

NEW YORK STATE: Jumping safely into action providing meals for older adults

When the COVID-19 virus came to New York in March 2020, Governor Cuomo put “Matilda’s Law” into affect to protect Individuals over the age of 75, and those with chronic conditions and compromised immune systems. New York State’s Area Agencies on Aging and the aging network responded. Meal providers immediately adjusted the balance in the home-delivered and congregate meal delivery systems toward pandemic safety. At the same time, the demand for meals dramatically increased. Many older New Yorkers isolated at home to stay safe, and for them, home-delivered meals, grab & go meals, and help with grocery delivery were a lifeline. The food preparation and delivery staff in each county have demonstrated New York’s compassionate toughness.

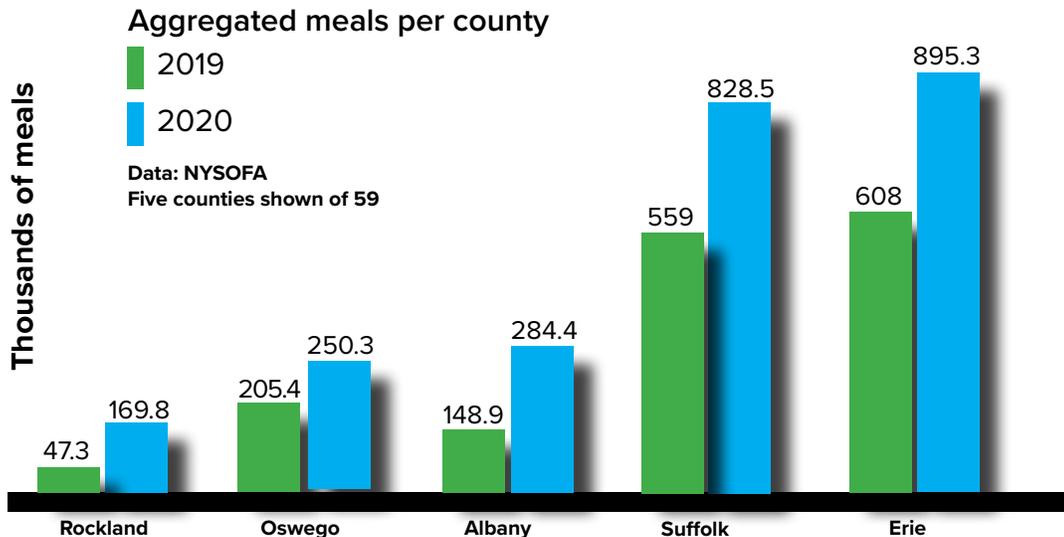
Together, New York’s aging network served an aggregated **28,789,631** meals in 2020, an incredible **69%** increase from 2019.

The importance of nutrition in maintaining and improving health, the critical role volunteers play in preparing and delivering meals, and the important partnerships state agencies and community organizations play are key components of Governor Andrew Cuomo’s efforts to support aging in place and make New York the healthiest state in the nation.



OTSEGO COUNTY OFA responded to the needs of older NYers within their service area by expanding their home-delivered meals (HDM) program to include help with medication delivery, grocery pickup, and transportation to medical appointments.

A state-wide sample: NYS meals 2019/2020



NYSOFA and its network of 59 county-based area agencies on aging and almost 1,200 community-based providers serve more than 800,000 older NYers annually with a comprehensive array of services and supports that promote aging in place.

Get information:
1-800-342-9871
or online at
www.nyconnects.ny.gov.



Office for the Aging

NEW YORK STATE

NUTRITION

PROGRAM

How the network adapted to the pandemic

CONGREGATE

Pre-COVID: Healthy, nutritious, balanced meals are served to older New Yorkers, up to five days a week, in senior centers, senior clubs, senior housing complexes, town halls and other nearby locations.

COVID Adjustment:

The majority of the network's meal delivery systems adapted their congregate sites to "Grab & Go" locations, where clients could get meals with minimal contact. Others converted their congregate services to home-delivered meals only. Most found a happy medium of Grab & Go and HDM, depending on geography and clients' needs.

HDM

Pre-COVID: For older New Yorkers who cannot shop, prepare their own meals, and do not have anyone to assist with shopping and meal preparation, home-delivered meals provide healthy, nutritious, balanced meals to a participant's residence up to five days a week.

COVID Adjustment:

Home-delivered meal schedules were adapted to deliver more meals during a single visit to limit contact. Some counties arranged for additional meals to be frozen before delivery, others changed routes and meal plans for maximum safety and efficiency.

An average meal recipient

Who are they?

- 42% are age 85 or older
- 72% are age 75 or older
- 65% are female
- 61% live alone
- 39% are low income
- 33% have deficiencies in 3+ Activities of Daily Living (ADL) (average is 2)
- 86% have deficiencies in 3+ Instrumental Activities of Daily Living (IADL) (average is 5)
- 46% are at high nutrition risk
- 66% have 4+ chronic conditions

Top chronic conditions include:

- Arthritis
- Diabetes
- Heart disease
- High blood pressure
- Alzheimer's disease
- High cholesterol
- Visual and hearing impairment

Activities of Daily Living:

include eating, dressing, getting into or out of a bed or chair, taking a bath or shower, and using the toilet.

Instrumental Activities of Daily Living:

activities that allow an individual to live independently in a community. These include activities like grocery shopping, meal preparation, and transportation.

GROCERY DELIVERY

Many older adults had no way to obtain groceries and this service became a priority. In one example, The **Rockland County Office for the Aging** developed a Shopping for Seniors program. Clients called and were placed on a deliver list, and received a staple bag of groceries including but not limited to bread, milk, eggs, water, a roll of toilet paper, a roll of paper towels, masks, pasta, pasta sauce, tuna, canned vegetables/fruits, and when available through donations, fresh produce. The delivery was made to the the older person's doorstep. This service was provided free of charge.

EXTRAS

Counties skillfully adapted their HDM programs, adding personal protective equipment and basic toiletries into their delivery systems. Transportation to medical appointments, and even delivering prescriptions, became the norm in many counties where those services weren't otherwise available. The contact provided to isolated clients was a valuable component of the network's combined efforts.

NY's Nutrition Program for the Elderly (NPE)

Since its inception, New York State's **Nutrition Program for the Elderly (NPE)** has operated statewide through 59 AAAs, including two Indian Tribal Organizations (ITOs).

Services are provided directly or through contract. Funding for nutrition services comes from a combination of federal, state, and local government sources, program income (contributions), and other sources at the local level coordinated into a single statewide nutrition program. New York State has the largest nutrition program in the United States. Nutrition Services strive to prevent or reduce the effects of chronic disease associated with diet and weight; strengthen the link between nutrition and physical activity in health promotion for a healthy lifestyle; improve accessibility of nutrition information, education, counseling and related services, and healthful foods. This is accomplished through:

- Community dining options at congregate sites to improve food and nutrient intakes and offer choice (culturally appropriate, entrees, salad bars, and restaurant vouchers) and meet special dietary needs (low sodium, low fat).
- Home-delivered meals that meet dietary reference intakes and are nutritionally dense.
- Nutrition education and health-promotion and disease-prevention services in a variety of settings.
- Nutrition screening to determine nutritional risk and individualized nutrition counseling for chronic-disease management and to improve nutritional status.

For years, New York has led the way in providing nutritious meals for its most vulnerable citizens.

These nutrition programs are part of Governor Andrew Cuomo's initiative to make New York the healthiest state in the nation.

COMMUNITY DINING

OPTIONS - Senior centers are defined by the OAA as a "community focal point" for comprehensive and coordinated services for older adults. A senior center is a place where older adults can congregate to fulfill many of their social, physical, emotional, and intellectual needs. Centers offer a wide array of programs and services that are vital to the well-being of community-dwelling older adults. These services can include meal and nutrition programs; information and assistance; health, fitness, and wellness programs; transportation services; social and recreational activities; educational and arts programs; volunteer and civic engagement opportunities; and so forth.

HOME DELIVERED MEALS

(HDM) - assist many older adults in their efforts to maintain their health and independence. On average, participants received 2 meals per day, five days a week. In addition to meals, programs provide nutrition education and counseling, shopping assistance, transportation and links to other cost effective community services that promote and support one's independence. Services are targeted to older adults most in need.

Many of the program participants need help preparing meals, cooking meals and shopping due to chronic illness. Home delivered meal programs screen and assess older adults for other support services.

NUTRITION EDUCATION –

Nutrition Education is a program, planned by a Registered Dietitian, to promote better nutrition, physical fitness and health. Information and instruction may occur in group settings, such as community dining, or through distribution of materials, such as in home delivered meal packages.

NUTRITION COUNSELING –

Nutrition Counseling includes the provision of individualized guidance to individuals who are at nutritional risk due to health, dietary intake, medication or other circumstances. Counseling is provided one-on-one by a Registered Dietitian who evaluates the person's nutritional needs, develops and implements a nutrition counseling plan, and evaluates the client's outcome.

**NEW YORK
Since 1975**

**Total Meals
served by the NPE:
985 million**

**Total Older Adults
served by the NPE:
10.5 million**

**New York State has the
largest nutrition
program in the
United States.**

PARTNERSHIPS/VOLUNTEERS/DONATIONS

The pandemic created a significant increase in demand for meals and meal delivery for older adults. Many older adults sheltered at home to protect themselves from contracting the virus. In addition, grocery delivery requests increased for the same reasons. The network of aging professionals adjusted their business model to meet the increased demand for services, particularly around access to food and nutrition.

Public-private partnerships are always preferred and community support has been longstanding tradition for the nutrition program, through volunteerism and donations.

Due to COVID-19 – there was a reduction in the number of volunteers available to help prepare and deliver meals. Individuals who would like to volunteer helping to prepare and/or deliver meals to older adults can contact their county office for the aging directly, or by calling **1-800-342-9871**.

Due to COVID-19 – there was an increase of more than 75% in demand for meals and shopping assistance. If you would like to donate to help older adults at risk receive a meal, you can contact your county office for the aging directly, or call **1-800-342-9871**.

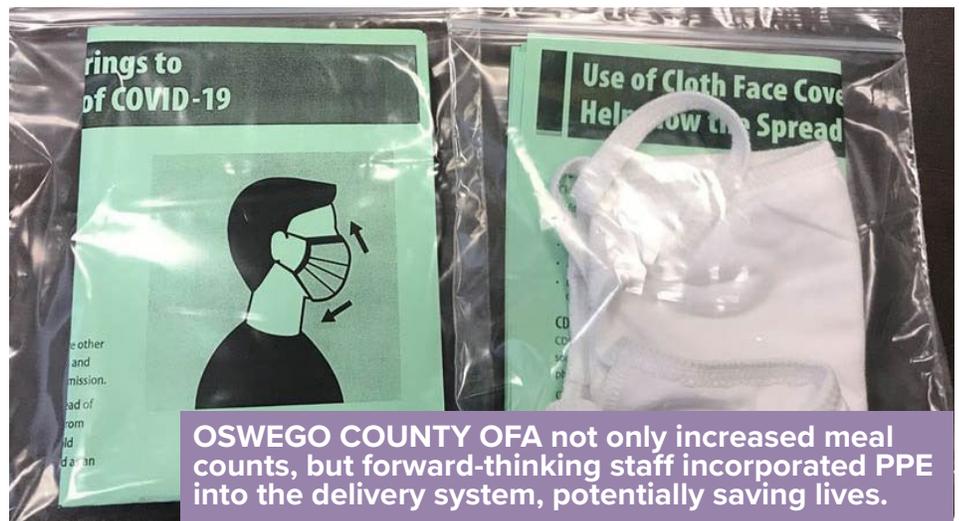
Healthier aging: good nutrition is crucial

Chronic Disease:

The nutritional status of older adults has a significant role in disease causation, risk reduction, and the treatment of chronic degenerative diseases. The presence of one or more of the chronic diseases that especially affect older individuals with advancing age often requires that they follow a prescribed diet.

Medications:

Side effects and interactions associated with some medications may cause malabsorption of nutrients, weight loss, anemia, dehydration, low or high blood sugar, fatigue, and depression, all of which may lead to poor nutrition and other serious health complications.



Oral Health:

Poor oral health may limit the type, quantity, and consistency of food eaten, increasing nutritional risk.

Weight Loss:

Being underweight often indicates inadequate dietary intake, is associated with frailty or possible underlying illness.

Social Activities:

Social interaction positively affects an individual's food intake, but its absence—social isolation—may lead to loneliness, which can negatively affect diet and thereby increase an individual's risk for malnutrition.