



October 7, 2016

Committee on Agriculture
U.S. House of Representatives
1301 Longworth House Office Building
Washington, DC 20515

Re: Past, Present and Future of SNAP hearing series

Dear Representatives:

On behalf of Meals on Wheels America, the network of more than 5,000 community-based nutrition programs and the millions of seniors they serve nationwide, we are pleased to submit comments to the Committee regarding the *Past, Present and Future of SNAP* hearing series. We commend Chairman Conaway, Ranking Member Peterson, Chairman Walorski and Ranking Member McGovern, and distinguished Members of the Committee for their leadership and attention to fully assessing our nation's nutrition and hunger safety net for our most vulnerable citizens. We look forward to continuing to work together with you to seek solutions for a future where no senior in America is left hungry or isolated.

As a part of the Committee's hearing series and review of federal nutrition programs authorized by the Farm Bill, Vinsen Faris, a member of our National Board of Directors and then, Executive Director of Meals-on-Wheels of Johnson and Ellis Counties in Texas, had the opportunity to testify before the Subcommittee on Nutrition to discuss the unique social and nutritional needs of seniors 60 years of age and older. Since that time, new data has been released that reinforces that the issue of senior hunger is not only severe, but continues to worsen each year. Today, more than 10 million seniors – or one in six – struggles with hunger.ⁱ This represents a 65% increase since the start of the recession in 2007 and a 119% increase since 2001.ⁱⁱ At the same time, we know that the senior population is rapidly expanding, waiting lists continue to grow, and the need for nutrition services will only escalate further.

Throughout the *Past, Present and Future of SNAP* hearing series, witnesses frequently cited the consequences of hunger and food insecurity and expressed what we all know to be true: without proper nutrition, one's health deteriorates and can inevitably fail. In particular for seniors, even a slight reduction in nutritional intake can exacerbate existing health conditions, accelerate physical impairment, impede recovery from illness, injury and surgery, and increase the risk of chronic disease(s). The effects of hunger are extremely costly – not only in personal terms for the individuals who struggle – but also for our nation in terms of increased healthcare costs.

The Causes, Consequences, and Future of Senior Hunger in America – the first ever assessment of the state of senior hunger in America released in 2008 – found that a senior facing the threat of hunger has the same chance of much more severe activities of daily living (ADL) limitations as someone 14 years older.ⁱⁱⁱ This means there is a large disparity between a senior's actual chronological age and his or her "physical" age, such that a 67 year old senior struggling with hunger is likely to have the ADL limitations of an 81 year old.

Furthermore, findings from a 2015 study entitled *More Than a Meal* – commissioned by Meals on Wheels America, underwritten by AARP Foundation and conducted by Brown University – showed that seniors on Meals on Wheels waiting lists are among our nation’s most at-risk, high need populations when compared to a national representative sample of similarly-aged Americans. Specifically, the seniors included in the study 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%)
- Report recent falls (27% vs. 10%), and fear of falling that limited their ability to stay active (79% vs. 42%)
- Require assistance with shopping for groceries (87% vs. 23%), and preparing food (69% vs. 20%)
- Have health and/or safety hazards both inside and outside the home like higher rates of tripping hazards (24% vs. 10%), and home-construction hazards (13% vs. 7%)^{iv}

In light of the immense vulnerability and array of health and mobility challenges our nation’s seniors face, coupled with the high-cost, high-risk factors they pose to our healthcare system, it is imperative that proven and effective programs designed to meet their nutritional and social needs are further strengthened. At the same time, it is important to recognize that there is not a one-size fits all solution to the problem of senior hunger. There is a wide continuum of need and a variety of federally-supported nutrition programs. Each program is targeted to meet the needs of vulnerable populations along that spectrum while promoting health and wellbeing. For those seniors who are most mobile and may struggle with hunger primarily as a result of limited income and access to affordable foods, the Supplemental Nutrition Assistance Program (SNAP) may serve as the best intervention. In contrast, for those seniors who are hungry as a result of mobility and health challenges and are physically unable to cook or prepare meals, Meals on Wheels may serve as the best intervention. In other cases, it may be a combination of federal and local programs working together to address hunger in the community.

As Congress deliberates the next Farm Bill and considers modifications to the federal nutrition safety net to support vulnerable populations, it is imperative that their unique nutritional and social needs be at the forefront of the process. Any legislative and policy changes should not only enhance nutritional access, but should also assure individual safety, security and health and wellbeing today and into the future.

We must continue to build on the progress being made to ensure that seniors eligible for SNAP are able to access and utilize the support available to maintain their health and quality of life. We must also ensure that proposals, such as the SNAP grocery-delivery pilot, are carefully tested and implemented and that the Commodity Supplemental Food Program (CSFP), which provides monthly food packages from USDA commodities, is funded to not only maintain the current caseloads but to enable nationwide expansion. Currently, CSFP only operates in 47 states, the District of Columbia and two Indian reservations.

This Committee is best positioned to further support and strengthen proven and effective programs serving our most vulnerable seniors and to adopt legislation favoring the bipartisan recommendations outlined in the National Commission on Hunger’s report released in January, *Freedom From Hunger: An Achievable Goal for the United States of America*. The Meals on

Wheels network commends the Commission for acknowledging the evidence that our programs improve the health and quality of life for America's most vulnerable older citizens; and for offering two recommendations urging Congress to work with the Department of Agriculture (USDA) and the Department of Health and Human Services (HHS) to improve nutrition assistance options for people who are disabled or medically at risk. As such, we urge Members of the Committee to consider the following policy priorities and to commit to cross-Committee collaboration, when such recommendations may be outside of this Committee's jurisdiction:

1. Protect and Support Nutritional Access for Seniors via the Supplemental Nutrition Assistance Program (SNAP)

SNAP is our nation's largest federal nutrition program, targeting households at or below 130% of the federal poverty line, or an annual income of \$15,444 for a senior living alone.^v Currently, only about 40% of eligible seniors are enrolled in SNAP^{vi} due to a variety of factors including stigma, misconceptions about the application process, and mobility or access issues, among others. And while notable progress is being made to close the "senior SNAP gap," more can be done. On average, seniors on SNAP access about \$139 a month, however, it can mean the difference between having to choose between meals or prescriptions. In the next Farm Bill, we urge Congress to:

- Ensure SNAP benefits are adequate
- Strengthen SNAP policies that improve senior SNAP participation, such as simplified applications and screening in senior centers and standard medical deductions
- Recognize the statute allowing states' eligibility for surplus or "bonus" commodities through the Older Americans Act (OAA)-authorized Nutrition Services Incentive Program
- Maximize voluntary contributions for home-delivered meals via SNAP, as has been allowed under the law since 1971, by supporting mobile point-of-sale devices for senior nutrition programs similar to pilot tests that have occurred in farmers markets
- Direct USDA to analyze food security rates for all "elderly," not just "elderly living alone" or "households with elderly," in the annual Food Security Report
- Define elderly as "60 and older" for the annual Food Security Report, not 65 and older, which is consistent with other USDA nutrition program definitions for "elderly"

2. Modify Medicare and Medicaid to Meet the Nutritional Needs of Our Most Vulnerable Seniors

As described above, the health consequences of inadequate nutrition are particularly severe for seniors. Proper nutrition, on the other hand, averts unnecessary visits to the emergency room, reduces falls and admissions and readmissions to hospitals. This in turn, saves billions of dollars in Medicare and Medicaid expenses. It is notable that a senior can receive Meals on Wheels for an entire year for about the same cost of *one day* in the hospital or *ten days* in a nursing home.^{vii} Accordingly, we recommend the following:

- Expand Medicare managed care plans to include coverage for home-delivered meals prepared and delivered by a private nonprofit for seniors with physician recommendation
- Expand Medicaid managed care plans to include coverage, with a physician recommendation, for home-delivered meals prepared and delivered by a private nonprofit

for individuals who are too young for Medicare, but who are at serious medical risk or have a disability

- Allow doctors to write billable Medicare and Medicaid “prescriptions” for nutritious and medically-appropriate meals prepared and delivered by a private nonprofit for individuals prior to being discharged from a hospital. Seniors receiving short-term nutrition interventions post-hospital discharge, ranging from a daily hot meal to a combination of different meal types (i.e., lunch, dinner, snack, hot or frozen meals), has resulted in readmission rates of 6-7% as compared to national 30-day readmission rates of 15%-34% ^{viii}

The time to act is now, especially given the magnitude of the senior hunger problem coupled with continued demographic shifts resulting in a rapidly aging population. The good news is that the infrastructure already exists to meet vulnerable, food insecure seniors across a continuum of need, through successful programs currently administered through USDA and the HHS, if properly resourced. These federal nutrition programs support a broad spectrum of seniors—from the most mobile, who are able to shop for and/or prepare their own meals, and those who can socialize, exercise and eat nutritious meals together in congregate or group settings with minimal assistance, to those who are the least mobile, who are homebound and depend on that daily nutritious meal, friendly visit and safety check – that *more than a meal* service – from their local Meals on Wheels program. Together, this safety net is working to ensure that low income and at-risk seniors have access to proper nutrition that promotes health, independence and quality of life. Ensuring that no senior in need struggles with hunger and isolation is not only an investment in our nation’s fiscal future, but it is also a preventative prescription for significantly reducing Medicare and Medicaid expenditures.

Again, I want to sincerely thank Chairman Conaway and Ranking Member Peterson, as well as Subcommittee Chairman Walorski and Ranking Member McGovern, for your bipartisan commitment to finding solutions to end hunger in America. As the Committee moves forward to craft and consider the next Farm Bill, I urge you to be mindful that you have the ability to address the growing and unmet need for nutrition services and increase the number of nutritious meals we can serve to seniors today. This is an issue that is not only within our reach to solve, but is also a moral, social and economic imperative.

Thank you for your continued support and for the opportunity to submit our comments. We are also pleased to offer our assistance and expertise as you move forward in your process.

Sincerely,



Ellie Hollander
President and CEO

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- ⁱ Ziliak, J., & Gunderson, C. (2016, June). Supplement- The State of Senior Hunger in America 2014: An Annual Report. Retrieved from www.nfesh.org/wp-content/uploads/2013/03/NFESH_2016_Report-Supplement_030816.pdf.
- ⁱⁱ Ziliak, J., & Gunderson, C. (2016, June). Supplement- The State of Senior Hunger in America 2014: An Annual Report. Retrieved from www.nfesh.org/wp-content/uploads/2013/03/NFESH_2016_Report-Supplement_030816.pdf.
- ⁱⁱⁱ Ziliak, J., & Gunderson, C. (2008, March). The Causes, Consequences, and Future of Senior Hunger in America. Retrieved from www.mowaa.org/document.doc?id=13.
- ^{iv} Thomas, K., & Dosa, D. (2015, March). More Than a Meal. Retrieved from: www.mealsonwheelsamerica.org/MTAM.
- ^v United States Department of Agriculture. FY 2016 Income Eligibility Standards. Retrieved from www.fns.usda.gov/snap/eligibility.
- ^{vi} United States Department of Agriculture. Trends in Supplemental Nutrition Assistance Program Participation Rates: Fiscal Year 2010 to Fiscal Year 2013. Retrieved from www.fns.usda.gov/sites/default/files/ops/Trends2010-2013.pdf.
- ^{vii} Meals on Wheels America. United States Fact Sheet (2016, March). Retrieved from www.mealsonwheelsamerica.org/docs/default-source/fact-sheets/2012/sources-and-methods-for-2016-national-and-state-fact-sheets.pdf?sfvrsn=2.
- ^{viii} Meals on Wheels America. (2016, January). Comments on Proposed Discharge Planning Rule for Hospitals, Critical Access Hospitals, and Home Health Agencies (80 Fed. Reg. 68126).