



A Case Study on Advocacy to Enhance Services for Older Americans to Maintain Independence

Background:

The vast majority of Americans aged 65 and older live independently or with family members in the community. About 1.5 million older adults live in nursing homes, and 1 million are in assisted living facilities. Nutrition plays an integral role in keeping older adults healthy and independent in the community by preventing malnutrition, reducing the risk of chronic diseases and related disabilities, supporting better mental and physical functioning, and managing common chronic diseases. Both underweight and obesity affect a person's ability to maintain independence. In a recent study of elderly living at home, 22% reported the need for help with shopping and cooking; 19% reported they ran out of food frequently; 15% reported they didn't have enough money to purchase all the food they need; 10% reported they eat fewer than 2 meals a day; 15% reported they participate in free food programs when available; and 25% reported they currently receive food stamps.

The Administration on Aging's Older Americans Act (OAA) Nutrition Program is intended to improve the dietary intakes of participants and to offer participants opportunities to form new friendships and to create informal support networks. The OAA Nutrition Program provides for congregate and home-delivered meals, nutrition screening, assessment, nutrition education and counseling based on accepted evidence-based protocols; support for caregivers including meals and nutrition education; and coordination and referrals to other community based services including Health Promotion and Disease Prevention programs, the Food Stamp program, the Senior Farmers Market Nutrition Program and other USDA programs.

OAA is unique. It supports a bottom-up state and community based planning and service delivery system. Each State Unit on Aging, working with local Area Agencies on Aging with input from local service providers, establishes a state and area plan based on the needs/priorities of residents and stakeholders. Service priorities and funding support may differ across states. This differs from USDA programs that tend to be top down in organization and structure. OAA supports less than half of the funding for meal service and delivery. The rest of the funding comes from state, county, municipal sources as well as participant contributions (about 18%).

Issue:

State and federal funding for nutrition programs for older Americans is limited and local/state agencies need to make difficult decisions to meet growing needs. This includes OAA nutrition programs as well as Senior Farmers Market programs, the Food Stamp program (currently reaching only 30% of eligible elderly). Funding is provided to meet services for food service and delivery as well as nutrition education. In some states nutrition education may be provided once

What is Public Policy and How Can You Influence It? Case Study

a year and in other states, nutrition education may be provided weekly. In some states, there are waiting lists for home-delivered meals. Efforts to reach the aging population with nutrition, food and health education and services need to be coordinated among the various programs that provide these services.

A comprehensive and coordinated system that includes food and nutrition services is needed to keep older adults, healthy and independent with dignity at home for as long as possible. Food and nutrition services – including nutrition education – should be considered an essential component of home and community based long-term care systems. It will be important to balance the different, valid needs and services such as nutrition education programs (including adequate funding to do quality nutrition education) when some local programs have waiting lists. Keep in mind that the sources of funding for programs for older Americans may come from multiple agencies at local, regional, state and federal level.

Questions for discussion:

1. Who are local, state and federal decision-makers who could influence nutrition programs for older adults in communities, states and for the nation?
2. Choose one avenue for advocacy (local, state or federal) and discuss what priority issues should be addressed, who you would target your advocacy efforts towards and which advocacy methods would be employed?
3. A change in policy is never accomplished by a single person or group. Discuss how you would network, establish partners (who would they be), and develop a grassroots constituency that could help change policy at either the local, state or federal level.
4. What priority issues should be addressed, who would you target your advocacy efforts towards, and what advocacy methods would you employ?