



**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, United States Senate
Relating to Fiscal Year 2018 Appropriations, Administration for Community Living**

June 2, 2017

Dear Chairman Blunt, Ranking Member Murray 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 services, including the recent \$3 million increase provided for OAA Nutrition Programs in the [Consolidated Appropriations Act of 2017](#) signed into law last month. For FY 2018, we reiterate our plea that you continue to build on the bipartisan, bicameral support that exists and, at a minimum, fund OAA Nutrition Programs at the levels authorized under the Older Americans Act Reauthorization Act ([Public Law No: 114-144](#)), as unanimously approved in the Senate last year. Those levels equate to a total of \$874,637,011, and the individual line items 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 nutritious meals 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 nourishing 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 healthier and more 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 by helping to bend the cost curve on the mandatory side of the budget.

SERVING THE MOST VULNERABLE

For nearly five decades in communities large and small, rural and urban, 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 in their own homes. They are primarily women, age 76 or older, who live alone. Additionally, they have multiple chronic conditions, take six or more daily medications, 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, high-need and invariably 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:

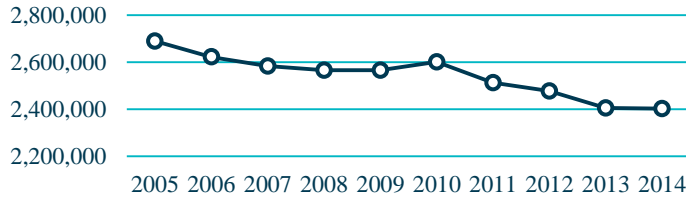
- Report poorer self-rated health (71% vs. 26%);
- Screen positive for depression (28% vs. 14%) and anxiety (31% vs. 16%);
- Report recent falls (27% vs. 10%) and fear of falling that limited their ability to stay active (79% vs. 42%); and
- Require assistance with shopping for groceries (87% vs. 23%) and preparing food (69% vs. 20%).

DEFINING THE ENORMITY OF THE PROBLEM

Today, [10.2 million seniors](#), or one in six, struggles with hunger – a 65% increase since the start of the recession ten years ago and a 119% increase since 2001. In 2014, funding provided through the OAA supported the provision of meals to 2.4 million seniors nationwide, while the [President's FY 2018 budget request](#) would reduce that number to 2.3 million seniors. The problem – simply put – is worsening year after year, and too few seniors who need meals are getting them. In fact, a 2015 [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 demand. As a result, waiting lists are mounting in every state, and one in four Meals on Wheels programs report having a waiting list, with an average of 200 seniors and growing. The graphs on the following page illustrate this highly troubling trend.

Total Seniors Served by OAA Nutrition Programs

The number of seniors served by the Older Americans Act has declined by 286,000+



Total Meals Served by OAA Nutrition Programs

The number of meals served by the Older Americans Act has declined by 22.6+ million



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

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, for whom even a slight reduction in nutritional intake can exacerbate existing health conditions, accelerate physical impairment, and impede recovery from illness, injury and/or surgery. For example, [*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 at risk of hunger has the same chance of much more severe activities of daily living (ADL) limitations as someone 14 years older. 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.

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 the low-care nursing home population by 1%, which translates annually to millions of dollars in Medicaid savings alone.

INVESTING IN A PROVEN, COST-EFFECTIVE MODEL

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 exist through the OAA network of 5,000 local, community-based programs.

We well understand the difficult decisions with which you and your colleagues are tasked. However, the evidence demonstrates that these programs are saving lives and taxpayer dollars every day. They are effectively reaching 2.4 million of our nation's most at-risk seniors today, and they have the capacity to serve significantly more who desperately need it, 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 but readily available solution with the potential to produce billions of dollars in savings to the mandatory side of the budget. These programs represent only one-sixth of 1% of the entire non-defense discretionary budget, yet they are delivering a significant social and economic return on investment, 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, about the same or lower 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.