A BLUEPRINT for The Future

Nutrition Blue Print 2015
Feeding seniors is the key to good health...

For the last 40 years, the Riverside County Office on Aging has been providing critical services and support to the seniors of Riverside County. As the population of the United States ages, the need for the types of services and support as a safety net will become more vital for the persons at risk of entering in nursing homes prematurely.

The core program under the Older Americans Act (OAA) is Title III Grants for State and Community Programs on Aging. These grants provide funding to local Area Agencies on Aging (AAA), like the Riverside County Office on Aging. Title III-C provides grants to offer congregate and home-delivered meals to frail isolated seniors. These meals help seniors remain healthy and independent in their communities, thereby reducing the risk of food insecurity and the need for more costly medical interventions.

As Boomers age, they will demand person centered programming that is responsive to their changing needs. The Riverside County Office on Aging is dedicated to providing person centered programming. We know 10,000 Boomers will be reaching age 65 every day until December 31, 2024. California is a state with the highest number of seniors living in poverty. Studies show, one in five seniors in California live in poverty. The dramatic increase in seniors has and will continue to have profound impacts on the demand for investing in community based solutions.

In recent years, difficult choices had to be made as a result of significant reductions in federal and state funding. Now, as the nation recovers from the recession, this is the moment to seize the opportunity to rebalance OAA funding and to implement cost effective interventions for the growing senior population. We now know every dollar invested in meals for seniors has the potential to reduce future costs for medical and mental health care, reduce stress on caregivers and save families money on much more costly long term services and supports. As more seniors fall below the poverty threshold and become at risk for malnutrition, it is essential to focus on nutrition programming as one key component in the rebalancing effort.

Michele Haddock
Director

### Highlights

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### Acknowledgements

A special thanks to the following contributors of the Riverside County Nutrition Blueprint:

Office on Aging Planning Division
Riverside County Advisory Council
Healthy Living Committee
The Older Americans Act (OAA) provides critical services such as home-delivered and congregate meals, family caregiver support, in home assistance, preventive health services, transportation, job training, elder abuse prevention education, and other supportive services. These services help about 11 million seniors stay as independent as possible. In fiscal year 2014, OAA federal funding was $1.88 billion. One of the largest programs under the OAA is Meals and Nutrition services. Nutrition services address hunger and food insecurity which in 2014 the OAA appropriated 43.3% of the total OAA budget to nutrition. However, there are indirect economic and social changes impacting the well being of seniors. Due to sequestration reduced funding in 2013, further limited our ability to keep up with inflation and demand from a rapidly expanding older population.

### The Older Americans Act Nutrition Services

The Riverside County Office on Aging (OoA) provides congregate and home-delivered meals to persons sixty (60) years of age or older and spouses of someone 60 or older.

- Congregate service is available at over 30 sites throughout Riverside County.
- The Home Delivered Meals Program is for persons who may be at nutrition risk with transportation or health issues that would prevent them from accessing a Congregate Meal Program site or prevent them from taking care of their own nutritional needs.

The OoA delivered meals to the homes of vulnerable seniors and at local community sites:

<table>
<thead>
<tr>
<th>Nutrition Services Provided</th>
<th>FY 2012/2013</th>
<th>FY 2013/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Delivered Meal</td>
<td>360,741</td>
<td>329,667</td>
</tr>
<tr>
<td>Congregate Meal</td>
<td>195,406</td>
<td>200,305</td>
</tr>
<tr>
<td>Nutrition Education Participant</td>
<td>5,386</td>
<td>8,566</td>
</tr>
</tbody>
</table>

### Inflation

- **Gallon of Milk cost in:**
  - 2004: $2.88
  - 2014: $3.82

### Population Growth

- The age of 60 and older population grew approximately 30% since 2004.

### OAA Funding

- Funding for the OAA in:
  - 2004: $1.8 Billion
  - 2014: $1.88 Billion
Even if the income poverty levels remain unchanged, the number of seniors living in poverty is expected to grow due to the baby boomers turning 65 over the coming years. An additional impact is OAA funding appropriations during the last decade have remained stagnant. The two combined create an counterbalance between the increase in program need and reduction in program funding.

According to a 2012 Brown University study published in the Health Services Research Journal, senior nutrition is in many cases the most critical of all senior services because of the place it holds in the spectrum of services. Along with helping seniors remain healthy and independent in their communities, meal services reduce the risk of disability and the need for more costly medical interventions as seniors age.4

- States that invest more money in their OAA programs will have fewer residents in Medicaid sponsored nursing homes who have low-care needs and could live in their communities.
- Although meals are the primary service provided in the congregate meals program, ancillary services include nutrition screening, education, counseling and outreach.
Why is Senior Nutrition Important?

Millions of seniors in the United States face the threat of hunger.

In the report published by the National Foundation to End Senior Hunger (NFESH), The Causes, Consequences, and Future of Senior Hunger in America, “The threat of hunger confronts over 5 million or 11.4% of all seniors age 60 and over. Of these, 2.5 million face a high risk of hunger, and 750,000 experience hunger due to financial constraints.”

Many seniors miss meals due to lack of money or an inability to cook and may forget to eat. Some are going through a medical recovery and need temporary help. Others, because of chronic health conditions, require help around the home. Some seniors are isolated and lacking regular social interaction, and may suffer from depression and loneliness. Others have serious mental health problems. These seniors can fall into a pattern of living that causes further physical and mental deterioration and results in an inability to attend to their daily needs.

Senior meals are a small investment that yields huge returns for seniors, caregivers, communities at large and our overall health care system for two main reasons:

1. Poverty
2. Insecurity

The seniors in need of services are invisible to the community and can suffer in silence and isolation. Many who are on fixed incomes must choose between paying for essentials, such as rent, food, or medicines.

When low income is compounded with poor health, even more seniors have difficulty obtaining an adequate amount of food. They have been productive members of our society, yet are most at risk and need and deserve our protection, support and care to stay as healthy as possible, while they age with dignity.
THE ISSUE OF POVERTY

Nearly **One in 5 Californians over age 60 now lives in poverty** and 1/3 are considered economically insecure. Poverty levels are highest among people 85 and older, for whom medical expenses are higher and can cost up to 1/5 of the total household budget.

**How Do We Measure Poverty in The United States?**

The federal government uses the Federal Poverty Level (FPL) to measure poverty in the United States. The FPL is used to determine eligibility for certain federal programs and services. The FPL is calculated by determining the total cost of all of the essential resources (food, shelter, clothing, etc…) an average adult consumes in one year. Stating an individual or a family is living at 100% of the FPL *(2015 Annual limit for one individual is $11,770)* means those persons possess the minimal level of income deemed adequate in the United States. The task of determining the number of people in the United States who live at or below the poverty level falls as an activity under the United States Census.

**Poverty is Different for Seniors**

A major issue with the current Federal Poverty Level (FPL) measurement is that it created one national standard for poverty. This national standard does not account for the varying cost of living across states or even counties within states. In the case of seniors, the FPL does not account for the rising cost of living our seniors experience, which can include illness, loss of a spouse/income, or caring for a disabled spouse/adult dependent child/grandchild.

The Elder Index, developed by Wider Opportunities for Women (WOW) and the Gerontology Institute at the University of Massachusetts Boston (GI-UMASS), is a tool that quantifies actual costs of basic expenses for seniors. The Elder Index takes into account the actual cost of living within a county, such as the housing, food, transportation, and health care. Although the Elder Index is a more accurate tool for measuring poverty for the senior population, it is not used as the standard for measuring senior poverty. The FPL is utilized to determine income eligibility for State/Federal programs.

The Elder Index is used by Area Agencies on Aging (AAAs) for area plan development to improve the efficiency of existing services and programs to help seniors reach economic security.

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### Elder Index for Riverside County

<table>
<thead>
<tr>
<th>Expense Type</th>
<th>Cost for Senior Person</th>
<th>Cost for Senior Couple</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rent</strong></td>
<td><strong>Mortgage</strong></td>
<td><strong>No Mortgage</strong></td>
</tr>
<tr>
<td>Housing</td>
<td>$957</td>
<td>$1,667</td>
</tr>
<tr>
<td>Food</td>
<td>$260</td>
<td>$260</td>
</tr>
<tr>
<td>Transportation</td>
<td>$239</td>
<td>$239</td>
</tr>
<tr>
<td>Health Care</td>
<td>$182</td>
<td>$182</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>$224</td>
<td>$224</td>
</tr>
<tr>
<td><strong>Total Cost</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monthly Total</td>
<td>$1,864</td>
<td>$2,573</td>
</tr>
<tr>
<td>Annual Total</td>
<td>$22,363</td>
<td>$30,876</td>
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2014 Insight Center for Community Economic Development
Measuring Poverty

Looking at a comparison of the difference between the Federal Poverty Level (FPL), the Median California Supplemental Poverty Measure and the Elder Index for Riverside County in 2011, we can see that seniors living in Riverside County need an additional $10,793 in order to make ends meet. Programs such as the Senior Nutrition through the OAA is the key to fill the gap.

Looking at other neighboring Southern California Counties, it is evident the Elder Index shows seniors living in San Bernardino, Los Angeles, and Riverside counties all need more income than the minimal amount indicated by the FPL to get by.

The Elder Index calculations show millions of seniors age 65+ struggle to meet monthly expenses even though they live above the FPL.

- These seniors are not considered “poor” yet do not qualify for most social support programs and do not have enough income to cover their basic expenses.

- Most of these seniors are “younger” (between 55-60), still employed, but with increasing out-of-pocket medical expenses or caregiving responsibilities that drain their finances.

- Many seniors so often end up choosing between food and other basic needs, like medication, that between 2007 and 2011 food insecurity among all seniors rose by 50%.
The Impact of Poverty on Senior Nutrition

The rise in senior population generates an increase of seniors living in poverty. Poverty rates among seniors varies in the United States. According to the report published in March 2014 by the National Foundation to End Senior Hunger:

- From 2001 to 2012, the fraction of seniors experiencing the threat of hunger increased by 44%. The number of seniors rose by 98%.\(^9\)
- Since the onset of the recession in 2007 until 2012, the number of seniors experiencing the threat of hunger has increased by 49%.\(^9\)

<table>
<thead>
<tr>
<th>SENIOR FOOD INSECURITY BY AGE(^9)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>60 - 64</td>
<td>39.1%</td>
</tr>
<tr>
<td>65 - 69</td>
<td>25.6%</td>
</tr>
<tr>
<td>70 - 74</td>
<td>14.8%</td>
</tr>
<tr>
<td>75 - 80</td>
<td>8.6%</td>
</tr>
<tr>
<td>80 - Older</td>
<td>11.9%</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>SENIOR FOOD INSECURITY BY RATE AND INCOME(^9)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Below Federal Poverty Level (FPL)</td>
<td>31.9%</td>
</tr>
<tr>
<td>Between 100 - 200% of FPL</td>
<td>33.1%</td>
</tr>
<tr>
<td>Above 200% FPL</td>
<td>16.9%</td>
</tr>
<tr>
<td>Didn’t Report Income</td>
<td>18.1%</td>
</tr>
</tbody>
</table>

A Growing Population

The aging of the Boomer generation (those born between 1946 and 1964) means that the oldest of the Boomers began turning 60 in 2006. The advance of this generation into senior adulthood equates to 330 people turning 60 every hour until December 31, 2024.\(^10\)

Riverside County population projection growth from 2010 through 2060.  

<table>
<thead>
<tr>
<th>AGE GROUP</th>
<th>2010</th>
<th>2060</th>
<th>% OF INCREASE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL Age Group (Total Population)</td>
<td>2,194,933</td>
<td>3,678,439</td>
<td>68%</td>
</tr>
<tr>
<td>Working Age (25-64 years)</td>
<td>1,085,492</td>
<td>1,750,307</td>
<td>61%</td>
</tr>
<tr>
<td>Young Retirees (65-74 years)</td>
<td>141,479</td>
<td>388,792</td>
<td>194%</td>
</tr>
<tr>
<td>Mature Retirees (75-84 years)</td>
<td>86,228</td>
<td>293,310</td>
<td>240%</td>
</tr>
<tr>
<td>Seniors (85+)</td>
<td>32,776</td>
<td>178,133</td>
<td>443%</td>
</tr>
</tbody>
</table>

**Source:** Combined data from P-1 (Age): State and County Population Projections by Major Age Group: 2010-2060 Year 2010. California Department of Finance, Demographic research Unit (December 2014 and P-1 (Age) State and County Population Projects by Major Age Group (Numeric and Percent Change 2010 to 2060 By Age Group) California Department of Finance, Demographic Research Unit (December 2014)
The Issue of Food Insecurity

Food insecurity is the situation in which people live with hunger and fear of starvation.

The condition “exists whenever the availability of nutritionally adequate and safe foods or the ability to acquire acceptable foods in socially acceptable ways is limited or uncertain.”

The United States Department of Agriculture (USDA) Developed Ranges of Food Insecurity

**Low Food Security**

Individuals/families experience a reduced quality, variety, or desirability of food in their diet. “Food” is usually abundant, but the kinds and types of food needed to develop a healthy and balanced diet are scarce. Little or no indication of reduced food intake.

**Very Low Food Security**

Individuals/families experience instances of disrupted eating patterns and reduced food intake. In these instances, food of any kind is scarce. People who are very low insecure are forced to skip meals or go without enough to eat.

Establishing protections from food insecurity and hunger is more difficult for seniors than for the general population. Food insecurity among the senior population indicate that even when money is available to purchase food, seniors may not have the resources to access or prepare the food. These barriers are due to lack of transportation, functional limitations, or health problems.
The Critical Role of Senior Nutrition

In 2011, 4.8 million Americans over the age of 60 were food insecure. This constitutes 8% of all seniors.\(^1\)

In 2013, 2.9 million (9%) households with seniors experienced food insecurity. One million (9%) households are composed of seniors living alone experienced food insecurity.\(^1\)

Food insecure seniors are at increased risk for chronic health conditions, even when controlling for other factors such as income:

- 60% more likely to experience depression\(^1\)
- 53% more likely to report a heart attack\(^1\)
- 52% more likely to aggravate asthma symptoms\(^1\)
- 40% more likely to report an experience of congestive heart failure\(^1\)

The number of food insecure seniors is projected to increase by 50% when the youngest of the Baby Boomer Generation reaches age 60 in 2024.\(^1\)

Poverty

Contributes significantly to malnutrition of seniors. For many poor seniors, limited funds, a lack of transportation, expensive medications or an unwillingness or inability to seek community support can lead to situations of food insecurity.

Disabilities or Functional Impairments

Many seniors, especially the oldest and poorest, are unable to shop and/or cook for themselves. Without the assistance of a caregiver to perform these tasks or a home delivered meal service, disabled adults can become food insecure.

Chronic Diseases

Over 80% of adults over the age of 65 suffer from chronic diseases and conditions, the symptoms of which can be exacerbated by poor nutrition.

Medications

The side effects of certain medications can make food to be less desirable to seniors and cause seniors to loose their appetites. Side effects can reduce the taste and smell of food, result in painful swallowing, nausea and/or vomiting, and can affect the absorption and use of nutrients.

Trouble Chewing and/or Swallowing

Nearly half of the nation’s low-income seniors have lost all of their natural teeth, which may result in trouble chewing and swallowing many foods. The inability to eat a variety of foods can be linked to malnutrition.
What Does Proper Nutrition Look Like?

Food provides the energy and nutrients people need to be healthy. Nutrients include proteins, carbohydrates, fats, vitamins, minerals and water. Seniors who maintain a good diet can reduce their risk of osteoporosis, high blood pressure, heart diseases and certain cancers. Seniors require less energy from food intake; however, they still need just as many of the nutrients in food.

The USDA Human Nutrition Research Center on Aging (USDA HNRCA) at Tufts University introduced the MyPlate for Seniors which corresponds with MyPlate, the federal government’s new food group symbol. MyPlate for Seniors emphasizes the unique nutritional and physical activity needs associated with advancing years.¹⁴

**Seniors may be unaware they are malnourished, if they:**

Eat a lot of fast food because it is less expensive or convenient.

Routinely skip meals or select only certain items from the plate.

Eat a lot of the wrong types of foods (healthy vs. unhealthy foods).

Live in a “food desert” where access to the types of healthy food needed to make a well balanced meal is limited.

MyPlate for Seniors provides examples of the following foods, fluids and physical activities needed for proper nutrition:

- Bright-colored vegetables such as carrots and broccoli.
- Deep-colored fruits such as berries and peaches.
- Whole, enriched and fortified grains and cereals such as brown rice and 100% whole wheat bread.
- Low- and non-fat dairy products such as yogurt and low-lactose milk.
- Dry beans and nuts, fish, poultry, lean meat and eggs.
- Liquid vegetable oils, soft spreads low in saturated and *trans* fat, and spices to replace salt.
- Fluids such as water and fat-free milk.
- Physical activity such as walking, resistance training and light cleaning.
A “Food Desert” is an area that has limited access to supermarkets, supercenters, grocery stores, farmer’s markets or other sources of healthy and affordable food. Food Deserts are also notable for a high concentration of convenience stores and fast food restaurants that offer primarily nutritionally-poor options. Food Deserts are identified by:

- Measured distance to a grocery store
- The number of stores in the area
- Lack of resources that may affect an individual’s access to food sources (income to purchase food or vehicle to get to food locations)
- Neighborhood-level indicators of resources, like the average income of the neighborhood and the availability of public transportation

**What is a “Food Desert”?**

Nutrition programs provide seniors with access to ancillary services like nutrition screening, education, counseling, and in home supportive services.

Four out of ten home-delivered meals, recipients reported needing help with other activities of daily living (ADL) *(feeding, toilet, bathing, etc…)*, and 85% reported needing help with one or more instrumental ADLs *(phone use, shopping, housekeeping, laundry, transportation, medications, finances)*, making nutrition services the doorway to other critical social services.¹

*Every $25 that states spend on home-delivered meals per year, per person aged 65+ in the State, is associated with a decrease in the low-care nursing home population of 1%.*¹

Low-care is defined as an individual who does not require physical assistance.
A Minimal Investment Goes a Long Way

Studies now show that states that invest more money in senior services, specifically nutrition, can reduce the likelihood that low-care individuals end up in long-term nursing facilities.¹⁵

1 day in a hospital = 1 year of OAA funded home delivered meals¹⁵

1 month of nursing home care = mid-day meals 5 days a week for 7 years¹⁵

On average, Medicaid can support 3 people in in-home and community based settings for every 1 person in a nursing facility¹⁵

Across all population categories, it is estimated that hunger increases the cost of illness in the US by $130.5 billion each year.¹⁶

Average Annual Cost*

* 2012 MetLife Market Survey of LTC Cost

In 2011, 1/5 of seniors between 65 to 74 years of age, reported that they experienced a financial burden from medical care.¹⁵

Currently, 88% of long term care is provided by family and friends.

Many Californians struggle with the out of pocket costs for long term services for themselves or a loved one.¹⁶
OFFICE ON AGING’S STRATEGY FOR SENIOR NUTRITION

The State of California has the opportunity to improve nutrition awareness and interventions to mitigate senior malnutrition. Riverside County Office on Aging is committed to improve the health of seniors and has set forth the following objectives:

⇒ Continue efforts with partnering agencies to promote senior nutrition coordination,

⇒ Increase CalFresh enrollment for seniors through the Supplemental Nutrition Assistance Program Education (SNAP-Ed) outreach and through partnerships with Department of Public Health (DPH) and the Department of Public Social Services (DPSS),

⇒ Advocate for reauthorization of the Older Americans Act (OAA) S. 192, to ensure secure funding of critical services including senior nutrition programs,

⇒ Increase awareness to local/state government on the impact of senior malnutrition,

⇒ Assess the senior community geographical needs to improve service delivery, and

⇒ Incorporate nutrition risk indicators into the assessment process of the Care Transitions Intervention (CTI) program to work in conjunction on improving the health of seniors.

“Home-delivered meals are often the first in-home service that seniors receive and often serves as a primary access point for other [home and community based] services. In addition, home delivered meal services provide more than just food to recipients. Drivers are often the eyes and ears who serve as a ‘safety check’ and report changing health or needs of home-bound seniors”.

CalFresh is the supplemental nutrition program offered by the federal government. The program provides qualified households with a monthly stipend that can be used to purchase a variety of nutritious foods from grocery stores, farmers markets and other food outlets. However:

♦ Even if they qualify, senior households are much less likely to apply for help through a supplemental nutrition program due to the perceived stigma associated with these programs.

♦ Older Californians have a very low participation rate in CalFresh, with only 10% of eligible seniors participating in the program.
REFERENCES:

1. Wendy Fox-Grage, Kathleen Ujvari (2014): The Older Americans Act, AARP Public Policy Institute, Issue 92 May 2014


8. The Elder Economic Security InitiativeTM project in California developed by the UCLA Center for Health Policy Research in partnership with the Insight Center for Community Economic Development.


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