



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

Hearing on

Aging Without Community: The Consequences of Isolation and Loneliness

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

We first want to commend you for your bipartisan leadership and commitment to improving the lives of, and protections for, our nation's older adults. Secondly, we want to express our appreciation to you for holding this important hearing and bringing to light the serious issue of social isolation and loneliness among this population. Meals on Wheels of America is grateful for the opportunity to submit this statement for the record and eager to work with you as we continue to seek solutions to address the growing problems of senior hunger and isolation. We offer our perspectives on the risks and consequences of social isolation and loneliness as they relate to the individuals served through Meals on Wheels, as well as our thoughts about how this nationwide network is delivering a cost-effective and vital intervention for America's most at-risk seniors every day.

In a recent speech to healthcare journalists, Ellie Hollander, our President and CEO, highlighted an alarming statistic originally presented by Dr. Julianne Holt-Lunstad, both a leader in loneliness research and a witness at the hearing – that the effects of loneliness and isolation are comparable to the impact of well-known risk factors such as obesity and substance abuse, and are the equivalent of smoking 15 cigarettes a day. Loneliness is prevalent among older adults, and the statistic of one in three older adults over the age of 60 experiencing loneliness is thought to be an underestimate, as witness Dr. Lenard Kaye presented in his testimony. We echo Dr. Holt-Lunstad's assertion that senior social isolation and loneliness is an epidemic and a growing public health concern amidst demographic, geographic and societal shifts toward smaller, more isolated families.

The factors that make older adults more susceptible to social isolation and loneliness are commonly found among individuals receiving Meals on Wheels. According to AARP Foundation's Isolation Framework, living alone, having lower incomes, and having more physical impairments make already vulnerable older adults susceptible to loneliness. Data from the Administration for Community Living's State Program Reports and National Survey of Older Americans Act (OAA) Participants indicates that seniors receiving meals at home and in congregate settings, such as senior centers, are primarily women, age 75 or older, who live alone, have multiple chronic conditions, take six or more medications daily and are functionally impaired. Significant numbers of OAA meal recipients are also impoverished, live in rural areas and belong to a minority group, making them more at-risk for social isolation and loneliness.

Findings from a 2015 study entitled *More Than a Meal*, conducted by our organization in conjunction with Brown University and AARP Foundation, found that those receiving and/or requesting Meals on Wheels services are significantly more vulnerable compared to a nationally representative sample of comparably-aged Americans. Specifically, seniors who are 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 (79% vs. 42%) that limited their ability to stay active

Moreover, functional impairment is not just a risk factor but also a consequence of social isolation and loneliness (Luo, Hawkley, Waite, & Caccioppo, 2012), along with mortality and chronic illnesses like cardiovascular disease (Holt-Lunstad & Smith, 2016). The good news,

however, is that Congress' foresight 45 years ago to authorize a nutrition program demonstration for older adults in the greatest economic and social need has since grown into a highly effective community-based, nationwide network of 5,000 senior nutrition programs (e.g., Meals on Wheels). Today this network is successfully fulfilling its purposes outlined in the OAA and carrying out what it was intended and designed to do by:

- Reducing hunger and food insecurity among older individuals
- Promoting socialization of older individuals
- Promoting the health and well-being of older individuals
- Delaying adverse health conditions for older individuals

## DELIVERING MORE THAN MEALS

During the hearing, Senators drew from their own experiences of delivering Meals on Wheels and shared compelling testimonials from constituents about how volunteer drivers often identify medical issues before they became serious problems. It was also noted that Meals on Wheels provides opportunities for meaningful social engagement among a particularly vulnerable older adult population. In his testimony, Mark Clark, Director of Pima Council on Aging and Member of Meals on Wheels America, reiterated anecdotal evidence that Meals on Wheels volunteers can become important members of seniors' social networks, helping to deter loneliness. Below are some additional quotes gathered from recent news articles or were shared with our organization that illustrate the social benefits of Meals on Wheels services, as told by older adults receiving Meals on Wheels or family members or local programs:

- *Meals on Wheels delivers more than food; they deliver companionship and friendship five days a week. I think that's vital for people who are shut-ins or semi-shut-ins. That's our visitor. Food and friendship and pleasantness. It's more than food.*
- *I am served nourishing meals and enjoy being able to eat with friends. Socialization is almost as important as the food.*
- *We hear story after story of people who are hungry and have nobody to help. Often times, our clients tell us that the driver is the only person they see throughout the week. It breaks my heart to think about the number of people who are on our waiting list because we don't have the funding to feed them.*
- *I have a reason to live now. I need to be up and dressed in time to greet my Meals on Wheels delivery person when they arrive.*
- *Both my mother and father were fortunate to be able to receive this service starting on 2012 until my mother's death at age 85 in 2014...my father still enjoys this service today at 88 years old. Not only does the service provide him with a good nutritious meal but the added benefit of having the delivery person touch basis with him is a blessing.*

Along with compelling personal stories of the health benefits of Meals on Wheels, the same *More Than a Meal* study referenced above found that seniors who received daily home-delivered meals (the traditional Meals on Wheels model of a daily, 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 report or exhibit:

- Improvements in mental health (i.e., levels of anxiety)
- Improvements in self-rated health
- Reductions in the rate of falls and the fear of falling
- Reductions in hospitalizations
- Improvements in feelings of isolation and loneliness
- Decreases in worry about being able to remain in home

Meals on Wheels can be used to reduce the social isolation that occurs due to functional decline and also help prevent costly hospitalizations and nursing home placement ([Valtorta & Hanratty, 2012](#)) that, in and of themselves, lead to social isolation. In addition to being a preventative measure for emergency department visits and hospital admissions, Meals on Wheels is also a proven way to reduce readmissions to the hospital and other post-discharge costs. Based on the results of a pilot for a five-year program that eventually spanned 36 states and more than 135,000 Medicare Advantage beneficiaries, post-discharge costs were reduced by one-third on average per patient who was served by Meals on Wheels, as compared to those who did not participate. Furthermore, several other pilot projects showed seniors receiving short-term nutrition interventions from Meals on Wheels 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), resulted in readmission rates of 6-7% as compared to national 30-day readmission rates of 15%-34%.

As noted above, Meals on Wheels programs deliver so much more than nutritious meals to the seniors they serve. Many programs are providing social isolation interventions beyond the daily visit and safety check. In his testimony, Dr. Kaye summarized *AARP's Framework for Isolation in Adults Over 50*, highlighting the importance of drawing on multiple methods of intervention. Below are some examples of creative interventions currently being used by Meals on Wheels programs to address social isolation and loneliness among their clients:

- Many Meals on Wheels programs across the country are offering extended or follow-up visits with clients beyond the mealtime delivery. Others conduct regular wellness checks that incorporate casual conversation, and still others have volunteer befriending or friendly-visitor programs to accompany home-delivered meal services. The efficacy of these types of interventions is supported by research which finds that the addition of volunteer visitors to planned homemaking and nursing care made a difference for elderly in the community (MacIntyre, 1999).
- Numerous Meals on Wheels programs across the country are helping to support older adults with pets by also delivering pet food along with the seniors' meals. As noted by Senator Cortez Masto and Dr. Kaye, pets can alleviate social isolation, feelings of loneliness and doctor visits among older adults, especially among individuals who live alone ([Stanley et al., 2014](#)).
- Dr. Kaye discussed the importance of technology as a potentially powerful tool for connecting socially-isolated older adults and introduced the University of Maine's initiative to develop these tools. Some Meals on Wheels programs are, in fact, partnering with businesses and other local community organizations to install technologies in clients' homes that would help facilitate both social connections and telehealth. Although leading to some positive outcomes, we must also reiterate Dr. Holt-Lunstad's caution that more research is necessary to better understand which interventions are most effective and under what conditions, as we do not fully understand the adverse effects of some of these newer technologies ([Chen et al., 2016](#)).

- An important strategy for addressing social isolation is getting homebound seniors out into their communities. One particularly innovative and exciting program called “Outings to Your Taste” took older adults receiving home-delivered meals to a restaurant of their choosing. The program seemed to attract socio-demographically diverse clients, and older adults who participated seemed satisfied with the endeavor ([Richard et al., 2000](#)).
- In a multifaceted approach to addressing both social isolation and health, one initiative trained Meals on Wheels volunteers in health literacy coaching ([Rubin et al., 2013](#)). Loneliness has been associated with poor health behaviors, which adversely impacts health outcomes. This type of intervention also appeals to the call for more preventative work in the areas of both health and social isolation ([Nicholson, 2012](#)).

## CHALLENGES HOLDING MEALS ON WHEELS BACK

As outlined throughout this statement, Meals on Wheels programs are already doing much to address the issues of isolation among the nation’s elderly, but more can and should be done. The issues of senior isolation and hunger is grave and growing, with 1 in 4 seniors living alone and 1 in 6 struggling with hunger – a 65% increase since the start of the recession in 2007. Federal funding through the OAA has not kept pace with either inflation or need, and the network overall is serving 23 million fewer meals today than we were in 2005. In 2014, funding provided through the OAA supported the provision of meals to 2.4 million seniors, yet there are millions more in need. 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. This gap, coupled with an increasing demand as the senior population grows at an unprecedented pace, portends a serious national dilemma. With this backdrop, we urge your consideration of the following policy priorities:

### 1. Fund, Protect and Strengthen the Older Americans Act Nutrition Program

The OAA has been the primary piece of federal legislation supporting social and nutrition services to Americans age 60 and older since 1965. In 2014, the last year for which data exists, the OAA enabled 218 million meals to be provided to 2.4 million seniors. Despite the longstanding bipartisan, bicameral support for the Act, it remains woefully underfunded. As such, we ask Congress to:

- Provide, at a minimum, a total of \$874.6 million for all three nutrition programs authorized under the OAA (Congregate Nutrition Program, Home-Delivered Nutrition Program and the Nutrition Services Incentive Program) in FY 2018. Current funding is \$36.8 million below the levels authorized under the Older Americans Act Reauthorization Act and unanimously passed by Congress last year.
- End sequestration for FY 2018 and beyond and replace it with a balanced plan. OAA programs, among others, were hit hard by the unnecessary and harsh cuts in 2013 and waiting lists for Meals on Wheels continue to climb in every state.

### 2. Modify Medicare and Medicaid plans, as recommended by the National Commission on Hunger, to improve nutrition assistance options for our most vulnerable

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, admissions and readmissions to hospitals, saving substantial Medicare and

Medicaid expenditures. 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. 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.

Across the nation, we already see some outstanding initiatives to address social inclusion through Meals on Wheels services, but more systematic research and evaluation is necessary. In this effort, Meals on Wheels is beginning a research project that will test the effects of various types of loneliness interventions, including those that are technology-based, employed through Meals on Wheels programs. We again applaud Chairman Collins and Ranking Member Casey for holding the first Congressional hearing on social isolation and loneliness among older adults. We cannot emphasize enough the timeliness of raising public awareness on this hidden issue.

We look forward to working with every Member of the Committee to advance this agenda and ultimately, to not only eradicate senior hunger in our country, but also to make sure no older adult feels alone or left behind. We hope this information has been instructive and are pleased to offer our assistance and expertise at any time.