



FUND, PROTECT & STRENGTHEN THE OLDER AMERICANS ACT NUTRITION PROGRAM

QUICK FACTS AND KEY MESSAGES

The Older Americans Act (OAA) Nutrition Program is an effective and essential public-private partnership through which 5,000+ community-based programs – aided by millions of local supporters and volunteers – are addressing the issues of senior hunger and isolation. The nutritious meals, friendly visits and safety checks they deliver each day help to ensure that our nation’s most vulnerable seniors live more nourished and independent lives in their own homes, thereby saving the country on costly and preventable healthcare expenditures.

That’s why we are urging Congress to **fund the OAA Nutrition Program at \$1,028,753,000 in FY 2021** – a \$92 million (10%) increase from FY 2020 levels. This request reflects the total proposed funding level for the program included in the OAA reauthorization bill – *Supporting Older Americans Act of 2020*. The breakdown for this requested funding is:

OAA Nutrition Program	FY 2021 Funding Request	Increase Over Current (FY 2020) Levels
Congregate Nutrition Services (Title III C-1)	\$550,342,000	+ \$40 million
Home-Delivered Nutrition Services (Title III C-2)	\$306,342,000	+ \$40 million
Nutrition Services Incentives Program (NSIP) (Title III)	\$172,069,000	+ \$12 million

This year, we also call on the 116th Congress to:

- Reauthorize and implement the Older Americans Act (OAA)
- Protect and support the Social Services, Community Development and Community Services Block Grants and Medicare and Medicaid home- and community-based services (HCBS)
- Safeguard and grow federal anti-hunger nutrition programs for seniors
- Establish incentives and eliminate barriers for healthcare plans and providers to expand coverage of nutrition services provided by community-based organizations
- Enhance charitable giving tax incentives and assistance for nonprofit organizations

QUICK FACTS

- Nearly 9.5 million (13%) seniors (adults age 60 and older) face the threat of hunger¹
- Nearly 17 million (24%) seniors live alone²; 19% of seniors – or 1 in 5 – feel lonely³
- Nearly 2.4 million seniors receive meals through the OAA Nutrition Program

- **Millions of volunteers** helped prepare and deliver more than **220 million congregate and home-delivered meals** in 2018⁴
- **9 out of 10 seniors** receiving meals delivered to their home say it helps them to stay in their own home
- **9 out of 10 seniors** receiving meals delivered to their home say it improves their health⁵

KEY MESSAGES

1. MEALS ON WHEELS SAVES TAXPAYER DOLLARS

Community-based senior nutrition programs, like Meals on Wheels, are saving taxpayer dollars by preventing unnecessary trips to the emergency room, reducing falls and hospitalizations, and delaying or preventing the need for nursing home care – costs of which are often incurred by Medicare and Medicaid.

Funding Meals on Wheels is a smart, money-saving investment. We can either invest a modest amount in proper nutrition for our nation’s seniors now or spend significantly more on the adverse consequences that will be incurred in healthcare costs later. Senior falls alone cost our nation \$50 billion in medical expenses in 2015, while the annual economic burden associated with malnutrition is \$51 billion.^{6,7}

The OAA Nutrition Program represents one of the best examples of a successful public-private partnership, and its programs are working. Meals on Wheels improves self-reported 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.

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 10 days in a nursing home.

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

The majority of Meals on Wheels clients are women, over the age of 75, and/or live alone. The individuals requesting Meals on Wheels often have multiple chronic conditions, such as diabetes or heart disease, take three or more medications daily and are functionally impaired. For seniors fortunate enough to become Meals on Wheels clients, those meals often represent half or more of their total daily food intake.

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

- 79% are 75+
- 69% are women
- 15% are veterans
- 59% live alone
- 25% live in rural areas
- 35% live at poverty level
- 28% are a racial or ethnic minority
- 46% self-report fair or poor health
- 82% take 3+ medications daily⁸

Findings from the *More Than a Meal* Pilot Research Study⁹ found that seniors on Meals on Wheels waiting lists (*More Than a Meal* Seniors) are more likely to report the following negative health

outcomes and challenges to living independently than compared to the national population of community-dwelling older adults (Seniors Nationally):

- Self-rated **“fair” or “poor” health**
 - *More Than a Meal* Seniors: 71%
 - Seniors Nationally: 26%
- Screen positive for **depression** and/or **anxiety**
 - *More Than a Meal* Seniors: 28% and 31%
 - Seniors Nationally: 14% and 16%
- Report **recent falls** and/or **fear of falling** (including fear that limited the ability to stay active)
 - *More Than a Meal* Seniors: 27% and 79%
 - Seniors Nationally: 10% and 42%
- Require assistance with **shopping for groceries** and/or **preparing food**
 - *More Than a Meal* Seniors: 87% and 69%
 - Seniors Nationally: 23% and 20%
- Have safety hazards both inside and outside the home, such as **tripping hazards** and **home construction hazards**
 - *More Than a Meal* Seniors: 24% and 13%
 - Seniors Nationally: 10% and 7%

3. 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. The majority of Meals on Wheels America Member programs report that they have a waiting list, and the nationwide network served 20 million fewer meals to seniors in 2018 than it did 2005, due in part to inflation and rising costs of providing services.⁴

There are nearly 9.5 million seniors threatened by hunger in the United States.¹ With the senior population set to reach 118 million by 2060 – double the number in 2010 – the number of seniors struggling with hunger is only likely to worsen, if left unaddressed.¹⁰

A 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.¹¹

ADDITIONAL RESOURCES & CONTACT INFORMATION

For more information and resources, feel free to reach out to our **Advocacy Team**:

- **Katie Jantzi**, Director of Government Affairs
katie.jantzi@mealsonwheelsamerica.org or (571) 339-1622
- **Katherine Nick**, Manager of Public Policy and Legislative Affairs at
katherine.nick@mealsonwheelsamerica.org or (571) 339-1621

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- ¹ Ziliak and Gunderson, 2019, *The State of Senior Hunger in America in 2017* (report prepared for Feeding America), <https://www.feedingamerica.org/research/senior-hunger-research/senior>
- ² U.S. Census Bureau, 2017, *American Community Survey (ACS) Demographic Data*, available on the Administration for Community Living's (ACL) AGing, Independence, and Disability (AGID) Program Data Portal, <https://agid.acl.gov/CustomTables/>
- ³ Hawkley, Kozloski and Wong, 2017, *A Profile of Social Connectedness in Older Adults* (report prepared for AARP Foundation), <https://connect2affect.org/wp-content/uploads/2017/03/A-Profile-of-Social-Connectedness.pdf>
- ⁴ ACL, 2018, *State Program Reports (SPR) 2005-2018*, available on ACL's AGID Program Data Portal, <https://agid.acl.gov/CustomTables/>
- ⁵ ACL, 2018, *National Survey of OAA Participants*, available on ACL's AGID Program Data Portal, <https://agid.acl.gov/CustomTables/>
- ⁶ Florence, et al., 2018, Medical Costs of Fatal and Nonfatal Falls in Older Adults, *Journal of the American Geriatrics Society*, <https://www.ncbi.nlm.nih.gov/pubmed/29512120>
- ⁷ Snider et al., 2014, Economic burden of community-based disease associated malnutrition in the United States, *Journal of Parenteral and Enteral Nutrition*, <https://www.ncbi.nlm.nih.gov/pubmed/25249028>
- ⁸ Mabli, et al., 2017, *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 ACL), https://acl.gov/sites/default/files/programs/2017-07/AoA_outcomesevaluation_final.pdf
- ⁹ Thomas and Dosa, 2015, *More Than a Meal Pilot Research Study* (report prepared for Meals on wheels America), <https://www.mealsonwheelsamerica.org/learn-more/research/more-than-a-meal/pilot-research-study>
- ¹⁰ U.S. Census Bureau, 2017, *National Population Projections*, <https://census.gov/data/tables/2017/demo/popproj/2017-summary-tables.html>
- ¹¹ US Government Accountability Office (GAO), 2015, *Older Americans Act: Updated Information on Unmet Need for Services*, <https://www.gao.gov/products/GAO-15-601R>