Impact of Older Americans Act Nutrition Program Participation on Food Security and Nutritional Health

Technical Summary

Background of Study:

The Older Americans Act Nutrition Program (OAANP) has been a primary source of food assistance targeted to older adults with greatest economic and social needs while providing congregate meals (CM) and home delivered meals (HDM). Already unable to meet the program demand, this program is in urgent need of robust research designs, methods, and evidence-based outcome measures to document its benefits. The 2006 amendments to the OAANP specified reducing food insecurity as a priority (U.S. Administration on Aging, 2006), but provided no guidance on how to best assess food insecurity. The feasibility and ability of the food insecurity measure to detect OAANP's impact on a large scale are unknown.

This project is a cooperative research project between the Georgia Department of Human Services, Division of Aging Services (DAS) and Department of Foods and Nutrition of the University of Georgia designed to evaluate the impacts of OAANP on food insecurity among older Georgians while adopting several innovative approaches including a longitudinal study design, the waitlisted people as the best available comparable comparison group, and a modified nationally validated 6-item U.S. Household Food Security Survey Module (HFSSM) as a sensitive outcome measure of meal services. This project was also intended to develop and improve the program evaluation system as part of the normal OAANP administrative process by collecting robust performance outcome measures in a timely and accurate manner at the state and local levels in Georgia.

Methods:

This project consisted of self-administered mail surveys completed by community-dwelling active and new OAANP participants as well as waitlisted persons using the mail-out survey format of the ongoing U.S. Administration on Aging's Performance Outcomes Measures Project testing system in Georgia. It involves both cross-sectional and longitudinal components. The cross-sectional surveys were conducted in a statewide representative sample of active OAANP participants (i.e., receiving meals at least 6 months) and waitlisted people (i.e. being on the waitlists at least 3 months) as of June, 2009 in Georgia. The longitudinal component consists of three waves of self-administered mail surveys that were conducted at 4-month intervals in all persons who began OAANP participation (CM new participants and HDM new participants) as well as those added to program waitlists (CM new waitlisted and HDM new waitlisted) between July and early November 2008.

A self-administered survey measured food insecurity, various nutritional health status indicators, and socioeconomic status measures that were developed and adapted from previously validated survey tools. Additional study participant data were retrieved from the Georgia Aging Information Management System. Descriptive and appropriate longitudinal data analysis methods, including Generalized Estimating Equation (GEE) models were used.

Findings:

1. *There is a critical unmet need for OAANP in Georgia*: Based on the longitudinal study sample, about 57.4% of those requesting OAANP services, especially a majority of HDM applicants, had to be on the waiting lists over the 19 week period when the economic crisis has deepened across the nation in 2008. Although smaller, the cross-sectional study sample show that 3,160 older Georgians in need of OAANP (10% of total older Georgians enrolled in OAANP) were waiting for meals at least 3 months as of June, 2009. Those requesting HDM services and waitlisted people were more likely to show poorer sociodemographic and nutritional health status than their counterparts.

2. *Food security can be reasonably measured to assess need status and outcome of OAANP by a modified nationally validated 6-item HFSSM in older adults in need of OAANP*: Based on the baseline data from the longitudinal study, most of the respondents (91%) completed all 6 food security questions. Infit and outfit statistics for each of the 6 questions and overall Rasch model fit were within an acceptable range. Overall psychometric properties observed in the food security data were comparable to the national food security statistics provided by the USDA.

3. *The prevalence of food insecurity is high in older Georgians in need of OAANP*: About 56% and 34% of older Georgians requesting HDM and CM were food insecure, respectively. These numbers are higher than any available data reported previously (e.g., 8.1% of the U.S. elderly population in 2008). Especially, the HDM waitlisted people reported highest level of food insecurity when they requested the service (59.2%) and were persistently food insecure or becoming food insecure over the 8 month period (51.0%).

4. *OAANP improves participants' food security*: Those receiving meals services had increased odds of achieving food security than those in the waiting lists in both cross-sectional (Odds ratios (95% confidence interval) = 1.74 (1.40-2.17)) and longitudinal study (Odds ratios (95% confidence interval): 1.99 (1.45-2.74)).

Recommendations:

The process, lessons learned, and findings from this project suggest the following recommendations in monitoring the performance of OAANP in older adults in future studies and in other states and nationally:

1. Routinely and systematically collect food insecurity along with other nutrition, health, and socioeconomic status measures in older adults at different levels across the aging network (e.g. local, state, and federal levels).

2. *In particular*, monitor food insecurity at finer geographic levels at short time intervals to compare local food security and OAANP need against state and national levels and to track the performance of OAANP as well as other factors affecting food insecurity in older adults.
3. Use the consensus concept, definition, and nationally standardized and validated measures of food insecurity that are most relevant to the goals and expected benefits of the OAANP. A modified 6-item HFSSM was able to reasonably measure food security status among older Georgians in need of OAANP.
4. Establish appropriate methodology and systems to measure, monitor, and track performance of OAANP services, which will provide a basis to better manage the internal client and service information at the state and local level (e.g., assessing needs, linking clients with services, documenting program demand, planning, etc.) and meet federal accountability initiatives (e.g., GPRA).
5. Conduct more feasibility and evaluation studies like ours to document the beneficial impacts of OAANP participation on nutritionally needy older adults and to provide critical evidence for many key decisions regarding program funding, resources, policies, and regulations that can improve the capacity and efficacy of OAANP.