

Outside Witness Testimony U.S. House of Representatives Committee on Appropriations Subcommittee on Labor, Health and Human Services, Education and Related Agencies

Regarding: Administration for Community Living Fiscal Year 2020 Appropriations Submitted by: Ellie Hollander, President and CEO, Meals on Wheels America April 8, 2019

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

Thank you for the opportunity to present testimony concerning Fiscal Year (FY) 2020 appropriations for the Older Americans Act (OAA) Nutrition Program, administered by the Administration for Community Living's (ACL) Administration on Aging within the U.S. Department of Health and Human Services. I am submitting this statement on behalf of Meals on Wheels America, the network of thousands of community-based senior nutrition programs operating throughout the country and the nearly 2.4 million seniors who receive these essential congregate and home-delivered nutrition services. We are grateful for the ongoing support that the Subcommittee has shown for this program, which improves the health and wellbeing of older adults by preventing and combatting hunger and social isolation. The recent appropriations increases of \$59 million in FY 2018 and \$10 million in FY 2019 provided a needed investment in our nation's aging service and support network.² However, current funding levels are still insufficient to keep pace with demand due to a growing senior population, rising costs of inflation and existing unmet need. In FY 2020, we urge you to build on the longstanding bipartisan, bicameral support for the OAA Nutrition Program by funding the program at a total of \$997,428,000 – an increase of \$90.7 million over FY 2019 levels. Our specific line-item requests are:

- Congregate Nutrition Services (Title III C-1) \$522,544,000
- **Home-Delivered Nutrition Services** (Title III C-2) \$305,747,000
- **Nutrition Services Incentives Program** (NSIP) (Title III) \$169,137,000

Since its inception in 1965, the OAA has been the primary piece of legislation supporting vital services and supports for older adults and their caregivers, with congregate and homedelivered services being the only federal programs designed to meet both the social and nutritional needs of our nation's seniors at greatest risk of hunger and isolation. For decades, the OAA Nutrition Program has provided nutritious meals, friendly visits, safety checks and community connections to older adults, consequently improving countless lives and saving considerable taxpayer dollars. This effective public-private partnership has not only withstood the test of time, but has established itself to be a trusted program – at the community and national levels – that enables seniors to age in place.

Despite the OAA Nutrition Program's efficacy and broad support from the public, policymakers and seniors themselves, the community-based nutrition providers that offer OAA services face a myriad of financial challenges. Such constraints have inhibited the growth of the program and diminished its reach despite a period of unprecedented growth in the older adult population.

Greater investments must be made in community-based programs like Meals on Wheels, as they comprehensively address the issues of senior hunger, isolation and loss of independence by delivering so much more than just a meal. If properly funded, the OAA Nutrition Program would reach more of our nation's most vulnerable and frail seniors – the five percent of seniors who account for 41% of annual traditional Medicare spending – preventing unnecessary hospital emergency department visits, admissions and readmissions and other costly healthcare expenditures, like premature placement in nursing homes.³ Therefore, we respectfully ask that you give our appropriations request and the supporting justification your greatest consideration throughout the FY 2020 appropriations process.

Insufficient Federal Funding Threatens a Growing Number of Seniors

Nearly nine million seniors (14%) face the threat of hunger and approximately 17 million seniors (24%) live alone, placing them at greater risk of the harmful health effects of social isolation.^{4,5} Food insecure older adults tend to have worse health outcomes than food secure seniors, with greater risk for heart disease, depression and decline in cognitive function and mobility.⁶ Feelings of loneliness are associated with negative health effects comparable to smoking 15 cigarettes per day.⁷ Despite the well-founded understanding of the relationship between healthy aging and access to nutritious food and regular socialization, millions of seniors struggle to meet these basic human needs.

While the OAA Nutrition Program plays a fundamental role in addressing the prevalent issues of senior hunger and isolation, federal funding for the program has fallen behind with respect to demographic shifts and inflation. Despite appropriations increases in FY 2018 and 2019, total funding for OAA programs – of which the Nutrition Program makes up the largest share (44%) – amounts to an average annual increase of only one percent since 2001, and since 2011 has failed to keep pace with the growing age 60+ population. Adjusting for inflation, funding for the OAA Nutrition Program decreased by \$80 million (8%) between FY 2001 and 2019.

The long-term inadequate funding for the OAA Nutrition Program has caused a wide gap between seniors served and those who need services but are not receiving them. A 2015 Government Accountability Office study revealed that 8 out of 10 low-income, food insecure seniors do not receive the OAA nutrition services that they likely need. Additionally, approximately 21 million fewer meals were served in 2017 than in 2005, as made evident by the waitlists for seniors seeking to receive meals that exist in communities nationwide. In the absence of significant future appropriations increases, the consequences of funding deficits will undoubtedly worsen, especially as the senior population is set to double by 2060.

Serving Those with the Greatest Social and Economic Need

Despite the substantial unmet need for services, the OAA Nutrition Program provided over 1.5 million congregate meals and nearly 900,000 home-delivered meals to 2.4 million seniors in 2017. The OAA exists to support seniors in the greatest social and economic need, and as such, effectively targets services and limited financial resources accordingly. For many seniors participating in the program, staff members or peers at a congregate dining facility or a volunteer delivering Meals on Wheels may be the only individual(s) she or he sees that day, and the meal may account for the majority of her or his daily food intake.

The profile of clients receiving home-delivered meal services reveals the high degree of vulnerability among recipients:

- 79% are age 75 and older
- 69% are women
- 35% live at or below poverty level
- 59% live alone

- 25% live in rural areas
- 15% are veterans
- 28% are a racial and/or ethnic minority
- 82% take 3 or more medications daily¹¹

Additionally, about 74% of congregate nutrition program clients and 80% of home-delivered meal clients have at least one chronic condition. Fortunately, the vital services financed by the OAA Nutrition Program allow seniors with these risk factors to remain safer, healthier and less isolated in their own homes and communities.

The Solution Exists

With public spending on healthcare rising steeply each year – attributable in part to a rapidly growing senior population with complex health needs – it is imperative that we invest in cost-effective programs that promote health and reduce healthcare utilization.

The results of a 2015 study commissioned by Meals on Wheels America found that seniors on waitlists for nutrition services who received a 15-week intervention of daily home-delivered meals were more likely to report improvements in mental health, self-rated health and feelings of

isolation and loneness, as well as reduced rates of falls and decreased concerns about their ability to remain in their home when compared to baseline.¹³ In a more recent study, home-delivered meal participants from a sample of older adults dually eligible for Medicare and Medicaid were observed to experience fewer emergency department visits and lower healthcare spending than the non-participant controls, suggesting the program's potential to reduce healthcare costs among the most vulnerable patients.¹⁴

The infrastructure and cost-effective interventions to support this unique population already exist through the OAA network of more than 5,000 local, community-based programs, which has the capacity to serve significantly more seniors, if provided more funding to do so.

Delivering a Strong Return on Investment for Our Nation

We understand the challenging decisions you are responsible for making in the coming months with respect to the federal budget; however, we are asking for a \$90.7 million increase for the OAA Nutrition Program because of the strong return it delivers to seniors and taxpayers alike. While spending on Medicare and Medicaid continues to rise, a senior can receive Meals on Wheels for a whole year for less than the cost of one day in the hospital or ten days in a nursing home, allowing her or him to remain in their home with comfort and dignity and helping to drive down preventable healthcare expenditures.¹⁵

As the Subcommittee develops a Labor-HHS-Education appropriations bill for FY 2020, we ask that you provide, at a minimum, \$997,428,000 for the OAA Nutrition Program. As additional evidence of support for this increase, over 130 Representatives signed onto a bipartisan Dear Colleague letter on March 28, 2019 calling for matching line-item funding levels. Again, we thank you for your leadership, continuous support and consideration, and we are pleased to offer our assistance and expertise at any time throughout the appropriations process.

- ⁴ Ziliak & Gunderson. *The State of Senior Hunger in America 2016*, a report prepared for Feeding America and The National Foundation to End Senior Hunger (Chicago, IL: Feeding America, May 2018), available at https://www.feedingamerica.org/sites/default/files/research/senior-hunger-research/state-of-senior-hunger-2016.pdf
- ⁵ Administration for Community Living (ACL) Aging Integrated Database (AGID), Data Source: *American Community Survey (ACS) Demographic Data 2004-2017*, available at https://agid.acl.gov/DataGlance/ACS/
- ⁶ Ziliak & Gundersen, *The Health Consequences of Senior Hunger in the United States: Evidence from the 1999-2014 NHANES*, a report prepared for Feeding America and the National Foundation to End Senior Hunger (Chicago, IL: Feeding America, August 2017), available at https://www.feedingamerica.org/sites/default/files/research/senior-hunger-research/senior-health-consequences-2014.pdf
- ⁷ Holt-Lunstad et al., *Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review.* Perspectives in Psychological Science (Vol. 10(2): 227-237; 2015), abstract available at https://www.ncbi.nlm.nih.gov/pubmed/25910392
- ⁸ AARP Public Policy Institute, *Spotlight 34: Older Americans Act* (Washington, DC: AARP Public Policy Institute, February 2019), available at https://www.aarp.org/content/dam/aarp/ppi/2019/02/older-americans-act.pdf
- ⁹ U.S. Government Accountability Office (GAO), *Older Americans Act: Updated Information on Unmet Need for Services* (Washington, DC: GAO, June 2015), available at https://www.gao.gov/products/GAO-15-601R
- ¹⁰ U.S. Census Bureau, 2014 National Population Projections Tables, Table 9: Projections of the Population by Sex and Age for the United States: 2015 to 2060, available at https://www.census.gov/data/tables/2014/demo/ popproj/2014-summary-tables.html
- ¹¹ Mabli et al., Evaluation of the Effect of the Older Americans Act Title III-C Nutrition Services Program on Participants' Food Security, Socialization, and Diet Quality, report prepared for Administration for Community Living by Mathematica Policy Research (Cambridge, MA: Mathematica Policy Research, April 2017), available at https://acl.gov/sites/default/files/programs/2017-07/AoA outcomesevaluation final.pdf
- ¹² Mabli et al., Evaluation of the Effect of the Older Americans Act Title III-C Nutrition Services Program on Participants' Health Care Utilization, report prepared for Administration for Community Living by Mathematica Policy Research (Cambridge, MA: Mathematica Policy Research, September 2018), available at https://acl.gov/sites/default/files/programs/2018-10/NSPevaluation healthcareutilization.pdf
- ¹³ Thomas & Dosa, *More Than a Meal Pilot Research Study*, report commissioned by Meals on Wheels America, (Arlington, VA: Meals on Wheels America, 2015), available at https://www.mealsonwheelsamerica.org/docs/default-source/News-Assets/mtam-full-report---march-2-2015.pdf?sfvrsn=6
- ¹⁴ Berkowitz et al. *Meal Delivery Programs Reduce the Use of Costly Health Care in Dually Eligible Medicare and Medicaid Beneficiaries*. Health Affairs (Vol. 37(4): 535-542; 2018), abstract available at https://www.healthaffairs.org/doi/10.1377/hlthaff.2017.0999
- ¹⁵ Meals on Wheels America, *National Fact Sheet: Delivering So Much More than Just a Meal* (Arlington, VA: Meals on Wheels America, 2018), available with sources and methods at https://www.mealsonwheelsamerica.org/learn-more/facts-resources
- ¹⁶ Letter from 130 Members of the U.S. House of Representatives to Chairwoman DeLauro and Ranking Member Cole, Subcommittee on Labor-HHS-Education, House Appropriations Committee, March 28, 2019, available at https://www.mealsonwheelsamerica.org/docs/default-source/advocacy/advocacy/legislative-action/fy20-oaa-title-iii-final.pdf?sfvrsn=78c2b83b 2

¹ Administration for Community Living (ACL) Aging Integrated Database (AGID), Data Source: *State Program Reports* (SPR) 2005-2017, available at https://agid.acl.gov/DataGlance/SPR/

² Consolidated Appropriations Act of 2018, Pub. L. 115-141; Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019, Pub. L. 115-245

³ Medicare Payment Advisory Commission (MedPAC), *Data Book: Health Care Spending and the Medicare Program* (Washington, DC: MedPAC, June 2016), available at http://www.medpac.gov/docs/default-source/data-book/june-2016-data-book-health-care-spending-and-the-medicare-program.pdf