



Statement for the Record
Submitted to the Special Committee on Aging
United States Senate

Hearing on
“The Older Americans Act: Protecting and Supporting Seniors as they Age”
May 8, 2019

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Chairman Collins, Ranking Member Casey, and Members of the Committee:

On behalf of Meals on Wheels America, the national nonprofit membership organization that supports the network of 5,000 congregate and home-delivered nutrition programs and the millions of seniors who rely on them as a lifeline, thank you for holding this important hearing. We applaud your leadership in seeking to reauthorize and strengthen the Older Americans Act (OAA), and appreciate the opportunity to submit this statement for the hearing record.

Each day, community-based senior nutrition programs are leading the fight to improve senior health by combatting hunger and isolation. The combination of nutritious meals, companionship and other person-centered support services provided to our nation's most vulnerable seniors is made possible by the federal funding and support authorized by the OAA. This foundational and successful legislation not only delivers a strong social and economic return on investment for the individuals it serves, but also to taxpayers by helping seniors avert unnecessary hospitalizations and premature nursing home placement often paid for through Medicare and Medicaid. In fact, we can provide Meals on Wheels to a senior for an entire year for the same cost or less than one day in a hospital or ten days in a nursing home.¹

The Older Americans Act: A Lasting Legislative Achievement

Since 1965, the OAA has been the primary piece of federal legislation supporting vital nutrition services and supports for adults age 60 and older, as well as their families and caregivers. While the law has grown and evolved over the years since its enactment, its purpose remains the same: create a strong national aging network that offers social services and other essential supports to seniors in their communities.

As you know, the OAA established the Administration on Aging (AoA) and is led by the Assistant Secretary for Aging. The AoA, within the U.S. Department of Health and Human Services' Administration for Community Living (ACL), is tasked with supporting older adults and persons with disabilities in order to maintain their health and to keep them living safely and independently in their homes and communities. At the state and local levels, programs and activities are carried out by 56 state agencies, over 600 area agencies on aging and thousands of community-based organizations that are in the field, personally interacting with seniors and their caregivers daily.

Of the seven titles that comprise the OAA, Title III – Grants for State and Community Programs – is the largest and provides grants to states to help carry out a variety of supportive services and health promotion programs for older adults and their caregivers. The largest of these programs is the Title III-C Nutrition Program, which includes congregate and home-delivered nutrition services. The OAA Nutrition Program is the only federal program that is designed specifically to meet both the nutritional and social needs of older adults, and it accounts for over 40% of all OAA appropriated funding in FY 2019. The stated purpose of the program is “to reduce hunger and food insecurity, to promote socialization of older individuals, to promote the health and well-being of older individuals by...access to nutrition.” The OAA Nutrition Program fulfills these objectives day-in and day-out, and in 2017 helped the senior nutrition network deliver on that promise to 2.4 million seniors.²

Furthermore, the OAA Nutrition Program exemplifies a model public-private partnership. Nationally, funding from the OAA accounts for 38% of the total spending to deliver nutritious

meals, safety and wellness checks, and friendly visits to our country's most at-risk seniors. The remaining proportion comes from state and/or local sources, private donations from foundations, corporations and individuals, and federal block grants. These community-based programs also mobilize an army of millions of volunteers, who provide billions of dollars of in-kind contributions to support daily operations.

Despite this clear success, the fact remains that too many seniors who need nutritious meals are not currently receiving them, largely due to lack of funding. That is why it is imperative that any modifications made through the reauthorization process must be focused on improving the OAA's ability to reach more seniors and serve them better.

The Older Americans Act: Its Role in Addressing Senior Hunger and Isolation

The reality of senior hunger and isolation is sobering. Nationwide, nearly 9 million seniors struggle with hunger – representing an increase of almost 90% since 2001 – and often face choosing between eating or paying for medication or rent.³ Almost 17 million seniors (24%) live alone, leaving them at risk for a multitude of negative health outcomes associated with food insecurity, malnutrition and social isolation.⁴

Food insecure older adults experience worse health outcomes than food secure seniors, with greater risk for heart disease, depression, decline in cognitive function and mobility.⁵ The economic burden of senior malnutrition alone costs \$51 billion annually, while senior falls account for \$50 billion in medical costs.^{6,7} Feelings of loneliness, in particular, are associated with negative health effects comparable to smoking 15 cigarettes per day.⁸ Despite the proven, inextricable link between healthy aging and access to nutritious food and regular socialization, millions of seniors struggle to meet these basic human needs.

The good news is that the infrastructure and solutions already exist to address these consequences through the OAA Nutrition Program. It just needs to be properly resourced to scale to meet the growing need of a highly vulnerable population, the majority of whom face challenges in living independently at home due to advanced age, physical or cognitive impediments to activities of daily living, one or more multiple chronic conditions, and/or multiple medications use.^{9,10}

The impact of Meals on Wheels and congregate programs on the lives of seniors is powerful. The majority of seniors receiving OAA nutrition services consistently report that participating in the program helps them to feel healthier, safer and more independent. Specifically, home-delivered meal clients overwhelmingly self-report positive results of participating, saying that the meals help them:

- Eat healthier food (79%)
- Improve health (82%)
- Stay in their own home (92%)
- Feel better (89%)¹¹

Additionally, a pilot research study commissioned by Meals on Wheels America in 2015 found that seniors who had been on waitlists for Meals on Wheels and who participated in a daily home-delivered meal intervention were more likely to report: improved mental and self-rated health; reduced feelings of isolation and loneliness; fewer rates of falls; and decreased

concerns about their ability to remain in their home compared to baseline.¹² In a more recent study on the results of home-delivered meal program participation, a sample of older adults who were dually eligible for Medicare and Medicaid and received home-delivered meals had fewer emergency department visits and lower healthcare spending than the nonparticipants, suggesting the program's potential to reduce healthcare costs among the most vulnerable patients.¹³

These positive outcomes, both self-reported and objectively measured, demonstrate the ability to help avoid preventable emergency room visits and hospital admissions and readmissions, extended stays in rehab, and premature institutionalization, ultimately reducing our nation's healthcare costs.

But above all, the importance of these services can be best expressed by those who use them. Seniors like Richard, who is 86 years old and lost his leg as a result of a car accident. Although unable to stand and cook for himself, he has wheelchairs and devices to assist him at home, where he has lived since 1998. Richard admits feeling lonely as his children live several states away, his sister with whom he was close has passed away and his brother is in declining health. The nutrition, companionship and safety checks are crucial for Richard. As he states, "Without Meals on Wheels I would be in a rest home, and I ain't going to a rest home because I have been very independent my whole life."

And for seniors like Ruth, who lives alone on a narrow street. She recalls a day last winter when she wondered how the van that picks her up for dialysis appointments would make it down her street with the snow. Her Meals on Wheels volunteer reached out to the police to ask for their help in getting her safely out of her home and into the van. Ruth said, "I thought my life depended on dialysis, but that day – my life depended on Meals on Wheels and their kind and dedicated volunteers. I'll never forget them."

Simply put, were it not for Meals on Wheels and its dedicated volunteers, millions of seniors across the country would be hungry and disconnected from their communities. Sadly, for the seniors who are eligible but not currently able to receive meals, this is their reality.

The Older Americans Act Reauthorization: An Opportunity to Serve More in Need and Save Taxpayer Dollars

Reauthorization provides an important legislative opportunity to evaluate the Act's programs and services and build upon the improvements made in the past. Since its inception, the OAA Nutrition Program has provided billions of meals to seniors in need, improved countless lives and saved considerable taxpayer dollars.

While this program has worked precisely as it was designed to for decades for those it has been able to serve, it has consistently been unable to reach all in need of its services. A 2015 Government Accountability Report found that 83% of low income, food insecure older adults are not receiving the congregate or home-delivered meals for which they are eligible and likely need.¹⁴ More than half of our Meals on Wheels programs report currently managing waitlists for seniors in need of OAA nutrition services—likely an underrepresentation of the true need nationwide as not all programs maintain or are allowed to keep them. Additionally, the most socially-isolated seniors in the community may be extremely challenging to identify and reach

and are often completely disconnected from the nutrition, social and even medical services they need. All to say, there is a growing and grave chasm between those in need and those being served.

One senior struggling with hunger and/or the devastating effects of isolation is far too many. With these issues being pervasive in American communities and additional challenges fast-approaching with the growth in our senior population, there is no time to wait for action. The population of adults age 60 and older is projected to nearly double by 2060; yet the number of meals and seniors we are able to serve nationwide is decreasing.¹⁵ Nearly 21 million fewer meals were served in 2017 than in 2005, and hundreds of thousands of fewer seniors were served by this vital program and therefore unable to benefit from the additional services it provides.² These declining figures are primarily attributable to stagnant federal funding levels, which have failed to keep pace with demographic shifts, growing demand, and the rising costs of food, transportation and other expenses.

Such a large gap between the number of seniors who could benefit from these nutrition and social services and the actual number receiving them indicates the need to improve and increase our network's capacity to serve more seniors. With steeply rising public spending on healthcare – attributable in part to a rapidly growing senior population with complex and often multiple chronic health conditions – it is imperative that we invest in cost-effective community-based programs, like Meals on Wheels, which promote health and quality of life and reduce healthcare utilization. As such, we urge Congress to keep a strong and on-time reauthorization of the OAA a priority to support local nutrition providers as they work tirelessly to meet the unmet needs of seniors in their communities today and to evolve to adequately serve those in the years to come.

The Older Americans Act Reauthorization: Recommendations

Making certain that the federal support and funding levels for community-based senior nutrition programs are secure is of utmost importance. The OAA – including Title III-C of the Act – must continue to be robust, successful and fulfill its purpose. While the need for far greater federal funding is the key to serving more seniors, there are opportunities to ease administrative burdens and expand our insight into the performance and operations of the OAA at all levels.

As such, in this reauthorization we recommend modifying the Act to:

- Increase total authorization levels to a baseline of \$2.5 billion (23% increase) and double the authorization amounts over the next five years
- Provide clarity and guidance for authority to transfer funds between Title III-C1 (Congregate Nutrition Services) and Title III-C2 (Home-Delivered Nutrition Services)
- Ensure all funds transferred from Title III-C to Title III-B (Supportive Services) be directed to supportive services for recipients receiving congregate or home-delivered meals
- Direct assessment and evaluation of Title III-C per meal reimbursement rates at state and regional levels

- Prioritize additional authorized funding levels or other incentives for medically-tailored, culturally-sensitive meals and geographically-underserved areas where there is sufficient demand in a community to warrant such special needs
- Give first consideration to eligible private and public nonprofits serving vulnerable and older adult populations to receive grant awards and/or enter into contracts to carry out the provision of nutrition services under Title III-C
- Capture additional data, including unmet need, and invest in evidence-based aging services research, evaluations and innovations
- Reinforce how the OAA Nutrition Program – the only federally-supported program designed specifically to meet the social and nutritional needs of seniors – is delivering so much more than a meal

Finally, we would like to acknowledge the strong bipartisan, bicameral support for providing an increase to federal OAA funding in FY 2020. Almost forty Senators, including several from this Committee, signed on to a letter led by Senator Sanders calling for an increase of 12% above FY 2019 levels for these programs in the next fiscal year. The House Committee on Appropriations passed a FY 2020 Labor, Health and Human Services, Education Bill that proposes a 10% (\$93 million) increase for the OAA Nutrition Program for a total level of \$1 billion. We urge the Senate to support this level of funding for congregate and home-delivered meals and to adopt bipartisan agreement that would raise the spending limits so that critical non-defense discretionary programs, such as OAA services, do not face the devastating threat of sequestration.

In closing, thank you for holding this timely hearing during Older Americans Month and for the opportunity to submit this statement on the impact of the OAA in the lives of your senior constituents and our communities, as a whole. We would like to extend special appreciation to you, Chairman Collins and Ranking Member Casey, for your leadership and recognizing the importance of strong aging services and support programs. We hope the information provided in this statement is helpful as you consider reauthorization and that it remains a priority. We have enjoyed working with you and your staffs during this process and look forward to providing further support any way we are able.

¹ 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>

² Administration for Community Living (ACL) Aging Integrated Database (AGID), Data Source: *State Program Reports (SPR) 2005-2017*, available at <https://agid.acl.gov/DataGlance/>

³ 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>

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

⁵ 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>

⁶ Snider et al., *Economic burden of community-based disease associated malnutrition in the United States*. *Journal of Parenteral and Enteral Nutrition* (Vol. 38(2S):77S-85S; 2014), available at <https://www.ncbi.nlm.nih.gov/pubmed/25249028>

⁷ Florence et al., *The medical costs of fatal falls and fall injuries among older adult*. *Journal of the American Geriatrics Society* (Vol. 66(4):693-698; 2018), available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6089380/>

⁸ 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>

⁹ 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

¹⁰ 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

¹¹ ACL, AGID, Data Source: *National Survey of OAA Participants, 2017*, available at <https://agid.acl.gov/CustomTables/>

¹² 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>

¹³ 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>

¹⁴ 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>

¹⁵ 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>

Note: Statements provided also appear in written testimony submitted by Stephanie Archer-Smith, Executive Director of Meals on Wheels of Central Maryland, Inc. before the House Education and Labor Committee's Subcommittee on Civil Rights and Human Services on May 15, 2019.