

Nutrition Requirements of the Older Americans Act (OAA)



Nutrition and Aging
Resource Center

What are the basic requirements of the OAA Title III C?

The OAA Title III C [Subpart C1, Congregate Nutrition Services (Section 331) and Subpart C2, Home-Delivered Nutrition Services (Section 336)] authorizes nutrition services for older adults. Section 330 states that its purposes are to:

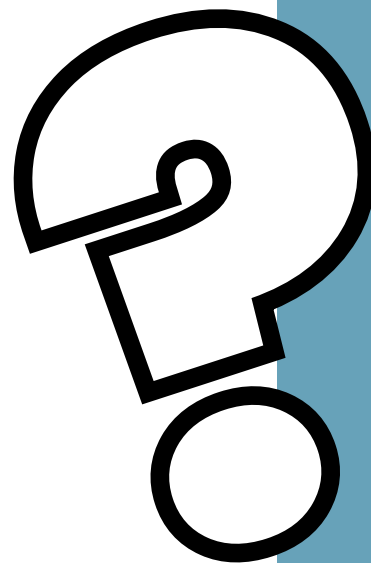
- Reduce hunger, food insecurity and malnutrition of older adults;
- Promote socialization of older individuals;
- Promote health and well-being of older people
 - ◊ By assisting them in gaining access to nutrition and other disease prevention and health promotion services
 - ◊ To delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior

[The OAA](#) contains provisions about the responsibilities of the State Units on Aging (SUAs) and Area Agencies on Aging (AAAs). The OAA provides specific standards and requirements for the OAA Nutrition Program.

What are the nutrition requirements of the OAA?

OAA Section 339 lists the basic nutrition requirements of the OAA:

- Meals are to comply with the most recent [Dietary Guidelines for Americans](#);
- Meals are to provide nutrients to meet the [Dietary Reference Intakes](#) as follows;
 - ◊ A minimum of 33 1/3 percent of the DRIs for one meal per day.
 - ◊ A minimum of 66 2/3 percent of the DRIs for two meals per day.
 - ◊ A minimum of 100 percent of the DRIs for three meals per day.
- Meal service is to meet state and local public health code for safe and sanitary foodservice. Most state public health departments use the [Model Code from the Food and Drug Administration](#); and
- Meals are to be appealing to older adults.



Why are the nutrition requirements of the OAA important?

It is important that the OAA Nutrition Program provides food and meals that are adequate, nutritious, safe, appetizing, help older adults remain healthy, and help older adults manage chronic health conditions.



What are the Dietary Guidelines for Americans (DGAs)?

The 2020–2025 DGAs are federal policy developed jointly by the U.S. Department of Health and Human Services (HHS) and the U.S. Department of Agriculture (USDA) that makes recommendations to promote health and prevent chronic disease. The USDA does not provide any requirements for the OAA.

The 2020–2025 DGA recommendations include:

- Follow a healthy dietary pattern at every stage of life
- Customize and enjoy food and beverage choices to reflect personal preferences, cultural traditions, and budgetary considerations
- Focus on meeting food group needs with nutrient-dense foods and beverages, and stay within calorie limits
- Limit foods and beverages higher in added sugars, saturated fat and sodium, and limit alcoholic beverages

Every five years, the DGAs are revised. The DGAs target specific groups of foods that Americans need to consume to be healthy (whole grains, fruits, vegetables, dairy and dairy alternatives, low-fat protein foods, and oils). The DGAs also focus on some foods and nutrients that Americans do not consume enough of, such as dark leafy greens and orange vegetables, or nutrients such as potassium, vitamin D, calcium, and fiber. The DGAs provide [lists](#) of common food sources of such nutrients.

The DGAs also target foods and nutrients that Americans consume too much of and that are not healthy, such as too many calories, added sugars, and alcoholic beverages and too much sodium and saturated fat which need to be limited, especially for individuals with specific chronic health conditions.

The DGAs recommend different amounts of food for individuals of different ages, sex (assigned male or female at birth), and activity levels. For example, an active 25-year-old male needs more calories and different nutrients and amounts of food than a 70-year-old, sedentary female. Information on the nutrient needs of individuals of different ages and sex is found in [Appendix 2. Chapter 6](#) of the 2020–2025 DGAs specifically addresses the nutrition needs of older adults.

The eating patterns found in [Appendix 3](#) can be used for menu planning as well as program monitoring.

What are the Dietary Reference Intakes (DRIs)?

The DRIs are developed and published by the [Food and Nutrition Board of the National Academies of Sciences, Engineering, and Medicine](#). The DRIs represent the most current scientific knowledge on nutrient needs of healthy populations.

The DRIs establish nutrient values or levels of needed nutrients by age and sex with Recommended Dietary Allowances (RDAs). The RDAs represent the average intake level for a specific nutrient necessary to meet the needs of nearly all healthy individuals within a specific Age-Sex group. For example, the amount of vitamin C that an older adult needs daily is 90 milligrams (mg) of vitamin C or 30 mg of vitamin C per meal. Vitamin C is found in fruits such as citrus fruits, strawberries, as well as vegetables such as broccoli, spinach, peppers, tomatoes, or vegetable juice. The amount of calcium needed is 1200 mg per day or the amount of calcium found in one quart (32 fl oz) of milk. Most programs provide one container or 8 fl oz of milk, which provides calcium and vitamin D to help meet this need. [Appendix 1](#) of the 2020–2025 DGAs provides tables of Nutritional Goals for Age-Sex groups across the lifespan.

Although the DRIs contain information on food sources of nutrients, they do not recommend foods to eat nor provide advice that is easily translated to menu planning for programs.

Because nutrient needs vary by age and sex, meals that meet the DRIs for a 25-year-old male, for example, may not meet the DRIs for a 70-year-old female.

What do the DGAs say about older adults?

The 2020–2025 DGAs include special dietary considerations for older adults. Most older adults do not consume enough protein, vitamin B-12, and fluids which can lead to muscle loss, anemia, and dehydration. Overconsumption of alcohol is also a special consideration since it can lead to an increased risk of falls and other adverse health effects. The tip sheets below provide more information about special nutrient considerations:

[Protein Tip Sheet](#) (NRCNA)

[Using the Nutrition Facts Label: For Older Adults](#) (FDA)

[Vitamin D and Vitamin B-12 Tip Sheet](#) (NRCNA)

[Calcium and Potassium Tip Sheet](#) (NRCNA)

How do the DRI and DGA requirements differ?

The DGAs focus on eating patterns and food choices to support health by emphasizing foods such as vegetables, fruits, grain products, dairy/dairy alternate foods, protein sources, and oils. The U.S. Departments of Health and Human Services and Agriculture issue the DGAs every five years. The DGAs are food-focused.

The DRIs focus on the nutrients found in food that are necessary for health and for decreasing the risk of chronic disease. The DRIs provide the amount of a nutrient needed to maintain health or function such as the milligrams of calcium a person needs to consume to maintain bone health. The DRIs are published periodically.

In planning menus, nutrition professionals select quality foods that contain nutrients needed for health in combinations that are appealing to older adults and that are cost effective.

Can State Units on Aging (SUAs), Area Agencies on Aging (AAAs) or local nutrition service providers use the [Nutrition Facts label](#) on food packages instead of the DGAs and the DRIs?

No. The Nutrition Facts label on a food package is not the same as the DGAs and the DRIs.

The nutrient values listed on the label are called the daily value (DV). The DV is not the same as the DGAs or the DRIs, which are required by the OAA, and cannot be used as a basis for planning meals nor assuring quality of menus for the OAA Nutrition Program.

The Food and Drug Administration (FDA) is responsible for enforcing the Food, Drug, and Cosmetic Act, which requires the food industry to [label prepared foods](#) such as breads, cereals, canned and frozen foods, snacks, desserts, drinks, etc. with food ingredients and a limited list of nutrients. The nutrients listed on a food label do not comprise all the nutrients needed to stay healthy. Rather, the nutrients listed on the Nutrition Facts of packaged foods reflects scientific information about the link between the nutrient content of packaged foods and chronic disease. Nutrition labeling is not required for some foods such as raw produce (fruits and vegetables) and fish. As a result, many food items do not have the Nutrition Facts label.



Who is responsible for implementing the nutrition requirements of the OAA?

The State Unit on Aging (SUA) is responsible for developing and implementing policy, procedures, guidance and technical assistance to implement the requirements of the OAA. The OAA does not prescribe how SUAs, Area Agencies on Aging (AAA)s, or local nutrition service providers are to implement these requirements. This is the responsibility of the SUA. SUAs have flexibility in developing policy and procedures to demonstrate adherence to the standards and requirements.

Section 339 of the OAA requires SUAs to utilize the expertise of a registered dietitian in planning nutrition services or, if a dietitian is not available, an individual with education and training that is comparable to a dietitian. In addition, the OAA requires that local nutrition service providers solicit the advice of a dietitian or individual of comparable expertise. If the AAA is also the direct nutrition service provider, the AAA would need to meet this requirement. Dietitians can assist in developing practice and science-informed policies, procedures, guidance and technical assistance.

At a minimum, a registered dietitian nutritionist or qualified individual of comparable expertise can provide advice on:

- How to implement the nutrition standards and requirements and how to ensure adherence to the standards and requirements;
- How to develop food service contracts, contracts with food suppliers, and contracts with food service management companies;
- How to assist in food service and food safety management and in both quality and quantity meal production;
- How to plan to meet nutrition needs of older adults both in non-emergency and emergency situations;
- How to address issues of hunger, food insecurity, malnutrition, health promotion and chronic disease management among older adults.
- How to meet other requirements within the Older Americans Act Title III to include the nutrition education, nutrition counseling requirements, or both.

How do State Units on Aging (SUAs) ensure adherence to the nutrition requirements of the OAA?

Many SUAs establish an eating pattern based on the eating patterns found in [Appendix 3](#) of the 2020-2025 DGAs to assure adherence to the standards. It is assumed that if an individual eats a meal that matches this eating pattern, the person will consume a diet that meets the DGAs and the DRIs. For example, if the eating pattern contains two vegetables and one fruit, it is assumed that the menu provides adequate fiber, vitamins A and C, and potassium.

In addition, some states may not require that all nutrient recommendations be met in every meal and may use the DRIs to establish target nutrients, ranges (acceptable upper and lower levels of specific nutrients), or a minimum level for a specific number of these target nutrients.

These are the nutrients, as established by the DRIs, that are commonly used by several SUAs in their program policies, procedures, guidance and technical assistance: calories; protein; carbohydrate; fat, including saturated fat; fiber; calcium; zinc; sodium; potassium; vitamin A; vitamins B6 and B12; vitamin C; and vitamin D. States may establish different levels of nutrients for special circumstances such as nutrients needed for short-term or long-term emergencies, medically tailored meals, etc. States policies and procedures should address these special circumstances and have a solid plan of action for them.

The Nutrition and Aging Resource Center has a [Dietary Guidelines for Americans and Older Adults: Toolkit for Senior Nutrition Programs](#). This toolkit includes resources such as tip sheets, menu creation tools, and recorded webinars.

What is a common eating pattern that is assumed to provide adequate nutrition and meet the requirements of the DGAs and DRIs?

A common eating pattern used for a lunch or dinner funded by the OAA and used by many SUAs, AAAs, and local providers (with a sample menu) could be:



Food Group	Portion Size (see Choose MyPlate portions) Examples	Monday	Tuesday	Wednesday
Protein	3 oz meat/fish/poultry; 1 egg = 1 oz	Roast chicken	Mixed bean soup, 1.5 cups	Baked salmon
Grain #1	1 slice bread, 1- 6" tortilla; ½ cup rice/pasta, 5 crackers	Whole wheat roll	Baked cheese quesadilla with whole wheat tortilla	Wild/brown rice pilaf
Grain #2	1 slice bread, 1- 6" tortilla; ½ cup rice/pasta, 5 crackers	Oatmeal topping on apple-raisin crisp dessert	Large tortilla, 12 "	Sour dough bread
Vegetable #1	½ cup cooked, 1 cup leafy greens, 1 small whole vegetable	Small baked sweet potato	Pepper, tomato corn salsa	Low-fat creamed spinach
Vegetable #2	½ cup cooked, 1 cup leafy greens, 1 small whole vegetable	Broccoli with diced red pepper	5 carrot sticks or ½ cup cooked carrots	Low-sodium vegetable juice
Fruit	½ cup canned/frozen; 1 small raw, ¼ cup dried	Apples/raisins in dessert	Strawberries or blueberries	Pineapple canned in its own juices
Dairy/ Alternative	1 cup low-fat fluid (reconstituted dry or evaporated milk); 1.5 to 2 oz cheese; 2 cups low-fat cottage cheese; 1 cup yogurt	1% milk	Cheese in quesadilla; 1.5 oz	Low-fat cottage cheese
Dessert (optional)	½ cup of dessert options, 2 small cookies	Apple-raisin crisp		
Oil/ Margarine	1 Tablespoon oil, 1 Tablespoon soft margarine, 2 Tablespoons salad dressing	1 tablespoon soft margarine		1 tablespoon soft margarine
Beverages	8 oz.	Coffee, tea, water	Coffee, tea, water	Coffee, tea, water

Can the Administration for Community Living (ACL) waive the OAA nutrition requirements for meals funded with Title III C and Nutrition Services Incentive Program (NSIP)?

No. ACL does not have the authority to waive the nutrition requirements for meals funded with Title III C or NSIP.

Can SUAs, AAAs, and local nutrition service providers use restaurants to provide meals?

Yes. The OAA does not address how SUAs, AAAs or local nutrition service providers are to select meal caterers, vendors or food suppliers. This is a provider's decision. The meals produced by alternative sources still need to comply with the state's standards or guidelines for implementing the nutrition requirements of the OAA for meals (DGAs and DRIs), including consultation with a registered dietitian nutritionist or nutrition professional, and meet all state and local health standards. Dietitians with the AAAs or local nutrition service providers will need to work with a restaurant to develop appropriate menus, and they will need to work with the agency or provider's financial or contracts person to negotiate appropriate food service contracts.

Many states have used restaurants to not only produce the meal but also provide the service location. In this case, the community restaurant functions just like any other congregate site. In other cases, the local restaurant has functioned as the caterer or vendor. This food service method has often been used in rural areas or to produce meals for people of color and under-represented people with different cultural food needs and preferences.

ACL has funded many nutrition innovators who are working in this space. The [Nutrition and Aging Resource Center](#), has a wealth of information on this topic including the guide for [Senior Nutrition Programs Seeking to Work with Food Retailers](#) as well as a [quick guide](#) to lead programs through the process. Also find [replication toolkits](#) for restaurant-based meal innovations. Erie County (New York) Department of Senior Services [Modernizing the Congregate Dining Program](#) project modernized its congregate dining program by partnering with local restaurants to give participants more flexibility in how and where they dine. Adults 60 or older could eat at any participating restaurant at a time of their choice. The study had a number of positive outcomes, including decreasing feelings of social isolation in older adults. In other states, SUAs, AAAs, or local nutrition service providers have used restaurant voucher programs for restaurants, grocery store food facilities or hospital food facilities to expand service options. For example, the [CHAMPSS \(Choosing Healthy Appetizing Meal Plan Solutions for Seniors\)](#) is a successful partnership between the Johnson County AAA Nutrition Program in Kansas and the Hy-Vee grocery chain. The Ohio SUA established [state administrative code](#) regarding alternative meal providers, including voucher programs to address consumer direction.

Find additional resources from the Nutrition and Aging Resource Center in the [Dietary Guidelines for Americans and Older Adults: Toolkit for SNPs](#)