



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 key 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 older adults live more nourished and independent lives in their own homes, thereby saving the country on costly and preventable healthcare expenditures.

While the OAA Nutrition Program and its national network have been essential for decades, the recent onset of the COVID-19 health and economic crises resulted in skyrocketing demand for services provided by local Meals on Wheels programs and other community-based organizations. Now more than ever, these programs are serving as lifelines to their communities and working tirelessly to navigate unprecedented challenges delivering nutritious meals and social connection. That is why we are urging Congress to **fund the OAA Title III-C Nutrition Program at \$1,903,506,000 in Fiscal Year 2022 (FY22)** – which is double the FY21 levels. This requested increase will help provide the levels needed for community-based nutrition programs to serve more older adults, especially as the demand for these essential services remains high.

So far, the House of Representatives has passed funding for the OAA Nutrition Program in FY 2022, which, if adopted, would provide a historic funding increase of \$436 million in the next fiscal year – for a total level of nearly \$1.4 billion (\$1,387,753,000). Though this proposed increase in funding is significant, we continue to urge for a minimum of \$1,903,506,000 in order for local programs to continue to provide home-delivered and congregate nutrition services that effectively reduce hunger, improve health and well-being, and enable independence, particularly in light of the skyrocketed demand for services as a result of the COVID-19 pandemic.

In addition to increasing federal funding through the FY22 appropriations process, we urge Congress to continue providing appropriate and adequate support for the OAA Nutrition Program and other key programs that help serve older adults as our country strives to respond, recover and rebuild from the COVID-19 pandemic.

This year, we also call on the 117th Congress to:

- Implement the Supporting Older Americans Act of 2020, the law reauthorizing the OAA, with consideration for the evolving needs of senior nutrition programs due to pandemic response and recovery.

- Strengthen other federal anti-hunger nutrition programs that provide essential services to older adults and their families.
- Protect and grow programs and services that help older adults age independently in their communities, such as federal block grants and home- and community-based services (HCBS).
- Enhance charitable giving incentives and assistance for nonprofit organizations under the tax code.

QUICK FACTS

Even before the coronavirus pandemic, seniors – adults aged 60 and older – were experiencing or were at risk for food insecurity and social isolation. According to the most recent information available, in 2018:

- Nearly 9.7 million (13%) seniors faced the threat of hunger (i.e., were *marginally food insecure*) – and among those, 5.3 million (7%) were *food insecure* and 2 million (3%) were *very low food secure*.¹
- Nearly 17.5 million (24%) seniors lived alone.²
- One in three (36%) older adults aged 60-69 and one in four (24%) aged 70+ felt lonely.³

In 2019:

- Nearly 2.4 million seniors received congregate or home-delivered meals through the OAA Nutrition Program.
- Millions of volunteers helped prepare and deliver more than 223 million congregate and home-delivered meals.⁴

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, cost-effective investment. Investing a modest amount of federal resources in nutrition and social services for our nation's older adults could save significantly more spending on healthcare and long-term services by preventing adverse health effects and other costly consequences to our economy and healthcare system. Poor health outcomes and expenses associated with food insecurity and/or isolation among seniors, such as falls and malnutrition, are particularly costly. It has been estimated that older adult falls alone cost our nation \$50 billion in medical expenses annually, and the economic burden associated with older adult malnutrition is \$51 billion annually.^{5, 6}

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. In fact, responses from a national survey among seniors who receive home-delivered and congregate meals⁷ show the following positive results of receiving services:

	Home-delivered Meal Recipients	Congregate Meal Recipients
<i>Say meals...</i>		
Help them stay in own home	87.6%	67.5%
Help them feel better	89.2%	81.6%
Help improve their health	84.3%	69.0%
Help them eat healthier foods	82.9%	70.8%
<i>Say services...</i>		
Help them live independently	84.3%	81.7%
Feel more secure	85.0%	76.8%
Care for self	83.0%	75.4%

On average, a program can deliver Meals on Wheels to a senior for an entire year for about the same cost as one day in the hospital or 10 days in a nursing home.

2. MEALS ON WHEELS SERVES SENIORS AT RISK OF HUNGER AND ISOLATION.

While most older Americans possess at least one risk factor for hunger, malnutrition, social isolation and/or loneliness, the seniors who need and rely on Meals on Wheels are, in general, even more vulnerable to these threats to their health and independence. The majority of home-delivered meal clients are women, over the age of 75 and/or live alone. Individuals requesting Meals on Wheels are also more likely to have multiple chronic conditions, such as diabetes or heart disease, take three or more medications daily and experience functional impairment. For the majority of seniors receiving Meals on Wheels, the meals can often make up half or more of their total daily food intake.

The profile of clients receiving home-delivered meal services reveals factors that put them at greater risk of hunger, isolation and/or loneliness:

- 62% are 75+
- 64% are women
- 19% are Black or African American
- 7% are Hispanic or Latino
- 5% are American Indian, Native Alaskan or Hawaiian Pacific Islander
- 35% live at poverty level
- 58% live alone
- 15% are veterans
- 32% live in rural areas
- 50% self-report fair or poor health
- 87% take 3+ medications daily⁸

Findings from the *More Than a Meal*[®] Pilot Research Study commissioned by Meals on Wheels America⁹ found that older adults on waiting lists for Meals on Wheels are more likely to report having the following characteristics, negative health outcomes and related conditions or challenges compared to the national population of community-dwelling seniors:

Characteristics & Health Needs	Seniors on Waiting Lists	Seniors Nationally
Self-report “fair” or “poor” health	71%	26%
Screen positive for depression	28%	14%
Screen positive for anxiety	31%	16%
Report recent falls and/or fear of falling	27%	10%
Report fear of falling	79%	42%
Require assistance with shopping for groceries	87%	23%
Require assistance preparing food	69%	20%
Have home tripping hazards	24%	13%
Have home construction hazards	10%	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 continues to widen year after year. In 2019, prior to the pandemic, nearly half of all Meals on Wheels America Member programs reported that they had an active waiting list due to insufficient resources, and 85% of programs surveyed saw unmet need for services in their communities at that time.¹⁰ Nationally, the OAA Nutrition Program network served 18.5 million fewer meals to seniors in 2019 than it did in 2009, due in part to inflation and rising costs of providing services.⁴

Before COVID-19, there were nearly 9.7 million (13%) seniors threatened by hunger (marginally food insecure) in the United States.¹ Additionally, nearly 7.7 million (24%) of seniors were socially isolated¹¹, and nearly 7.5 million (10%) lived below the official poverty level.² With the senior population set to reach 118 million by 2060 – an increase of more than half the number living today – in addition to the ongoing health and economic challenges related to the coronavirus pandemic, the number of seniors struggling with hunger is only likely to worsen if left unaddressed.¹²

A 2015 Government Accountability Office (GAO) 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, thereby widening the gap even further between those in need and those the OAA network was able to serve at current budget levels.¹³

With the onset of the pandemic in March 2020, the Meals on Wheels network faced an unprecedented surge in demand as the number of older adults sheltering in place increased and congregate meal centers shifted ways of operating. Meals on Wheels programs reported delivering an average of 100% more home-delivered meals at their pandemic peak than they served before.¹⁴ Even in July 2021, programs reported serving an average of 57% more home-delivered meals than they were before the pandemic.¹⁵ In November 2020, and four out of five (82%) local programs predicted that “new clients are here to stay.” As of July 2021, nearly half of programs (48%) said they would not be able to support their current client base without continued infusions of funding beyond their typical funding.

ADDITIONAL RESOURCES & CONTACT INFORMATION

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

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

¹ Ziliak and Gunderson, 2020, *The State of Senior Hunger in America in 2018*, report prepared for Feeding America, www.feedingamerica.org/research/senior-hunger-research/senior

² U.S. Census Bureau, 2018, *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 AARP, 2018, *Loneliness and Social Connections: A National Survey of Adults 45 and Older*, www.aarp.org/research/topics/life/info-2018/loneliness-social-connections.html

⁴ ACL, 2021, *State Program Reports (SPR) 2005-2019*, available on ACL's AGID, <https://agid.acl.gov/CustomTables/>

⁵ 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>

⁶ 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>

⁷ ACL, 2019, *National Survey of OAA Participants*, available on ACL's AGID Custom Tables, <https://agid.acl.gov/CustomTables/>

⁸ ACL, 2018, *National Survey of OAA Participants*, available on ACL's AGID Data Files, <https://agid.acl.gov/DataFiles/>

⁹ Meals on Wheels America, 2015, *More Than a Meal Pilot Research Study*, report prepared by K. S. Thomas & D. Dosa, <https://www.mealsonwheelsamerica.org/learn-more/research/more-than-a-meal/pilot-research-study>

¹⁰ Meals on Wheels America, 2019, *More Than a Meal Comprehensive Network Study*, research conducted by Trailblazer Research, www.mealsonwheelsamerica.org/learn-more/research/more-than-a-meal/comprehensive-network-study

¹¹ Cudjoe, et al., 2020, The Epidemiology of Social Isolation: National Health and Aging Trends Study, *The Journals of Gerontology; Series B, Psychological Sciences and Social Sciences*, <https://pubmed.ncbi.nlm.nih.gov/29590462/>

¹² U.S. Census Bureau, 2017, *National Population Projections*, <https://census.gov/data/tables/2017/demo/popproj/2017-summary-tables.html>

¹³ US Government Accountability Office (GAO), 2015, *Older Americans Act: Updated Information on Unmet Need for Services*, <https://www.gao.gov/products/GAO-15-601R>

¹⁴ Meals on Wheels America, November 2020, *COVID-19 Impact Survey*, research conducted by Trailblazer Research.

¹⁵ Meals on Wheels America, July 2021, *2021 Mid-year COVID-19 Pulse Survey*.