



# Nutrition Programs for Older Vermonters

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# The Nutrition Safety Net

There are 5 government funded nutrition programs for older Vermonters, including:

- 3SquaresVT (SNAP)
- Older Americans Act Nutrition Services Program
- Commodity Supplemental Food Program
- Senior Farmers Market Nutrition Program
- The Emergency Food Assistance Program

# How many older Vermonters are served by the nutrition safety net?

- 16,817 older Vermonters (age 60+) receive 3SquaresVT (9/22 caseload data) with an average monthly benefit of \$330. (only entitlement program)
- 12,050 older Vermonters participated in the Older Americans Act (OAA) nutrition services program in FFY21.
- 1,989 older Vermonters were served by the Senior Farmers' Market Nutrition Program in SFY22.
- 1,691 older Vermonters participated in the Commodity Supplemental Food Program (CSFP) as of November 2022.

# Older Americans Act Title III-C Nutrition Services Program

The OAA Nutrition Services Program (OAA NSP) promotes the health and wellbeing of older adults through access to nutritious meals, social contacts, nutrition screening, nutrition education and nutrition counseling.

## Program Purpose:

- Reduce hunger, food insecurity and malnutrition
- Promote socialization
- Promote health and well being

# OAA Nutrition Services Program

## Participant Eligibility

The target population for OAA nutrition services are those at greatest social and economic need, including:

- Older adults with low income
- Older adults from minority communities
- Older adults living in rural communities
- Older adults with limited English proficiency
- Older adults at risk for institutional placement

Participants are screened for food insecurity and referred to other programs if eligible.

# OAA Nutrition Services Program Operations

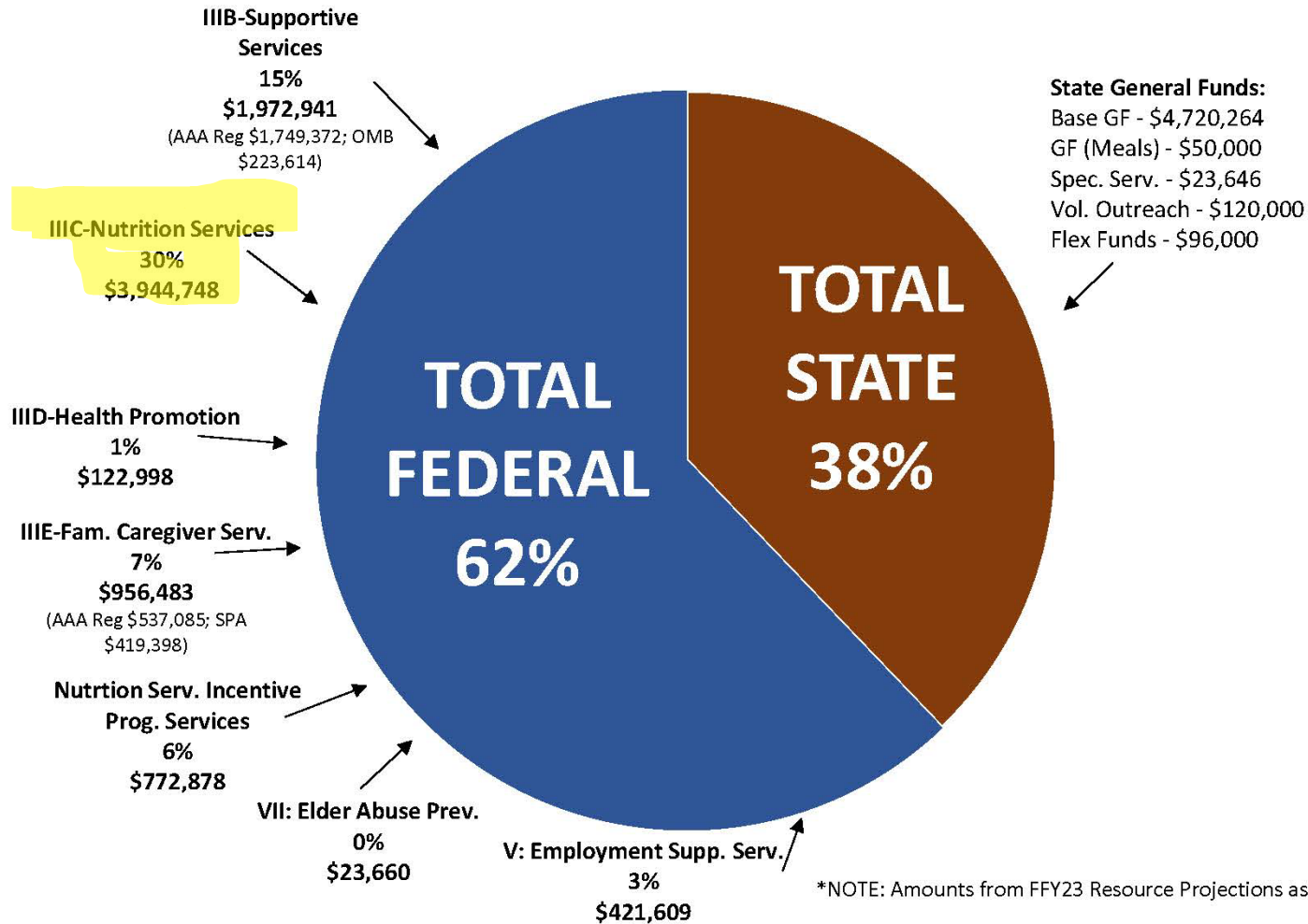
- DAIL administers the program - oversees funding distribution to Area Agencies on Aging (AAAs) and provides program oversight and technical assistance. Guidance is provided in the OAA Policy and Operations Manual: [Older American's Act Policy and Operations Manual 2021.pdf \(vermont.gov\)](#)
- AAAs manage the program at the regional level (oversight, quality assurance, TA, outreach) and contract with meal providers for service delivery (congregate and home-delivered meals) and provide a per meal reimbursement rate.
- Meal providers (often senior centers) run the program at the local level – meal prep, service delivery, volunteers.

# Data

- 8,699 older Vermonters received 1,117,247 home-delivered meals in FFY21 (pre-pandemic: about 5,500 people)
- 3,351 older Vermonters received 49,731 congregate meals in FFY21 (pre-pandemic: about 12,000 people)
- 61 people received nutrition counseling from a registered dietician (similar to pre-pandemic numbers)
- AAAs expenditures for OAA nutrition services totaled \$9,168,000 in FFY21. This includes federal relief funding.

# FFY23 OAA Funding for Vermont\*

(Funding as a percentage of OAA & matching State General funding in VT - OAA: \$8,215,317; State: \$5,009,910)  
(as of October 12, 2022)



\*NOTE: Amounts from FFY23 Resource Projections as of 10/12/22

Note: This chart does not include ARPA funding.  
As of 12/31/22 the AAAs have \$4,559,419 of ARPA Title III funds remaining to be used by 9/30/24.



# Meal Costs

Fall 2022 – AAAs conducted a meal cost analysis of both home-delivered and congregate meals with their providers.

Costs included: cost of food, materials, staffing, facility, transportation, administration.

Average cost: \$11.97/meal (range \$9.13-16.32 by AAA)

Average reimbursement rate: \$5.44/meal (range \$3.80-6.96 by AAA)

Providers work to make up the difference through fundraising participant contributions, use of volunteers and in-kind support.

# State Plan on Aging Focus on Nutrition

**Objective 1.3: *Nutrition*:** Improve the nutritional health status of older adults participating in the senior nutrition program.

- Improve quality and availability of all OAA NSP meals, including therapeutic meals.
- Increase availability of nutrition education and nutrition counseling.
- Integrate validated malnutrition screening tools into assessments.
- Monitor client progress and quality of nutrition, case management, and information and referral services.
- Leverage existing partnerships and engage in new community partnerships to provide access to programs and services to prevent and address malnutrition.
- Explore creating hospital service area malnutrition coalitions to address root causes of malnutrition.

# Questions?

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