



Testimony of Stephanie Archer-Smith  
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Subcommittee on Civil Rights and Human Services  
Committee on Education and Labor  
United States House of Representatives

Hearing on “Examining the Older Americans Act: Promoting Independence and  
Dignity for Older Americans”

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Chairwoman Bonamici, Ranking Member Comer, and distinguished Members of the Subcommittee, good morning. Thank you for the opportunity to testify before you today at this important hearing. I am Stephanie Archer-Smith, the Executive Director for Meals on Wheels of Central Maryland.

Meals on Wheels of Central Maryland is a community-based nonprofit organization providing congregate and home-delivered meals and support services to individuals primarily age 60 and older through the Older Americans Act (OAA) Nutrition Program in Baltimore City and County, as well as six surrounding counties. Each year we serve over a million meals, 800,000 of which are delivered to the door of nearly 3,000 homebound Marylanders. Since our founding in 1960, our services have helped seniors and individuals with disabilities live safely and independently at home, reduce isolation, and improve health and overall quality of life.

I am also proud to join you today as both a member and partner organization with Meals on Wheels America – the national nonprofit membership organization working to support the network of 5,000 senior nutrition programs located in virtually every community across the country and the millions of seniors who rely on them as a lifeline.

Each day, independently-operated 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 we provide to our nation's most vulnerable seniors are only 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 averting unnecessary hospitalizations and premature nursing home placement often paid for through Medicare and Medicaid. In fact, we can provide Meals on Wheels in Maryland and across the country to a senior for an entire year for less than one day in a hospital or a week in a nursing home.

### **The Older Americans Act: A Lasting Legislative Achievement**

Since 1965, the OAA has been the principle piece of federal legislation supporting vital nutrition services and supports for older adults age 60 and older, as well as their families and caregivers. The law has grown and evolved over the years since its enactment, but its purpose remains the same: create a strong national aging network that offers social services and other essential supports to seniors in their communities. No doubt, the data speaks for itself. The OAA is meeting this goal each and every day.

The OAA established the Administration on Aging (AoA), which was to be led by the Assistant Secretary for Aging. Today, the AoA is housed within the U.S. Department of Health and Human Services' Administration for Community Living (ACL) and is tasked with supporting older adults and persons with disabilities in order to maintain their health, and 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 (AAAs) and thousands of community-based organizations, like ours, who are in the field personally interacting with your constituents daily. For context, the state agency overseeing OAA programs in Maryland is the Department of Aging. As the largest Meals on Wheels program in Maryland, my organization serves a wide geographic region, reaching multiple counties with contracts and partnerships established in eight of the 19 AAAs across the state.

The OAA contains seven separate titles. Title III – Grants for State and Community Programs – is the largest title of the Act and provides grants to states to help carry out a variety of supportive service 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 represents over 40% of all OAA funding for 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.” It fulfills these objectives day-in and day-out. In 2017, the program helped the senior nutrition network deliver on that promise to 2.4 million seniors.<sup>1</sup>

Furthermore, the OAA Nutrition Program is an example - perhaps the best example - of the power of a successful public-private partnership. Critical federal dollars provided by the OAA leverages additional sources of funding from state, local and private sources to help meet the rapidly growing need. At Meals on Wheels of Central Maryland, the OAA funding we receive through contracts with our partnering AAAs makes up 60% of our budget. The remaining 40% is comprised of private donations, other private and local government grants, payments through the Maryland Medicaid Waiver and other healthcare partnership programs. We also mobilize an army of more than 1,800 volunteers, who provide over \$2 million of in-kind contributions to support our daily operations annually.

In short, the OAA has not only withstood the test of time but has continuously adapted to meet the needs of seniors and families it serves. After more than 50 years, this legislation remains a strong and essential piece of aging policy. Everyday my colleagues and I witness how the Act successfully fulfills its purpose. Any modifications made through the reauthorization process must be focused on improving the ability to reach more seniors and to serve them better. There remains too many seniors who need nutritious meals but are not currently receiving services, primarily due to lack of funding.

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

The reality of senior hunger and isolation in our country is sobering. Today, millions of seniors are experiencing some degree of food insecurity and/or social isolation. In Maryland, more than 140,000 seniors face the threat of hunger each day, often making difficult choices between eating properly or paying for medication. Nationwide, nearly 9 million seniors struggle with hunger – representing an increase of almost 90% since 2001 – and almost twice as many live alone, leaving them at risk for a multitude of negative health outcomes associated with food insecurity, malnutrition, and social isolation.<sup>2</sup>

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.<sup>3</sup> Feelings of loneliness, in particular are associated with negative health effects comparable to smoking 15 cigarettes per day.<sup>4</sup> The economic burden of senior malnutrition alone costs \$51 billion annually, while senior falls account for \$50 billion in medical costs.<sup>5,6</sup> Despite the well-founded inextricable link between healthy aging and access to nutritious food and regular socialization, millions of seniors struggle to meet these basic human needs.

The infrastructure and cost-effective interventions to address these consequences already exist through the OAA network. As stated above, the congregate and home-delivered programs serve a critical role in addressing the nutritional and social needs of our nation's older adults. The OAA Nutrition Program effectively meets the needs of older adults who face challenges in living independently at home as a result of advanced age, including physical and/or cognitive impediments to one or more activities of daily living, management of multiple chronic conditions, and taking several medications daily.<sup>7,8</sup> Some of the most vulnerable seniors that the OAA serves – those who are frail, homebound, and socially-isolated – rely on the home-delivered meal program.

The impact of these services on seniors' lives is powerful. The majority of seniors receiving OAA nutrition services consistently report that participating in the program helps them feel more secure, prevent falls or fear of falling, and allows them to stay in their own home.<sup>9,10</sup> In turn, this helps avoid preventable emergency room visits, hospital admissions and readmissions, as well as extended stays in rehab, preventing premature institutionalization and ultimately reducing our nation's health care costs.

In Maryland, we see the vital need for the OAA firsthand, and the impact is clear. In FY 2018:

- 98% of Meals on Wheels of Central Maryland clients believe Meals on Wheels services have extended the length of time they will be able to remain living at home in the community
- 94% believe Meals on Wheels services have improved their nutrition and food security
- 94% report that Meals on Wheels programs have improved their quality of life
- 72% report that Meals on Wheels has decreased their social isolation and feelings of loneliness
- 94% reported increased food security
- 72% reported improved mental health
- 100% reported better medication compliance
- 61% reported improved health literacy
- 78% reported increased feelings of home safety, security, and independence in their home

In addition, the first year results of a three-year demonstration project with a community healthcare partner showed a 33% reduction in hospitalizations, post participation in the program.

Above all, the importance of these services can be best defined by those who use them. Seniors like:

Curry, who is 80 years old and acts as the sole caregiver for his wife Barbara, who lives with Parkinson's Disease. They would be forced to leave their home were it not for Meals on Wheels.

Judy, who can no longer cook her own meals due to a back injury — a true personal struggle for someone who made all her Kosher meals from scratch prior to her injury. Were it not for Meals on Wheels, she tells us she simply would not eat.

Ms. M., who is blind, and although she has memorized how to prepare her favorite meals, can no longer shop for the groceries needed to do it. She would not have groceries in her home, were it not for our volunteers.

And I would also like to tell you more about two people whose service exemplifies the “more than a meal” philosophy—the added value of the program beyond every meal.

Doreen, who is 92 years old, lives alone in what was a lovingly cared-for home, but now can only move around by using a walker. She finds it difficult to get to the door and is unable to carry her food trays herself. Every day, our volunteers, who she delights in talking with, let themselves in, carry her food to her table, and unwrap the meal for her. Were it not for Meals on Wheels, I am not sure what Doreen would eat. I know it would not be a healthy meal, and she would sorely miss that daily human connection and visit each day.

And Frederick who is a 69-year old veteran and lives in a mobile home in Harford County. He served in the Navy and spent time in Vietnam. He has been receiving Meals on Wheels since September of 2015 because of limited mobility due to spine and lung problems, which has helped to sustain him at home for the last four years. In addition to receiving meals, he is a Kibble Connection client so that he can receive food for his two dogs who are always by his side when we deliver. Otherwise, he would likely be sharing his food with them. During his annual home assessment, it was discovered that he had a roof leak so severe that he was no longer able to use his bedroom and mold was starting to grow. Our Case Management team got to work identifying resources for his roof replacement. Today, Frederick enjoys his home free of leaks and dangerous mold due to a complete roof replacement, which was finished earlier this month.

Simply put, were it not for Meals on Wheels and the dedicated volunteers who prepare, serve and deliver meals, these seniors and millions more across the country would be hungry and disconnected from the community they love. And the unacceptable truth is that for the seniors we are not currently able to serve, this is their reality.

### **The Older Americans Act Reauthorization: An Opportunity to Serve More in Need**

Reauthorization of the OAA 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 with well-established trust, at both the community and national level.

While this program has worked as it was designed to for decades, it is not reaching all of those in need. A 2015 Government Accountability Report found that 83% of low income, food insecure older adults are not receiving the congregate or home-delivered meals that they are eligible for and likely need.<sup>11</sup> At our program, we currently have 186 clients waiting for a space on the OAA-funded program. These are only the individuals we are aware of and know that it is an underrepresentation of the true need in our community. And I know many of my colleagues across the county have to manage waiting lists for vulnerable older adults in their communities in desperate need of services, as well. How do you tell someone who needs your help that you cannot help them?

One individual struggling with hunger is far too many. And with the issue 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.<sup>12</sup> Nearly 21 million fewer meals were served in 2017 than in 2005, attributable mainly 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.<sup>1</sup>

Such a large gap between the number of seniors who could benefit from these meals, and the actual number receiving them, indicates the need to improve and increase our network's capacity to serve more seniors. I urge this Committee to keep a strong and on-time reauthorization of the OAA a priority to support local nutrition providers like me as we work tirelessly to meet the unmet needs of seniors in their communities today and evolve to adequately serve those in the years to come.

### **The Older Americans Act Reauthorization: Recommendations**

While the need for far greater federal funding is the primary key to serving more seniors, there are opportunities to ease administrative burdens and improve our insight into the performance and operations of the network at all levels.

As a local provider, OAA reauthorization impacts me directly. Making certain that the federal support and funding for our programs are secure is of utmost importance. The Act, including the Nutrition Program, must continue to be robust, successful and fulfill its purpose.

So, in this reauthorization, I hope we can find ways to better:

- Capture more data, including unmet need, to further understand the experience and community-focused nature of these services
- Enhance and expand services through investment in evidence-based aging services research, evaluations and innovations; such as medically-tailored and culturally appropriate meals, and other supportive services
- Serve more seniors in need of nutrition services by simplifying and clarifying the ability for local nutrition providers to transfer dollars between congregate and home-delivered meals
- 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

In closing, I thank you again for holding this timely hearing during Older Americans Month and the opportunity to testify before you to share the impact that the OAA makes in the lives of your senior constituents and for our communities, as a whole. I would like to extend special thanks to you, Chairwoman Bonamici, for your leadership on the OAA both in past reauthorizations and in seeking increased funding. Most recently, we sincerely appreciate you and Congresswoman Stefanik, along with your colleagues Congressman Loebask and Deutch, for recognizing the importance of OAA programs and once again leading a letter calling for a

10% appropriations increase for the OAA Nutrition Program. This was included in the House Labor-Health and Human Services-Education Appropriations Bill passed by the full Committee last week, and we would urge all Members of this Committee to support it, as well. I am hopeful the information provided today is helpful as you consider reauthorization and that it remains a priority. I stand ready to support this process in any way I am able and look forward to answering any questions you might have.

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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> 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>

<sup>3</sup> Ziliak & Gunderson, *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>4</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>5</sup> 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>

<sup>6</sup> 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/>

<sup>7</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>8</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)

<sup>9</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>10</sup> ACL, AGID, Data Source: *National Survey of OAA Participants, 2017*, available at <https://agid.acl.gov/CustomTables/>

<sup>11</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>12</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>