



## **Nutrition Requirements under Supplemental Funding Due to the COVID19 Emergency**

**As of April 3, 2020**

### **Are emergency meals required to meet the DGAs and DRIs?**

Under current authorities, no. Meals funded through Disaster Relief Funds following a declaration of a major disaster, Families First Coronavirus Response Act (FFCRA) and the Coronavirus Aid Relief and Economic Security (CARES) Act are not required to meet the DGAs and the DRIs, but the ACL encourages the use of these standards to help older adults maintain their health and manage their chronic conditions and to provide quality service. While Congress provided for the waiver of DRIs and DGAs during the COVID-19 pandemic, they made it clear that ACL should encourage programs to provide nutritious meals when available. However, when meals that do not meet the DRIs/DGAs are unavailable, they encouraged ACL to urge programs to provide meals that meet, at a minimum, no less than 1/3 of the recommended daily caloric intake for an older individual. As an example, the recommended daily caloric intake for a 70-year old is 1600. Under no circumstances should a meal be provided that is less than 534 calories.

Meals normally funded under the OAA and meals funded under the Public Health Emergency through Title III C are required to meet the DGAs and the DRIs under Title III C. In these instances, ACL has no authority to waive these requirements. However, if an SUA chooses to use Title III B to fund meals, these meals do not need to meet the requirements of the DGAs and DRIs.

***Note: The Timeline and Basic Understanding of the Older Americans Act Nutrition Program laws chart can be found at the bottom right of the webpage at <https://nutritionandaging.org/covid-19/>.***

### **Are maintaining nutrition requirements during an emergency important?**

Our Administration recognizes the obstacles that nutrition providers have endured and recent congressional action has resulted in AAAs/nutrition providers having increased funding and additional flexibility with Older Americans Act nutrition requirements.

While this flexibility is helpful to ensure older adults have food in their homes during this challenging time, the Dietary Reference Intakes (DRIs) and Dietary Guidelines for Americans (DGAs) help our seniors stay healthy. During emergencies/public health emergency such as COVID-19, maintaining nutrition requirements remain very important for older adults to help maximize their health and immune system.

Adequate nutrition is essential for maintaining immune function. Nutrients, such as protein, the B vitamins, C, D and E as well as zinc, are important. These nutrients are found in enriched grain and whole grain products, fruit, vegetables, dairy, dairy alternates and protein products, such as meat.

OAA nutrition program participants have high rates of chronic disease, including heart disease, hypertension, diabetes, and obesity. These chronic health conditions place an older adult at greater risk for infection and disease and makes them more susceptible to COVID19 and its complications.



To manage all these conditions, diet and exercise is very important. The diet should include consuming adequate fiber found in whole grains, fruits and vegetables. Overall, these conditions are better managed by consuming lower sodium, lower saturated fat, and lower added sugar foods as much as possible.

The high rate of chronic health conditions as well as food insecurity as a basic social determinant of health means that OAA program participants are a particularly high risk, vulnerable population that need healthy food to prevent unnecessary health emergencies and hospitalizations.

### **What are acceptable ways to provide emergency meal and food assistance to older adults during the COVID19 emergency?**

SUAs, AAAs, and local nutrition services providers are working under stressful conditions to provide services to vulnerable older adults. SUAs and AAAs may want to provide additional guidance and technical assistance.

Local nutrition service providers may need to rethink their usual way of providing services by trying to meet both short term needs and planning to meet longer term needs. Not all the additional funding available through the FFCRA and CARES will last forever. The COVID19 emergency is not a sprint, but a marathon and local nutrition service providers may need to adjust service provision methods and operations to deal with increasing demands, social distancing constraints, fewer employees and volunteers, confusion over requirements, and exhaustive work schedules.

Red Cross guidance for emergencies has always stated to have a two-week supply in the home. Thus strategies should include supplying seniors with foods that can help them stay in place, help them stock their pantries/refrigerator/freezer, and thinking of long-term solutions. For example, providing a meal delivery that includes (when at all possible) a combination of hot and frozen meals, multiple frozen meals, and/or a week of shelf stable meals. During these confusing times, there may be real and/or perceived needs or issues that need to be addressed. Local nutrition service providers may want to consider a hierarchy of service provision:

- Continuation of hot meal production with grab and go and regular home-delivered meal options;
- Collaborations and new contracts with local restaurants for take-out meals;
- Collaborations with new partners, such as HUD housing agencies and USDA food assistance programs such as the [Supplemental Nutrition Assistance Program](#); [The Emergency Food Assistance Program](#) and the [Commodity Supplemental Food Program](#); the TEFAP and CSFP are often administered through local food pantries and food banks;
- Coordination with [the Senior Farmers' Market Nutrition Program](#) (SFMNP) (delivery costs are B service funded and grocery boxes are C service funded);
- Continuation of hot meal production with the provision of two meals at a time, one hot and one cold or frozen to decrease the production stress;
- Provision of frozen meals (1 to 2 weeks) with accompaniments (milk, bread, fruit);
- Provision of shelf stable meals (1 to 2 weeks) with accompaniments (milk, bread, fruit);
- Provision of Federal Emergency Management Administration (FEMA) meals;



- Delivery of boxes/bags of groceries (delivery costs are B service funded and grocery boxes are C service funded).

**Please remember that socialization and well-checks are also an important part of the nutrition program. During this time and based on current State/local guidance, this can be accomplished by regularly calling the participants to confirm that meals were received and that they are doing well.**

### **Do frozen meals, shelf stable meals or Federal Emergency Management (FEMA) meals meet the DGAs and DRIs?**

Many vendors of frozen meals and shelf stable meals advertise that their meals meet OAA nutrition requirements. If an SUA, AAA, or local provider requests nutrition information from them, these vendors are willing to provide it. It is a responsibility of the entity buying meals to determine whether they meet the policies, procedures, and guidance from the SUA about meeting the DGAs and DRIs.

Meals available through FEMA may be designed to meet the nutrition needs of a widely varying population and may contain more calories than would be recommended for older adults and may not contain a dairy or dairy alternate. FEMA meals may need to be supplemented with a dairy or dairy alternate, such as a packet of non-fat dry milk or container of ultra-high temperature milk.

Frozen meals may also need supplementation, such as with a dairy or dairy alternate source and possibly a fruit or grain product.

Shelf-stable meals are usually very high in sodium and may not contain adequate potassium or protein. They may also provide too much carbohydrate and too many added sugars. All of these are nutrients of concern for those with hypertension, heart disease and diabetes.

Although meals funded through FFCRA and CARES do not require adherence to the DGAs and DRIs, ACL encourages SUAs, AAAs, and local nutrition service providers to continue to provide quality, healthy, nutritious, palatable meals and food to older adults in order to keep them healthy in the community.

If nutrition providers must serve meals that do not meet DRIS/DGAS, ACL encourages nutrition providers to provide older adults with written nutrition education materials to help their decision process. A forthcoming document will provide practice and science-informed nutrition education materials to assist older adults in eating as healthfully as possible.

### **Can SUAs allow local nutrition service providers to send boxes of groceries to older adults rather than meals?**

The funding through the FFCRA and CARES provides maximum flexibility to the aging services network. ACL continues to encourage SUAs, AAAs, and local providers to provide meals and food that meets the DGAs and the DRIs as much as possible. When purchasing any food or meals for older adults, the nutritional needs of the individuals and the availability of healthy foods need to be considered.



The USDA website, Choose My Plate, provides suggestions for [food and meal planning during the COVID19 pandemic](#). The suggestions include shopping lists, grocery store tips, and recipes.

Local nutrition service providers may want to use these suggestions to assemble bags or boxes of groceries that require limited preparation.

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

Emergencies create new difficulties. Many shelf stable emergency meals, especially those with canned products, are high in sodium and low in potassium. Other shelf stable meals may provide too much carbohydrate, too many added sugars, and insufficient protein. In addition, some foods may be too hard for some individuals with dental issues to eat or may have packaging that is difficult for an older adult to manage.

As a result, some state/local nutrition providers collaborate with local restaurants, food banks, groceries stores, etc. to design meals that meet DRIs/DGAs. This public health emergency can be an opportunity to expand services with a new partner, help keep local restaurants open, and take advantage of local food service expertise and food supply chains. Restaurant partnership and restaurant vouchers have been practice for over 40 years. The Aging and Nutrition Resource Center, <https://nutritionandaging.org/>, has a wealth of information on this topic.

A common eating pattern for 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/alternate	1 cup low-fat fluid (reconstituted dry or evaporated milk) 1.5 to 2 oz cheese	1% milk	Cheese in quesadilla; 1.5 oz	1% milk
Dessert (optional)	½ cup dessert option, 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

**How can SUAs provide additional help during this emergency?**

During the COVID19 pandemic, SUAs provide a conduit for essential, accurate, and supportive information. They are a life-line to AAAs and local nutrition service providers looking for guidance and assistance and up-to-date information about what is happening in the state. They can assist in providing information for older adults such as information for [healthy eating during an emergency](#), [menus for two weeks](#), [food safety during COVID19](#) for consumers and food service, hints for keeping safe. They can assist in nutrition service provider tips and guidance on food service, catering contract procurement, and food assistance programs. The [National Resource Center on Nutrition and Aging](#) provides [current information from ACL](#). Its [webinars and other resources](#) as well as [white papers and briefs might](#) help individuals who are teleworking during this time to put together training for the future.

**For more information on DRIs/DGAs and see document Nutrition Requirements of the Older Americans Act (OAA), April 2, 2020**