



**Outside Witness Testimony of  
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Submitted to the Subcommittee on Labor, Health and Human Services, Education and  
Related Agencies  
Committee on Appropriations, U.S. House of Representatives  
Relating to Fiscal Year 2018 Appropriations, Administration for Community Living**

**March 8, 2017**

Dear Chairman Cole, Ranking Member DeLauro and Members of the Subcommittee:

Thank you for the opportunity to present testimony concerning Fiscal Year (FY) 2018 appropriations for Older Americans Act (OAA) Nutrition Programs administered by the Administration for Community Living (ACL)/Administration on Aging (AoA) within the U.S. Department of Health and Human Services. I am providing this testimony on behalf of the more than 5,000 Meals on Wheels programs – both congregate and home-delivered – in communities across the country. We are grateful for your ongoing support of these proven and effective programs, including the recent \$14 million increase provided in H.R. 5926, the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, as passed out of the full Committee last summer. We would again urge you to include these funding levels in any final FY 2017 agreement, and for FY 2018, reiterate our plea that you continue to build on the bipartisan, bicameral support that exists and to, at a minimum, fund OAA Nutrition Programs at the levels authorized under the Older Americans Act Reauthorization Act of 2016 (Public Law No: 114-144). Those levels are as follows:

- Congregate Nutrition Services (Title III, C-1) – \$469,916,692
- Home-Delivered Nutrition Services (Title III, C-2) – \$237,233,817
- Nutrition Services Incentive Program (Title III, NSIP) – \$167,486,502

At this critical juncture in our nation's history, when both the need and demand for services are continuing to climb exponentially, we ask that you give this request your utmost

consideration. OAA Nutrition Programs represent one of the best examples of a successful public-private partnership, leveraging about \$3 for every \$1 appropriated through the OAA with additional state, local and private contributions, as well as an army of two million volunteers. The nutritious meals, friendly visits, and safety checks delivered each day are providing an efficient and vital service for our most vulnerable seniors, our communities and taxpayers, as a whole. OAA Nutrition Programs (both congregate and home-delivered) enable seniors to live more nourished and independent lives longer in their own homes – where they want to be – reducing unnecessary visits to the emergency room, admissions and readmissions to hospitals and premature nursing home placement. Not only are they providing more than just a meal to those who are fortunate enough to receive their services, but these programs are also an essential part of the solution to our nation’s fiscal and demographic challenges.

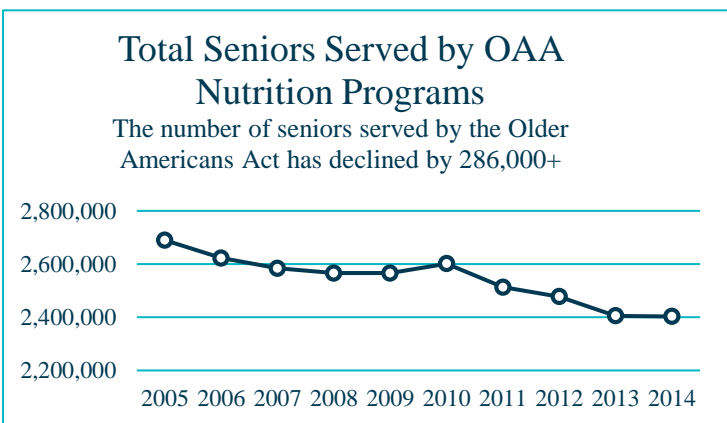
### **SERVING THE MOST VULNERABLE**

For nearly five decades in communities large and small, OAA Nutrition Programs have been effectively serving seniors in the greatest economic and social need. Data from ACL’s State Program Reports and National Survey of OAA Participants demonstrates that the seniors receiving meals at home and in congregate settings, such as senior centers, need these services to remain healthier and independent. They are primarily women, age 75 or older, who live alone. Additionally, they have multiple chronic conditions, take six or more medications daily, are functionally impaired, and the single meal provided through the OAA Nutrition Program represents half or more of their total daily food intake. Significant numbers of seniors are impoverished, live in rural areas, and belong to a minority group. In short, the individuals served through the OAA nutrition network are high-risk and potentially high-cost to Medicare and Medicaid.

The extreme frailty of this population was further underscored in a groundbreaking 2015 study entitled *More Than a Meal*, commissioned by Meals on Wheels America, which found that those eligible for Meals on Wheels services are by magnitudes more vulnerable than a nationally representative sample of comparably-aged Americans. Specifically, seniors on Meals on Wheels waiting lists were significantly more likely to report poorer self-rated health (71% vs. 26%); screen positive for depression (28% vs. 14%) and anxiety (31% vs. 16%); and report recent falls (27% vs. 10%) and fear of falling that limited their ability to stay active (79% vs. 42%).

### DEFINING THE ENORMITY OF THE PROBLEM

Today, 10.2 million seniors – or one in six – may not know from where their next meal will come – a 65% increase since the start of the recession in 2007 and a 119% increase since 2001. In 2014, funding provided through the OAA supported the provision of meals to 2.4 million seniors nationwide. The problem – simply put – is that too few seniors who need meals are getting them, which is contributing to poorer health and increased utilization of much more expensive healthcare options. In fact, a recent Government Accountability Office report found that about 83% of food insecure seniors and 83% of physically-impaired seniors did not receive meals [through the OAA], but likely needed them. The OAA network overall is serving 23 million fewer meals to seniors in need than it was in 2005, which is due in large part to federal funding not keeping pace with inflation or need.



Source: Older Americans Act (OAA) Title III Programs data derived from the AGing Integrated Database (AGID) system, the AGID State Profiles. Full reports available at: [www.agidnet.acl.gov](http://www.agidnet.acl.gov)

## **PRESENTING THE ECONOMIC CASE**

We all know that proper nutrition is essential to one's health and well-being. This is particularly true for seniors, whose health status may be compromised as even a slight reduction in nutritional intake can exacerbate existing health conditions, accelerate physical impairment, and impede recovery from illness, injury or surgery. The *More Than a Meal* study referenced above found that those seniors who received daily home-delivered meals (the traditional Meals on Wheels model of a daily, in-home-delivered meal, friendly visit and safety check), experienced the greatest improvements in health and quality of life. Specifically, between baseline and follow-up, seniors receiving daily home-delivered meals were more likely to exhibit improvements in physical and mental health (including reduced levels of anxiety, feelings of isolation and loneliness and worry about being able to remain at home), and reductions in hospitalizations, falls and the fear of falling. Further, in addition to being a preventative measure for emergency department visits and hospital admissions, investing in Meals on Wheels is also a proven way to reduce hospital readmissions and post-discharge costs. In previous testimony, I have provided the Subcommittee with information relating to the significant reductions in post-discharge costs – some as high as 31% – associated with interventions by Meals on Wheels. I have also shared compelling results from a [2012 Brown University study](#) which showed that investments of \$25 more per senior per year in Meals on Wheels could reduce by 1% the low-care nursing home population, which translates annually to millions of dollars in Medicaid savings alone.

In summary, individuals who need home-delivered and congregate meal services represent our nation's most frail and vulnerable senior population. This is a group with significant health

and social support deficits. The good news is that the infrastructure and cost-effective interventions to support this unique population already exists through the OAA network of 5,000 local, community-based programs.

We certainly understand the difficult decisions with which you and your colleagues are tasked. However, the evidence proves that these programs are not only saving lives and taxpayer dollars every day, but they are effectively reaching our nation's most at-risk seniors and have the capacity to serve significantly more, if properly resourced. When considering the reduction in falls alone, which cost Medicare \$31 billion in direct medical costs in 2015, further investments in OAA Nutrition Programs are an untapped solution that has the potential to produce billions of dollars in savings to the Mandatory side of the budget. Discretionary OAA Nutrition Programs are having a positive impact on Federal spending, as they help prevent and mitigate the effects of chronic disease, improve quality of life, expedite recovery after an illness, injury, surgery or treatment, and reduce unnecessary Medicare and Medicaid expenses both today and in the future. After all, a program can deliver Meals on Wheels to a senior for an entire year for on average the same cost as just one day in the hospital or ten days in a nursing home.

As your Subcommittee crafts and considers the FY 2018 Labor-HHS-Education Appropriations Bill, we ask that you provide, at a minimum, **\$874,637,011 for all three nutrition programs authorized under the OAA (Congregate Nutrition Program, Home-Delivered Nutrition Program and the Nutrition Services Incentive Program)**. Again, we thank you for your leadership and continued support through the appropriations process, as well as the efforts you made to ensure passage of S. 192, the Older Americans Act Reauthorization Act of 2016. We hope our testimony has been instructive and are pleased to offer our assistance and expertise at any time throughout this process.