



FUND, PROTECT & STRENGTHEN OLDER AMERICANS ACT NUTRITION PROGRAMS

QUICK FACTS AND KEY MESSAGES

Older Americans Act (OAA) Nutrition Programs represent an essential, effective and critical public-private partnership through which 5,000+ community-based programs – aided by millions of local supporters and volunteers – are addressing the growing problem of senior hunger and isolation in America. The nutritious meals, friendly visits and safety and wellness checks they deliver each day ensure our most vulnerable seniors are able to live more nourished and independent lives in their own homes, averting unnecessary visits to the hospital and premature institutionalization, thereby saving, rather than costing, the country billions in healthcare costs.

That's why we're urging Congress to fund OAA Nutrition Programs – Congregate, Home-Delivered and the Nutrition Services Incentive Program – at a total level of **\$874.6 million in Fiscal Year 2018**, which represents the authorized funding levels that were unanimously passed by Congress last year. We're also calling for Congress to modify Medicare and Medicaid plans in order to support nutrition assistance for individuals who are disabled and/or medically at-risk; to cosponsor and pass the DELIVER (*Delivering Elderly Lunches and Increasing Volunteer Engagement and Reimbursements*) Act; and finally, to protect the OAA and the Social Services, Community Services and Community Development Block Grants by ending sequestration and replacing it with a bipartisan budget plan that does not harm these vital programs in Fiscal Year 2018 and beyond.

QUICK FACTS*

- **10.2 million Americans** over the age of 60 faced the threat of hunger. That's 1 in 6 seniors.
- **More than 2.4 million seniors** received home-delivered or congregate meals via Meals on Wheels programs.
- **More than 2 million volunteers** helped prepare and deliver nearly **218 million meals** to seniors in need.
- **About half a million veterans** received home-delivered or congregate meals via Meals on Wheels programs.
- **92% of seniors** who receive home-delivered meals say it enables them to remain living at home.
- **81% of seniors** who receive home-delivered meals say it improves their health.

**Based on 2014 and 2015 data*

KEY MESSAGES

MEALS ON WHEELS SAVES TAXPAYER DOLLARS.

Meals on Wheels programs across the country are saving significant taxpayer dollars by preventing unnecessary trips to the emergency room, reducing falls and hospitalizations and delaying, or eliminating altogether, the need for nursing home care. These are costs often incurred by Medicare and Medicaid.

There is increasing evidence – including our *More Than a Meal* research study– demonstrating that Meals on Wheels improves health, reduces feelings of loneliness and isolation, decreases the rate of falls and fear of falling, helps seniors feel more safe and secure, and reduces worry about being able to remain in one’s own home.

Funding Meals on Wheels is a smart, money-saving investment. We can either invest a modest amount in proper nutrition for our seniors now, or spend significantly more on the adverse consequences that will be incurred in healthcare costs later. Falls alone cost our nation \$31 billion in direct medical expenses in 2014.

On average, a program can deliver Meals on Wheels to a senior for an entire year for about the same cost as just one day in the hospital, or less than 10 days in a nursing home (*approximately \$2,250 a year*).

OAA Nutrition Programs represent one of the best examples of a successful public-private partnership, and its programs are working. For every \$1 of federal money invested, about \$3 are leveraged in other resources (e.g., state and local funding, foundations and private grants, donations, client contributions).

MEALS ON WHEELS SERVES OUR MOST VULNERABLE, AT-RISK SENIORS.

The majority of Meals on Wheels clients are women, are over the age of 75 and live alone. Those requesting Meals on Wheels often have multiple chronic conditions, such as diabetes or heart disease, take six or more medications daily and are functionally impaired.

Compared to the average senior, a senior seeking Meals on Wheels represents a highly vulnerable population that is significantly more likely to self-report:

- Poorer health
- Higher feelings of depression and anxiety
- Needing assistance preparing food
- Tripping hazards in the home

The one meal a day received by those fortunate enough to become Meals on Wheels clients represents half or more of their total daily food intake.

THE GAP GROWS BETWEEN THOSE IN NEED AND THOSE BEING SERVED.

The gap between those struggling with hunger and those receiving nutritious meals through the OAA continues to widen year after year, and waiting lists are mounting in every state. 1 in 4 Meals on Wheels America Member programs report that they have a waiting list, and programs that responded to a recent survey indicated an average waiting list of more than 220 people.

There are 10.2 million seniors – 1 in 6 – struggling with hunger in the United States, representing a 65% increase since 2007. With the senior population set to double by 2050, the number of seniors struggling with hunger is only likely to worsen, if left unaddressed.

A recent Government Accountability Office (GAO) report found that about 83% of food insecure seniors and 83% of physically impaired seniors in 2013 did not receive meals through the OAA, but likely needed them, thereby widening the gap even further between those in need and those the OAA network was able to serve at current budget levels.

MEALS ON WHEELS CLIENT PROFILE

Among those receiving home-delivered meals: *Among those receiving congregate meals:*

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| ▪ 90% said the meals help them feel better | ▪ 84% said the meals help them feel better |
| ▪ 92% said the meals enable them to live at home | ▪ 61% said the meals enable them to live at home |
| ▪ 54% take 6-23 medications daily | ▪ 34% take 6-23 medications daily |
| ▪ 61% said that a single meal provides half or more of their total food for the day | ▪ 49% said that a single meal provides half or more of their total food for the day |
| ▪ 42% have at least three activities or daily living limitations such as bathing, getting dressed or going to the restroom | ▪ 38% live alone |

MORE THAN A MEAL RESEARCH STUDY QUICK FACTS

Findings from a 2015 research study commissioned by Brown University's Center for Gerontology and Healthcare Research by Meals on Wheels America found that those who receive or request Meals on Wheels services are significantly more vulnerable than a nationally representative sample of aging Americans. Specifically, seniors on Meals on Wheels waiting lists were significantly more likely to:

- Report poorer self-rated health (71% of seniors needing Meals on Wheels vs. 26% of average seniors)
- 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%)
- Require assistance with shopping for groceries (87% vs. 23%) and preparing food (69% vs. 20%)
- Have health and/or safety hazards both inside and outside the home (i.e., higher rates of tripping hazards – 24% vs. 10% – and home construction hazards – 13% vs. 7%)

MEALS ON WHEELS MEMBER PROGRAMS OVERVIEW

Meals on Wheels America Members, according to our 2015 Renewal Survey, reported that:

- Approximately 52% serve clients in urban areas, 46% serve clients in suburban areas, 74% serve clients in rural areas
- Approximately 95% serve home-delivered meals, 74% serve congregate meals, 71% provide both home-delivered and congregate meals

In addition, of the Meals on Wheels America Members that responded to our March 2017 Federal Funding Budget Proposal Impact Survey (representing 37% of total Membership), 9 out of 10 programs reported a reliance on OAA Nutrition Programs funding. If cuts are made to federal funding, survey respondents cited the need to do any of the following:

- Reduce number of meals served
- Reduce number of days serving meals
- Reduce number of routes
- Eliminate special diets and preferences
- Reduce staff hours or draw on reserves
- Establish a waiting list
- Eliminate weekend/holiday meals
- Limit participation in and/or close congregate sites
- Shut program down altogether

For more information and resources, or to download State Senior Fact Sheets, visit www.mealsonwheelsamerica.org/factsheets.