



## More Than 1 Billion Meals Served

### Leading the nation in providing nutrition for older adults

New York State leads the nation in providing the highest quality meals to older adults in their homes and community locations. Working with local offices for the aging and partners, New York’s nutrition program reached a critical milestone in 2021: **over one billion meals served to more than 10 million older adults since 1975.**

That’s more than one billion efforts to support aging in place, fight nutritional deficiencies and associated chronic illnesses (like heart disease and diabetes), curb social isolation at community dining tables and home-delivered meal visits, and so much more.

This program has been especially vital during the pandemic as meal providers quickly adjusted their systems at a time when demand for meals dramatically increased. In 2022 the nutrition program turned **50 years old.** This work continues today with over 20 million meals served in 2024.

Under Governor Kathy Hochul’s leadership – in partnership with federal, state, and local resources – NYSOFA continues to deliver in helping make New York the healthiest state in the nation for people of all ages.

# NEW YORK 2025

by the numbers

**Total Meals\*:**

**20+ million**

**Total Older**

**Adults served:**

**250,000**

\*home-delivered meals (HDM) and congregate meals

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## Since 1975

**Total Meals**

**served:**

**1,087,719,349**



Office for  
the Aging

NYSOFA and its network of 59 county-based area agencies on aging and almost 1,240 community-based providers serve more than 3 million older New Yorkers annually with a comprehensive array of services and supports that promote aging in place. Get information by phone at 1-800-342-9871 or online at [www.nyconnects.ny.gov](http://www.nyconnects.ny.gov).

# AGE-FRIENDLY NEW YORK STATE:

## Recognizing the importance of nutrition and social contact

Poor diet and physical inactivity contribute to the leading causes of disability among Americans, and unhealthy eating and physical inactivity cause one-third of premature deaths, according to the Centers for Disease Control and Prevention's Division of Nutrition, Physical Activity, and Obesity (2010).

Some facts about the nutritional needs of older adults include:

**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 chronic diseases – those that especially affect older adults – often requires that individuals 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 an inadequate dietary intake and is associated with frailty and 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.

## HDM CUSTOMERS

Home-Delivered Meals Make a Difference

- 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

## MORE Than Just a Meal: A Case Example

While delivering a meal to Ms. L, a home-delivered meal driver noticed that she seemed confused, so he offered to call an ambulance. Ms. L declined. The driver called his supervisor. The supervisor contacted Ms. L's daughter, who ended up taking her mother to the hospital where it was determined that Ms. L was having a series of mini strokes. Ms. L is now out of the hospital and receiving rehab — an intervention made possible thanks to an alert meal driver.