them

Providers reported ongoing program administration challenges, such as staffing constraints, which to some extent challenge their efforts to meet the nutritional needs of older adults. For example, state and local officials and providers of the congregate and home-delivered meal programs across three of the four selected states said they face challenges finding and retaining a sufficient number of staff for program operations, which could include preparing and serving meals, and delivering meals. Four of the 14 providers of these programs reported that they struggle to offer competitive wages and benefits, which hinders their ability to hire and retain staff.

To help overcome staffing constraints, some providers partnered with various entities. For example, in all four selected states, providers of the congregate and home-delivered meal programs established partnerships with entities such as colleges and local businesses to solicit volunteers to help with program operations. In one state, a provider partnered with a local college's nursing program and students volunteered to assist with assessments for home-delivered meal participants. In another state, staff from a local police department volunteer and deliver meals to home-delivered meal participants in one area. One meal provider said that the efforts of volunteers, who donate their time and cover expenses for gas and vehicle insurance to help provide home-delivered meals to participants, are worth \$100,000 in annual support to their program. This provider noted that they would be unable to operate the program without volunteers. See figure 8 for pictures of volunteers helping to prepare food in selected states.

Figure 8: Volunteers Helping to Prepare Food for Nutrition Assistance Programs Serving Older Adults in Selected States



Source: GAO. | GAO-20-18

Providers of the CSFP food packages and congregate and home-delivered meal programs in three selected states we visited also reported challenges obtaining transportation to bring older adults to meal and food distribution sites and deliver meals and food packages to older adults, though some have found ways to mitigate these challenges. For example, providers in three selected states said a lack of transportation options prevents some older adults from visiting congregate meal sites as well as food package distribution sites, as public transportation is not always available and many older adult participants do not drive. According to local officials in one state, transportation is also a challenge for the home-delivered meal program, particularly in rural areas, because the distance between participants' homes affects the cost of delivering meals. Similarly, officials at one local agency on aging said providers in its area would like to serve more people, but are unable to add additional routes because of transportation costs.

To help mitigate transportation challenges and manage associated costs, some providers in the selected states have adjusted meal services and found alternative ways to transport clients to meal service sites. For example, to help control transportation costs, three providers in two selected states changed from delivering one hot meal daily to delivering

multiple frozen meals once a week to home-delivered meal participants.⁹⁰ In addition, one provider partnered with a local meal delivery service that used FedEx to deliver 10 home-delivered meals every 2 weeks to program participants. To help alleviate transportation challenges that older adults face getting to meal sites, three providers in two states partnered with private companies to provide participants with rides to and from meal sites for a minimal fee. Another provider used grant funds they received from their state to purchase vans they then used to provide older adults with transportation to and from the meal sites.

Some providers also reported challenges accommodating the varied dietary preferences of different groups of older adults, as preferences sometimes vary by age and cultural or ethnic background, and being responsive to these preferences can increase the likelihood that meals will help older adults meet their nutritional needs. For example, HHS officials, as well as local providers in three out of the four selected states said the dietary preferences of adults in their 60s sometimes vary greatly from the preferences of adults in their 90s. Local officials in two states said that providers of congregate and home-delivered meal programs in their states noted that “older old” adults may prefer meals that include meat and potatoes, while “younger old” adults may prefer lighter meals, such as those consisting of soups and salads. In addition, providers in three selected states we visited told us they serve many older adults from diverse cultural or ethnic backgrounds, or with dietary preferences, such as a vegetarian diet, or who do not eat certain foods because of their religious beliefs.

To meet the varied dietary preferences of the older adults they serve, and increase the likelihood that meals will help participants meet their nutritional needs, some providers reported taking various approaches. For example, one congregate meal site we visited offered a lunch entree choice of either meat and potatoes or a sandwich wrap with vegetables. Another congregate meal site offered a hot lunch, plus a soup and salad bar, in a restaurant-like setting. Providers also tried to incorporate certain foods on their menus that reflect the cultural or ethnic preferences of

⁹⁰In our recently issued report on home and community-based services for older adults in rural areas, transportation was also cited as a common challenge for home-delivered meal programs. Selected localities reported delivering frozen or shelf-stable meals to rural older adults, usually once a week or every 2 weeks, to help mitigate this challenge. GAO, *Older Americans Act: HHS Could Help Rural Service Providers by Centralizing Information on Promising Practices*, [GAO-19-330](#) (Washington, D.C.: May 23, 2019).

participants. For example, the adult day care provider and the congregate and home-delivered meal providers we visited in one selected state in the South all noted that their menus aim to include certain foods associated with their regional culture, such as red beans and rice.

Conclusions

By 2060, older adults are expected to make up nearly one-quarter of the total U.S. population. HHS and USDA play important roles in promoting the health of this growing population both through administration and oversight of federal nutrition assistance programs that serve older adults and efforts to update federal nutrition guidelines, which serves as the basis for nutrition requirements in these programs. While federal nutrition guidelines provides broad guidance on nutrition for healthy populations, they do not address the varying nutritional needs of older adults, such as those who have common chronic conditions or face age-related changes. The 2025-2030 Dietary Guidelines update is expected to include a focus on nutritional guidance for older adults, but no formal plan to include this focus has been developed. A plan to incorporate the varied needs of older adults into the dietary guidelines could assist older adults with making their own dietary decisions and help providers of nutrition assistance programs better meet older adults' nutritional needs.

Further, HHS and USDA administration and oversight of the nutrition assistance programs is not fully addressing some of the challenges states and local providers indicated hinder their efforts to meet older adults' nutritional needs. For example, providers we spoke with faced challenges meeting older adults' needs for certain meal accommodations, and information from HHS and USDA regarding promising approaches to meeting those needs is limited or not sufficiently disseminated. Further, both HHS and USDA's efforts to oversee older adult meal programs have limitations that affect information available at the federal level needed to ensure programs are meeting older adults' nutritional needs.

Recommendations for Executive Action

We are making the following five recommendations.

The Administrator of ACL should work with other relevant HHS officials to document the department's plan to focus on the specific nutritional needs of older adults in the 2025-2030 update of the Dietary Guidelines for Americans, which would include, in part, plans to identify existing information gaps on older adults' specific nutritional needs.

(Recommendation 1)

The Administrator of ACL should direct regional offices to take steps to ensure states are monitoring providers to ensure meal consistency with federal nutrition requirements for meals served in the congregate and home-delivered meal programs. (Recommendation 2)

The Administrator of FNS should take steps to improve its oversight of CACFP meals provided in adult day care centers. For example, FNS could amend its approach for determining federal onsite reviews of CACFP meal providers to more consistently include adult day care centers. (Recommendation 3)

The Administrator of ACL should centralize information on promising approaches for making meal accommodations to meet the nutritional needs of older adult participants in the congregate and home-delivered meal programs, for example in one location on its National Resource Center on Nutrition and Aging website, to assist providers' efforts. (Recommendation 4)

The Administrator of FNS should take steps to better disseminate existing information that could help state and local entities involved in providing CACFP meals meet the varying nutritional needs of older adult participants, as well as continue to identify additional promising practices or other information on meal accommodations to share with CACFP entities. (Recommendation 5)

Agency Comments and Our Evaluation

We provided a draft of this report to HHS and USDA for review and comment. In its written comments, HHS agreed with our three recommendations to ACL (Recommendations 1, 2, and 4). In response to our first recommendation, HHS stated that ACL plans to work with the Office of Disease Prevention and Health Promotion and other relevant HHS officials and agencies to document HHS's plans to emphasize the specific and varying nutritional needs of older adults in the 2025-2030 update. HHS also stated that ACL plans to acquire the services of a registered dietician with specialized expertise in older adults' nutritional needs. In response to our second recommendation, HHS stated that ACL's program and evaluation offices will collaborate on the development of plans to ensure state compliance with federal requirements. In response to our recommendation that ACL centralize information on promising practices, HHS stated that ACL will award a contract in fiscal year 2020 for a new National Resource Center on Nutrition and Aging to, among other things, centralize information on promising approaches so

nutrition services providers can access it easily. HHS's comments are reproduced in appendix II.

In oral comments, USDA officials, including the Directors of the FNS Child Nutrition Program Monitoring and Operational Support Division and the Child Nutrition Program Nutrition Education, Training, and Technical Assistance Division generally agreed with our two recommendations to FNS (Recommendations 3 and 5). In response to our recommendation to improve CACFP oversight, FNS officials agreed with the intent of improving oversight of CACFP meals provided in adult care centers. These officials also noted that activities and changes in this area must be consistent with statutory and regulatory requirements, balanced with current priorities given the size of the program, and mindful of resources available to perform additional oversight. While we recognize that the CACFP serves fewer adults than children and that FNS oversight resources are limited, we believe that FNS is in a position to identify the best way to improve its oversight of CACFP meals provided in adult day care centers while taking into consideration the availability of its resources. In response to our recommendation to share additional information with state and local CACFP entities, FNS officials stated that there is existing guidance and information on the adult component of the CACFP, which it communicates through multiple channels. These officials said that some states and localities may be unaware of these resources, in part, because of high turnover among staff who administer these programs. FNS officials acknowledged that they could do more to increase awareness of existing resources, as well as continue to identify and share new practices to help entities providing CACFP meals in adult day care centers address challenges associated with providing meals that meet nutritional needs of older adults. USDA also provided technical comments, which we incorporated as appropriate.

As agreed with your offices, unless you publicly announce the contents of this report earlier, we plan no further distribution until 30 days from the report date. At that time, we will send copies to the Secretaries of HHS and USDA and interested congressional committees. The report will also be available at no charge on the GAO website at <http://www.gao.gov>.

If you or your staff have any questions about this report, please contact me at (202) 512-7215 or larink@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made key contributions to this report are listed in appendix III.



Kathryn A. Larin, Director
Education, Workforce, and Income Security Issues

Appendix I: Objectives, Scope, and Methodology

Our report examines (1) the relationship of older adults' nutrition to health outcomes and the extent to which federal nutrition guidelines address older adults' nutritional needs; (2) the extent to which federal nutrition assistance programs serving older adults have nutrition-related requirements and how these requirements are overseen; and (3) challenges program providers face in meeting the nutritional needs of older adults. In addition to the methods discussed below, to address all three research objectives we reviewed relevant federal laws, regulations and guidance.

Federal Data

To provide context for all three research objectives, we examined federal projections of growth in the older adult population covering the time period of 2016 through 2060. We relied on the U.S. Census Bureau's projections of the U.S. population by various demographic traits including age, sex, race, Hispanic origin, and nativity.¹ We assessed the reliability of these data by reviewing technical documentation describing the methodology, assumptions, and inputs used to produce the 2017 National Population Projections, upon which the 2020-2060 estimates are based. We determined these data to be sufficiently reliable for the purposes of our report.

To provide context on the federal nutrition assistance programs serving older adults, we examined federal data on expenditures and participation in these programs for the most recent fiscal year available.² For the congregate and home-delivered meal programs, we relied on State Program Report data from fiscal year 2017, the most recent data available at the time of our review, from the U.S. Department of Health and Human Services' (HHS) AGing Integrated Database. These data are submitted on an annual basis by states to HHS's Administration for

¹Jonathan Vespa, David M. Armstrong, and Lauren Medina, "Demographic Turning Points for the United States: Population Projections for 2020 to 2060," Current Population Reports, P25-1144 (Washington, D.C.: U.S. Census Bureau, 2018). The projections in the report are the third series of national population projections based on the 2010 Census.

²In this report, we identified six key federal programs that provide nutrition assistance to older adults that are overseen by the Department of Health and Human Services and the Department of Agriculture. Those programs include the congregate and home-delivered meal programs, Child and Adult Care Food Program, Commodity Supplemental Food Program, Senior Farmers' Market Nutrition Program, and Supplemental Nutrition Assistance Program. Additionally, the target population for each of these programs generally includes those adults 60 or older. For the purposes of this report, we define older adults as those 60 or older.

Community Living (ACL). For program expenditure and participation data for the Child and Adult Care Food Program, Commodity Supplemental Food Program, Senior Farmers' Market Nutrition Program, and Supplemental Nutrition Assistance Program (SNAP), we relied on fiscal year 2018 data from the U.S. Department of Agriculture's (USDA) National Data Bank and submitted through USDA's Food and Nutrition Service (FNS) grantee reports. We also relied on fiscal year 2017 data from USDA's Characteristics of SNAP Households report on the number of older adult participants in SNAP, the most recent year for which these data were available.³ To assess the reliability of these data, we interviewed FNS officials and reviewed relevant technical documentation. We determined that these data were sufficiently reliable for the purposes of our report.

Literature Search

To address our first objective on what is known about the relationship between older adults' nutrition and health outcomes, we conducted a literature search to identify relevant peer-reviewed studies on the relationship between nutritional needs and health outcomes of older adults covering the time period of 2013 through 2018. We searched research databases, such as ProQuest, Scopus, and Ebsco (AgeLine, EconLit, and CINAHL), using search terms such as nutrition and aging and dietary guidelines for seniors. We reviewed the results of the search to identify publications that (1) included a literature review and synthesis of studies on the connection between nutrition and health outcomes for older adults, including the factors that may affect older adults' nutritional needs, such as age-related changes and (2) emphasized the general diet-health relationship among broad populations of older adults. Because these broader studies were most relevant to our objective, we excluded studies that (1) focused on the relationship between a specific food or nutrient and a single health outcome (e.g., salt and cardiovascular disease) or (2) studied a narrow group of older adults (e.g., residents of a single U.S. state or region). We conducted detailed reviews of these studies to assess the soundness of the reported methods and the credibility and reliability of the conclusions drawn by the authors, and deemed them to be sufficiently credible, reliable, and methodologically sound for the purposes of our report.

³U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, *Characteristics of Supplemental Nutrition Assistance Program Households: Fiscal Year 2017* (Alexandria, VA: 2019).

Site Visits

To help inform all of our research objectives and gather information about nutrition assistance programs that provide meals and food packages to older adults at the local level, we conducted visits to 25 local meal and food distribution sites in four states: Arizona (5 sites), Louisiana (10 sites), Michigan (6 sites), and Vermont (4 sites) between December 2018 and March 2019. We interviewed officials from a variety of entities involved in administering these programs in each of the states, including 20 state and area agencies on aging and 20 local providers; observed meal services and food distribution;⁴ and held conversations with older adult program participants.⁵

We selected states and local sites within those states based on a high percentage of adults 60 or older, and to ensure variation across the sites in geographic location, urban and rural location, percentage of older adults in poverty, and program provider and site type.⁶ We visited a wide variety of site locations including, but not limited to, senior centers, community centers, adult day care centers, and senior housing. Because we relied on a nongeneralizable sample of sites and states, the views of the entities we interviewed do not represent the views of all providers of federal nutrition assistance programs providing meals and food packages to older adults or participants in those programs.

Prior to each selected state visit, we gathered information from state and area agencies on aging responsible for administering these programs using semi-structured interview questions. We collected information on state and area agency on aging roles in administering nutrition assistance programs for older adults, federal nutrition requirements in these programs, oversight and monitoring of programs, partnerships to help meet the nutritional needs of older adults, outreach efforts, assistance

⁴During our visits to selected states, we did not assess programs, meals served, or food provided for compliance with federal nutrition requirements.

⁵Throughout this report, references to “local providers” are those responsible for the provision of meal services or food in the various federal nutrition assistance programs that we included in this review. Of the 20 local providers we interviewed, 14 were HHS congregate and home-delivered meal program providers, 3 were Commodity Supplemental Food Program providers, and 3 were Child and Adult Care Food Program providers. The information we collected from those participating at the sites included their perspectives on the food, ease of travel to the site, and access to other sites, where applicable.

⁶In this review, the federal nutrition assistance programs serving older adults are targeted specifically to older people with the greatest economic or social need, with particular attention to low-income adults.

from federal agencies, and challenges in administering the programs and meeting the nutritional needs of the older adult populations served.

At each site, we gathered information from local providers and participants using semi-structured interview questions. We collected information on program provider operations; characteristics of the population served; efforts to meet the nutritional needs of the population served, other nutrition-related services; challenges with meeting the nutritional needs of the population and efforts to address them; outreach efforts; and assistance received from regional, state, and federal agencies. We also collected perspectives on food received and program impacts on health outcomes from those participating at sites. In addition, at each site we observed food and meal delivery and the approximate number of participants and staff operating the site.

Interviews and Reviews of Relevant Documents

To inform all three research objectives, we interviewed officials from HHS's Administration for Community Living and USDA's Food and Nutrition Service in their national office and all of their regional offices. We also interviewed a broad range of national groups, including advocacy, research, and service provider organizations involved in nutrition assistance programs serving older adults. These included AARP, Feeding America, Food Research and Action Center, Jean Mayer USDA Human Nutrition Research Center on Aging, Mathematica Policy Research, Meals on Wheels America, National Academies, National Association of Area Agencies on Aging, National Association of Nutrition and Aging Services Programs, National Association of States United for Aging and Disabilities, National Commodity Supplemental Food Program Association, and National Council on Aging.

To inform our first objective on the extent to which federal nutrition guidelines address older adults' nutritional needs, we reviewed the federal guidance reports that detail the nutrition requirements for Americans, including those reports supporting the 2015-2020 Dietary

Guidelines for Americans and the body of work on the Dietary Reference Intakes.⁷

To obtain information specific to our second objective on how nutrition assistance programs serving older adults are overseen, we reviewed relevant federal program documents on monitoring and oversight of these programs. In addition, we reviewed relevant studies conducted on behalf of HHS that evaluated the impact of its nutrition assistance programs on older adults' nutrition. These studies evaluated program participants' diet quality and nutrient intake, as well as program administration, among other things.⁸ We assessed the reliability of results in these evaluations by interviewing officials responsible for conducting these evaluations.

⁷U.S. Department of Health and Human Services and U.S. Department of Agriculture, *2015-2020 Dietary Guidelines for Americans*, 8th Edition (December 2015), available at <http://health.gov/dietaryguidelines/2015/guidelines/>. Dietary Guidelines Advisory Committee, *Scientific Report of the 2015 Dietary Guidelines Advisory Committee: Advisory Report to the Secretary of Health and Human Services and the Secretary of Agriculture* (Washington, D.C.: U.S. Department of Agriculture, Agricultural Research Service, 2015). J.J. Otten, J. Pizzi Hellwig, L.D. Meyers, *Dietary Reference Intakes: The Essential Guide to Nutrient Requirements*, Institute of Medicine of the National Academies, National Academies of Sciences, Engineering, and Medicine (Washington, D.C.: The National Academies Press, 2006). *Guiding Principles for Developing Dietary Reference Intakes Based on Chronic Disease* (Washington, D.C.: The National Academies Press, 2017), available at <https://doi.org/10.17226/24828>. National Academies of Sciences, Engineering, and Medicine, *Dietary Reference Intakes for Sodium and Potassium* (Washington, D.C.: The National Academies Press, 2019), available at <https://doi.org/10.17226/25353>.

⁸B. Carlson, R. Cohen, M. Hu, J. Mabli, E. Panzarella, N. Redel, *Process Evaluation of Older American's Act Title III-C Nutrition Services Program*, a report prepared at the request of the Department of Health and Human Services' Administration on Community Living (Cambridge, MA: Mathematica Policy Research, September 30, 2015). J. Mabli, E. Gearnan, R. Cohen, K. Niland, N. Redel, E. Panzarella, B. Carlson, *Evaluation of the Effect of the Older Americans Act Title-III C Nutrition Services Program on Participants' Food Security, Socialization, and Diet Quality* (Cambridge, MA: Mathematica Policy Research, April 21, 2017).

Appendix II: Comments from the Department of Health and Human Services



DEPARTMENT OF HEALTH & HUMAN SERVICES

OFFICE OF THE SECRETARY

Assistant Secretary for Legislation
Washington, DC 20201

Kathryn A. Larin
Director, Education, Workforce,
and Income Security Issues
U.S. Government Accountability Office
441 G Street NW
Washington, DC 20548

Dear Ms. Larin:

Attached are comments on the U.S. Government Accountability Office's (GAO) report entitled, "*Nutrition Assistance Programs: Agencies Could Do More to Help Address the Nutritional Needs of Older Adults*" (GAO-20-18).

The Department appreciates the opportunity to review this report prior to publication.

Sincerely,

A handwritten signature in blue ink, appearing to read "Sarah Arbes".

Sarah Arbes
Acting Assistant Secretary for Legislation

Attachment

GENERAL COMMENTS FROM THE DEPARTMENT OF HEALTH & HUMAN SERVICES ON THE GOVERNMENT ACCOUNTABILITY OFFICE'S DRAFT REPORT ENTITLED — NUTRITION ASSISTANCE PROGRAMS: AGENCIES COULD DO MORE TO HELP ADDRESS THE NUTRITIONAL NEEDS OF OLDER ADULTS (GAO-20-18)

The U.S. Department of Health & Human Services (HHS) appreciates the opportunity from the Government Accountability Office (GAO) to review and comment on this draft report. The nutrition programs for older adults administered by HHS are a key component of the comprehensive and coordinated system of home- and community-based services that enable many older adults to live in their homes and communities as they age.

The report highlights a critical issue – demand for nutrition services often outpaces the ability of states to meet it. The number of older adults is increasing at an unprecedented rate, and each year states are challenged to meet the needs of a growing, and increasingly diverse, population. At the same time, data that illustrate the direct correlation between adequate nutrition and healthy aging continue to mount. Innovation, efficiency, and evidence-based approaches to meeting the nutritional needs of older adults have never been more important, and HHS is committed to providing technical assistance and program oversight to support states in ensuring the federally-funded nutrition programs meet the varying needs of the older adults they serve to the greatest extent possible.

HHS will take the following actions in response to each GAO recommendation below

Recommendation 1

The Administrator of ACL should work with other relevant HHS officials to document the department's plan to focus on the specific nutritional needs of older adults in the 2025-2030 update of the Dietary Guidelines for Americans, which would include, in part, plans to identify existing information gaps on older adults' specific nutritional needs. (Recommendation 1)

HHS Response

HHS concurs with GAO's recommendation.

Within the Department of Health and Human Services, the process for updating the Dietary Guidelines for Americans is led by the Office of Disease Prevention and Health Promotion (ODPHP). The Administration for Community Living will work with ODPHP and other relevant HHS officials and agencies, to document HHS plans to emphasize the specific, and varying, nutritional needs of older adults in the 2025-2030 update. In addition, ACL is acquiring the services of a registered dietician with specialized expertise in older adults' nutritional needs.

Recommendation 2

The Administrator of ACL should direct regional offices to take steps to ensure states are monitoring providers to ensure meal consistency with federal nutrition requirements for meals served in the congregate and home-delivered meal programs. (Recommendation 2)

GENERAL COMMENTS FROM THE DEPARTMENT OF HEALTH & HUMAN SERVICES ON THE GOVERNMENT ACCOUNTABILITY OFFICE'S DRAFT REPORT ENTITLED - MEDICARE LABORATORY TESTS: IMPLEMENTATION OF NEW RATES MAY LEAD TO BILLIONS IN EXCESS PAYMENTS (GAO-19-67)

HHS Response

HHS concurs with GAO's recommendation.

In 2019, the Administration for Community Living was reorganized to more closely integrate the program oversight and technical assistance roles of the regional offices and central offices. As a result, the central and regional offices of ACL – including both program and evaluation offices – will collaborate on the development of plans to ensure state compliance with federal requirements.

Recommendation 3

The Administrator of ACL should centralize information on promising approaches for making meal accommodations to meet the nutritional needs of older adult participants in the congregate and home-delivered meal programs, for example in one location on its National Resource Center on Nutrition and Aging website, to assist providers' efforts. (Recommendation 4)

HHS Response

HHS concurs with GAO's recommendation.

In FY 2020, ACL will award a contract for a new National Resource Center on Nutrition and Aging. Centralizing information on promising approaches so nutrition services providers can access it easily will be one of several enhancements to the provision of technical assistance required by the contract.

Appendix III: GAO Contact and Staff Acknowledgments

GAO Contact

Kathryn A. Larin, 202-512-7215, larink@gao.gov

Staff Acknowledgments

In addition to the contact above, Rachel Frisk and Theresa Lo (Assistant Directors), Claudine Pauselli (Analyst-in-Charge), Jessica Ard, and Vernetta G. Shaw made key contributions to this report. Also contributing to this report were Priyanka Sethi Bansal, Tim Bushfield, Daniel Concepcion, Kathleen van Gelder, Sarah Gilliland, Isabella Guyott, Serena Lo, Stacy Ouellette, Amber Sinclair, Joy Solmonson, Almeta Spencer, Curtia Taylor, Adam Wendel, and Sirin Yaemsiri.

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