

# Providing Nutrition Services for Older Adults in a Post Covid-19 World

## Executive Summary

Senior Nutrition programs are the cornerstones of successful social services. Tremendous success, overwhelming support, and unmatched community impact characterize food programs. Senior Nutrition Programs serve the most in need. Many clients are minority, over the age of 75, living in poverty, are women, and at high nutritional risk. During the Covid-19 pandemic, the area agencies on aging network increased nutrition services to meet the immediate need and demand, increasing the number of older adults enrolled in the program as well as the number of meals provided each week.

In FY 2018-2019, the network provided more than 17 million meals to more than 212,725 older adults. The average combined cost per meal served was \$10.67. Total funding for the program was \$192 million. This is estimated to increase to \$213 million in FY 2019-2020<sup>1</sup>. The pandemic identified a severely underfunded system of services and people that were on the edge for years, individuals who have been marginalized. Without an investment of State general funds and additional federal funding it will be impossible to meet the ongoing needs of this population. With older adults being at increased risk, many are quarantining in their homes. These older adults need food to be delivered, and lack the means or the resources to obtain the food that they need to survive.

It is unconscionable for Area Agencies on Aging to remove at risk older adults from a meal program without another safety net in place. California AAA's will be forced to stop serving older adults in need, which could lead to other health related conditions, neglect, or death.

### Recommendations:

- Maintain flexibilities in program operations for home delivered and congregate meals that allow for older adults to self-isolate until local health orders are lifted
- Amend the Older Americans Act and Older Californians Act Requirements to allow the AAA's the flexibility for alternative meal model delivery when a local emergency is declared that involves older adults
- Based on best practices learned during the Covid-19 pandemic, amend the Older Americans Act and Older Californians Act requirements in the design of senior nutrition programs
- Obtain additional federal and state funding for the supportive services that these older adults need in order to live the new normal, post COVID-19
- Elevate the role of AAA's in the Master Plan for Aging, specifically calling out the critical role that senior nutrition plays in providing access not only to nutritious food but also in connecting older adult to other needed services.



## Providing Nutrition Services for Older Adults in a Post Covid-19 World

Senior Nutrition programs such as Meals on Wheels and Congregate Dining Centers are the cornerstones of successful social services, not just for older adults, but for all of America. Tremendous success, overwhelming support, and unmatched community impact characterize these two food programs.

The California Association of Area Agencies on Aging (C4A) is the membership body representing the statewide network of Area Agencies on Aging charged with providing service to the more than 8.82 million older Californians. One of the critical programs operated since the 1970's is the senior nutrition program. During the Covid-19 pandemic the network increased nutrition services to meet the immediate need and demand, increasing the number of older adults enrolled in the program as well as the number of meals provided, which varied from one meal to two or three meals per day either five or seven days per week.

### FUNDING FOR THE PROGRAM

In FY 2018-2019, the network provided more than 17 million meals to more than 212,725 unduplicated older adults. The average combined cost per meal served was \$10.67. This includes state and local administrative costs, meal preparation, packaging, serving and/or delivery. Of the average cost of a meal served, local nonprofits and government agencies largely bear the costs of administering the program (43% of the cost of the meal).

Funding for the program is made up of state general fund, federal funding under the Older Americans Act, program donations from participants, and local match. In FY 2018-2019 total funding for the program was \$192 million. This is estimated to increase to \$213 million in FY 2019-2020<sup>ii</sup>.

Total Local Assistance Provided per Meal	Fiscal Year 18/19	% of total meal cost
General Fund	\$0.46	4%
Federal Fund OAA (Title IIIC-1)	\$4.14	39%
Federal Fund (NSIP)	\$0.77	7%
Program Income	\$0.70	7%
Local Non-Match	\$1.80	17%
Local Match	\$2.80	26%
Total Cost per Meal	\$10.66	100%

### WHO WE SERVE

The program serves the most in need. In FY 2018-2019, the demographics of program participants are as follows:

- 51% are minorities
- 51% of program participants are over the age of 75
- 59% are woman
- 38% of participants are at high nutritional risk
- 13% live in rural areas
- 38% live alone
- 46% are living in poverty



Meals provided are contingent on federal, state and local funding. In FY 2019-2020 meal counts and older adults served were increased due to a state investment of \$17.5 million which is posed to be reduced to \$8.75 million for 2020-2021.

Fiscal Year	Weekly Meal Counts	Annual Meal Counts
FY 2018-2019	346,545	18,020,357
FY 2019-2020 (pre Covid estimate)	369,622	19,220,357
FY 2019-2020 with Covid	568,942	21,612,194
FY 2020-2021 Post Covid	612,000	31,824,000

### **GREAT PLATES DELIVERED MEALS**

The introduction of the Great Plates Delivered meals program to the landscape and menu of available programs was forward thinking by the Governor with the best of intentions to meet an immediate need of food insecurity to the most at risk.

AAA's once again stepped up to meet the challenge and need of operating this program contingent upon their county's approval. Among the unintended consequences of the program is the identification of a significant number of ineligible food insecure older adults, and the stress it has placed on the existing senior nutrition programs. In some areas the number of ineligible individuals for Great Plates has resulted in senior nutrition program waiting lists that are two to three times larger than ever before. The initial estimate for the number of consumers who are not on the current home delivered meal program and make 200% above the federal poverty level is 72,000 people. The Area Agencies on Aging are requesting that the State identify a strategy moving forward for when Great Plates and FEMA dollars are terminated. This number of older adults will still have nutrition needs post Covid-19 and these older adults cannot be absorbed into the current senior nutrition program. This will leave many vulnerable older adults without a safety net.

### **MEETING THE NEEDS OF THIS POPULATION POST COVID-19**

Without an investment of State general funds and additional federal funding meeting the needs of this population is impossible. With older adults being at the highest risk, many if not most are quarantining in their homes. These older adults need food to be delivered and lack the means or the resources to obtain the food that they need to survive. Grocery and restaurant deliveries are not available in all counties or accessible to all older adults. Food Banks have ramped up to provide additional food, but home delivery is not widely available and is not provided in enough quantities to meet even 1/3 of the daily nutritional needs of older adults. Many older adults can no longer cook.

Individuals	Need for food (individuals, age 65+)	Need for delivery (individuals, age 65+)	Demand for delivery (assume 70% take up)
Pre-virus	1,692,508	306,223	Unknown
April	1,763,193	1,049,680	734,776



May	1,262,351	795,527	556,868
June	877,824	588,557	411,989

A May 2020 UC Berkeley Goldman School of Public Policy looked at the need for

food for older adults pre and post Covid-19 focusing on the number of older adults (65+) who will be in need of delivery of food assistance.

The assumptions use the Elder Index<sup>iii</sup>, which is the State’s required planning measure of the minimum family income necessary for older adults to subsist with the assumption that someone living below the index would need assistance with free food<sup>iv</sup>. Based on this report, pre-Covid-19 the number of older adults needing food is 1,692,508.

The model assumes an older adult needs delivery if they live in a household that has no able-bodied members between the ages of 18 and 64 and assumes that older adults will be quarantining themselves. During the pre-virus period, older adults are included among the household members who could pick up food. The model also assumes that 70% of those defined as in need of delivery of free food will seek out services. Using the June delivery demand of 411,989 people needing food and accepting delivery of the food demonstrates the considerable shortfall of current investments in feeding older adults

	Number of older adults needing food	Number of Days per week of service	Total # of meals	Total Cost	Proposed FY 2020-2021 Current State and Federal Funding	Additional Funding Needed
Number of people	411,989	7	150,375,985	\$1,673,390,746	\$305,135,000	\$1,368,255,746
Number of people	411,989	5	107,117,140	\$1,192,004,367	\$305,135,000	\$886,869,367
Number of people	205,994	5	53,558,570	\$596,002,183	\$305,135,000	\$290,867,183

## CALIFORNIA’S CALL TO ACTION

The State of California must lead the nation with how older adults are provided services in a post Covid-19 environment. Disasters such as earthquakes, fires, floods and now highly infectious diseases that disproportionately affect older adults are becoming the new normal and an intentionally built system for this new normal is needed.

The pandemic identified a severely underfunded system of services and people that were on the edge for years, individuals who have been marginalized. Studies estimate that the threat of hunger amongst older adults has grown by 27% between 2001 and 2016<sup>iv</sup>. With the increased media attention during the pandemic, older adults became aware of what AAA’s offer. It is unconscionable for Area Agencies on Aging to remove at risk older adults from a meal program



without another safety net in place. California AAA's will be forced to stop serving older adults which could lead to other health related conditions, neglect, or death.

We are asking that the California Department of Aging work with C4A on designing a system for a new normal where we are intentionally sheltering older adults for the next year by providing needed services at home which include a multifaceted meal program in order to address the needs within all counties. The meal program would include home delivery, a new congregate meal design, and grab-n-go/drive thru meal programs. We need to minimize the exposure of older adults in a congregate setting until a vaccine exists. Until there is a clear path to protect life, there must be alternative options to closely packed congregate dining centers. We cannot assume that people will pick up meals from a congregate setting as older adults will continue to shelter in place for the next year. Many older adults don't have a means of transportation and rely on public transportation to get to their destination, which they may be unwilling to do in the future due to the perceived risk and the cumulative issue of exposure.

## **RECOMMENDATIONS**

1. Maintain flexibilities in program operations for home delivered and congregate meals that allow for older adults to self-isolate until local health orders are lifted.
2. CDA and C4A to work together on a reopening plan for nutrition programs for older adults that consider a potential 3-12-month gradual reopening. This would include milestones at the local level.
3. Amend the Older Americans Act and Older Californians Act Requirements to allow the AAA's the flexibility for alternative meal model delivery when a local emergency is declared that involves older adults.
4. Based on best practices learned during the Covid-19 pandemic amend the Older Americans Act and Older Californians Act requirements in the design of senior nutrition programs.
5. Obtain additional federal and state funding for the supportive services that these older adults need in order to live the new normal post COVID 19, to include: transportation, in home services, grocery store pick-up/delivery services, telephone reassurance, case management, and online programming to ensure that the digital divide is addressed.
6. California Department of Aging to work with statewide partners such as California Department of Social Services, California Department of Public Health and California Department of Health Care Services on a strategy in which state plans can meet the increasing nutritional needs of older adults post Covid-19, as well as to identify potential funding streams. This may include partnerships with Medi-Cal managed care plans and Medicare plans for funding and providing meals to their members in collaboration with local Area Agencies on Aging.

## **CONCLUSION**

Affirmative leadership is required to ensure that at risk older adults receive nutritious meals and supportive services that they need and rely on. The Covid-19 pandemic has exacerbated and brought to light the challenge of growing old in California for many. Without State leadership, State and Federal flexibility and funding, AAA's will be unable to serve older adults leading to increased risk for negative outcomes such as a decline in health, increased neglect and/or death. In a post COVID world the ability to act nimbly to meet the urgent needs of the people we serve requires new partnerships and collaborations as well as an intentional and thoughtful redesign of how services are delivered and adequately funded.



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- ii Does not include Families First or Cares Act funding
  - iii The Elder Index is computed by the UCLA Center for Health Policy Research, using a rich set of family composition definitions and is required that Area Agencies on Aging used it in planning at the local level.
  - iv Assumption made based on the observation that food is one of the first things the people cut back on when their income goes below a subsistence level and studies that show that as many as 1 in 3 older adults experience food insecurity.
  - iv The State of Senior hunger in America (2016). National Foundation to End Senior Hunger.

