



**Outside Witness Testimony**  
**U.S. Senate 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**  
**June 3, 2019**

Dear Chairman Blunt, Ranking Member Murray, 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 (HHS). 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 2.4 million seniors who receive these essential congregate and home-delivered nutrition services.<sup>1</sup>

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. While recent appropriations increases in FY 2018 and FY 2019 have provided a needed investment in our nation's aging service and support network, the fact remains that 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 **\$1 billion** – an increase of \$93 million (10%) over FY 2019 levels. This is the amount passed by the House Committee on Appropriations last month, and we ask that you provide this same level of funding in the Senate's FY 2020 Labor-HHS-Education Appropriations Bill. Specific line-item requests are:

- **Congregate Nutrition Services** (Title III C-1) – \$525,000,000
- **Home-Delivered Nutrition Services** (Title III C-2) – \$305,000,000
- **Nutrition Services Incentives Program (NSIP)** (Title III) – \$170,000,000

Since 1965, the OAA has been the primary piece of legislation supporting vital services and supports for older adults age 60 and older and their caregivers, with congregate and home-delivered 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 public-private partnership has not only withstood the test of time, but has established itself as a highly effective and trusted program that enables seniors to live longer in their homes, where they want to be.

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 program's

ability to expand 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 – such as the costliest five percent of beneficiaries who account for 42% of Medicare fee-for-service spending – preventing unnecessary healthcare expenditures like emergency department visits, hospital admissions and readmissions, and premature placement in institutionalized care.<sup>2</sup>

### **Insufficient Federal Funding Threatens a Growing Number of Seniors**

Nine and a half million seniors (13%) face the threat of hunger and approximately 17 million seniors (24%) live alone, placing them at greater risk of the harmful health effects of food insecurity, malnutrition and social isolation.<sup>3,4</sup> Food insecure older adults have worse health outcomes than those who are food secure, with increased risk for heart disease, depression and decline in cognitive function and mobility.<sup>5</sup> Negative health effects associated with social isolation are comparable to those of smoking 15 cigarettes per day.<sup>6</sup> 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. Even with appropriations increases in FY 2018 and 2019, total funding for all 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.<sup>7</sup> Adjusting for inflation, funding for the OAA Nutrition Program decreased by \$80 million (8%) between FY 2001 and 2019.<sup>7</sup>

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 Government Accountability Office study revealed that 83% of low-income, food insecure seniors do not receive the meals that they likely need.<sup>8</sup> And, approximately 21 million fewer meals were served in 2017 than in 2005, while waitlists for seniors seeking meals continue to mount in communities nationwide.<sup>1</sup> In fact, results from a national survey we fielded to our Membership indicate that almost half of senior nutrition programs report a waitlist for meals (for those programs allowed to keep one) and that the overwhelming majority cite lack of funding as the reason. In the absence of significant future appropriations increases, the consequences of funding deficits will undoubtedly worsen, especially as the senior population is projected to reach over 118 million by 2060.<sup>9</sup>

### **Serving Those with the Greatest Social and Economic Need**

To address the growing demand for services, the OAA Nutrition Program provided 220 million congregate and home-delivered meals in 2017.<sup>1</sup> The OAA exists to support seniors in the greatest social and economic need, and as such, effectively targets these nutrition services with limited financial resources. For many seniors participating in the program, staff members and 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 received often accounts for the majority of her or his food intake for the day.

The profile of clients receiving home-delivered meal services reveals a high degree of vulnerability:

- 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 daily<sup>10</sup>

Additionally, about 74% of congregate nutrition program clients and 80% of home-delivered meal clients have at least one chronic condition.<sup>11</sup> 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 loneliness, as well as reduced rates of falls and decreased concerns about their ability to remain in their home, when compared to baseline.<sup>12</sup> 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.<sup>13</sup>

The majority of seniors receiving OAA nutrition services experience positive results. Home-delivered meal clients, in particular, self-report improved nutritional intake, health and independence due to their participation, saying that the meals help them:

- Eat healthier food (79%)
- Improve health (82%)
- Stay in their own home (92%)
- Feel better (89%)<sup>14</sup>

Fortunately, the infrastructure and cost-effective interventions to support this unique population by promoting and maintaining their health and independence 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 **\$93 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 approximately the same cost or less as 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.<sup>15</sup> As such, we also urge the Senate to adopt a bipartisan budget agreement that would raise the overall spending limits so that critical non-defense discretionary programs, such as congregate and home-delivered meals, do not face the devastating threat of sequestration.

As the Subcommittee develops a Labor-HHS-Education Appropriations Bill for FY 2020, we ask that you provide, at a minimum, \$1 billion for the OAA Nutrition Program. As additional evidence of support for this increase, 39 Senators signed onto a bipartisan Dear Colleague letter on April 12, 2019 calling for an overall 12% increase above FY 2019 levels to all OAA programs.<sup>16</sup> Again, we thank you for your leadership, continued support and consideration and are pleased to offer our assistance and expertise at any time throughout the appropriations process.

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<sup>1</sup> 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/>

<sup>2</sup> Medicare Payment Advisory Commission (MedPAC), *Data Book: Health Care Spending and the Medicare Program* (Washington, DC: MedPAC, June 2018), available at [http://www.medpac.gov/docs/default-source/data-book/jun18\\_databookentirereport\\_sec.pdf?sfvrsn=0](http://www.medpac.gov/docs/default-source/data-book/jun18_databookentirereport_sec.pdf?sfvrsn=0)

<sup>3</sup> Ziliak & Gunderson. *The State of Senior Hunger in America 2017*, a report prepared for Feeding America (Chicago, IL: Feeding America, May 2019), available at [https://www.feedingamerica.org/sites/default/files/2019-05/state-of-senior-hunger-2017\\_full-report.pdf](https://www.feedingamerica.org/sites/default/files/2019-05/state-of-senior-hunger-2017_full-report.pdf)

<sup>4</sup> ACL, AGID, Data Source: *American Community Survey (ACS) Demographic Data 2004-2017*, available at <https://agid.acl.gov/DataGlance/ACS/>

<sup>5</sup> 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>

<sup>6</sup> Hold-Lunstad, Smith & Layton, *Social relationships and mortality risk: a meta-analytic review*. PLoS Medicine (Vol. 7(7): e1000316; 2010), available at <https://www.ncbi.nlm.nih.gov/pubmed/20668659>

<sup>7</sup> 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>

<sup>8</sup> 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>

<sup>9</sup> U.S. Census Bureau, *2017 National Population Projections Tables, Table 3: Projected 5-Year Age Groups and Sex Composition of the Population, Projection for the United States 2017-2060*, available at <https://www.census.gov/content/census/en/data/tables/2017/demo/popproj/2017-summary-tables.html>

<sup>10</sup> 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](https://acl.gov/sites/default/files/programs/2017-07/AoA_outcomesevaluation_final.pdf)

<sup>11</sup> 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](https://acl.gov/sites/default/files/programs/2018-10/NSPEvaluation_healthcareutilization.pdf)

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<sup>12</sup> 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>

<sup>13</sup> 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>

<sup>14</sup> ACL, AGID, Data Source: *National Survey of OAA Participants, 2017*, available at <https://agid.acl.gov/CustomTables/>

<sup>15</sup> 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>

<sup>16</sup> Letter from 39 Senators to Chairman Blunt and Ranking Member Murray, Subcommittee on Labor-HHS-Education, House Appropriations Committee, April 12, 2019, available at [https://www.mealsonwheelsamerica.org/docs/default-source/advocacy/senate\\_oaa\\_dear-colleague\\_fy20.pdf?sfvrsn=796fb83b\\_2](https://www.mealsonwheelsamerica.org/docs/default-source/advocacy/senate_oaa_dear-colleague_fy20.pdf?sfvrsn=796fb83b_2)