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Committee on Health, Education, Labor and Pensions (HELP)
United States Senate

The Older Americans Act: Supporting Efforts to Meet the Needs of Seniors

March 7, 2024

Good morning, Chairman Sanders, Ranking Member Cassidy, and esteemed Members of the Committee. Thank you for the opportunity to testify before you at this critical hearing. I'm Ellie Hollander and am proud to present before you as the President and CEO of Meals on Wheels America. Meals on Wheels America is the national leadership organization representing over 5,000 local nutrition programs committed to addressing senior hunger and isolation in virtually every community across the country and working toward a vision in which all seniors live nourished lives with independence and dignity.

With the support of hundreds of thousands of committed volunteers and staff members, local community programs deliver nutritious meals in a variety of ways, including in group and/or grab-and-go settings, as well as to individual homes, where they also provide friendly visits and social interaction, safety checks, and connections to other health and wellness services to support older Americans in greatest need. And the underpinning of all this work and impact is a direct result of the support, policies and funding provided through the Older Americans Act (OAA).

For more than 50 years, the OAA has supported millions of our nation's seniors and caregivers through a network of state, regional and local community-based programs. The local providers that we represent at Meals on Wheels America serve as a direct lifeline to those struggling with food insecurity, malnutrition, mobility, loneliness, and countless other difficulties of aging. We frequently say the service starts with the meal and opens the door to so much more. It's the purposeful and unique combination of nutritious meals and social connection that fosters a relationship with the individual senior, enabling Meals on Wheels providers to identify and deliver valuable services that promote independence and well-being. The impact not only saves lives but also saves taxpayer dollars by ensuring that our nation's seniors live safer, longer and more nourished in their own homes and out of other more costly healthcare settings. In fact, we can serve a senior Meals on Wheels for an entire year for roughly the same cost as one day in the hospital or ten days in a nursing home.¹

The OAA is considered the gold standard of a successful public-private partnership, having delivered on its original intent and shown great resiliency and adaptability through challenging times, including a global pandemic. As its reauthorization approaches, Meals on Wheels America is focusing on several key legislative recommendations that further enhance the support and services provided to older adults. Given the significant need, changing demographics, and inflationary pressures, we are pushing for increased authorized funding levels across all OAA programs, with an emphasis on closing the existing needs gap for nutrition services and establishing incentives and funding for medically tailored and culturally appropriate meals. An important strategic proposal we are recommending involves unifying the Congregate and Home-Delivered Nutrition Services with the Nutrition Services Incentive Program (NSIP) under a single Title III-C Nutrition Program and funding stream. This shift would improve efficiency at all levels of the aging network and enable local service providers to tailor their offerings to meet

¹ Meals on Wheels America (2024), special analysis of ACL and Mathematica's estimated meal cost (*OAA Nutrition Programs Evaluation: Meal Cost Analysis*), Kaiser Family Foundation's daily hospital expense data (*State Health Facts: Hospital Adjusted Expenses per Inpatient Day*), and Genworth's cost of semi-private nursing home room (*2021 Cost of Care Survey*) adjusted for inflation. Sources and methods available at: https://www.mealsonwheelsamerica.org/docs/default-source/factsheets/2023/what_we_deliver_2023_national_snapshot_sources_methods.pdf

the diverse needs of seniors in their community far more easily. Additionally, we believe there should be a concerted effort to *prioritize* community-based organizations for nutrition services contracts, as local providers are delivering a holistic service and not just a meal. Finally, this reauthorization is also an opportunity to continue to modernize the OAA to incorporate innovations, flexibility, and successful practices that were leveraged during the pandemic, ensuring that the Act is adaptable and responsive to the evolving needs of America's older population.

The Foundation of the Older Americans Act

As we look toward this year's reauthorization of the OAA, we first and foremost want to protect the core purposes of the Act and underscore the significance of it as a solution to ending senior hunger and social isolation in our country and why it must be sufficiently resourced.

The Older Americans Act of 1965 (OAA) was signed into law on July 14, 1965, as an answer to improving access to social services and supports for older adults living in the community. Since then, the Act has served as the primary federal legislation supporting community-based social services for adults 60 and older and the bedrock of federal support to the nationwide network of senior nutrition programs that rely on federal funding.

The OAA has evolved and grown over time through prior reauthorizations and consists of seven titles today. Of the seven titles, all but one is administered by the Administration on Aging (AoA), a federal sub-agency established by the OAA within the U.S. Department of Health and Human Services (HHS) Administration for Community Living (ACL). At the state and local levels, OAA activities are carried out by 56 State Units on Aging (SUA), over 600 Area Agencies on Aging (AAA), and thousands of community-based organizations. AoA, housed within ACL, is tasked with advocating for older adults and persons with disabilities and supporting them in securing and maintaining their health, well-being, and independence in the community.

The largest title of the Act, accounting for 72% of the OAA's total funding in FY 2023, is Title III Grants for State and Community Programs, which provides grants to states to help carry out a variety of supportive service and health promotion programs for older adults and their caregivers.² The Title III Nutrition Program, which includes congregate (Title III-C1) and home-delivered (Title III-C2) nutrition services, and the Nutrition Services Incentives Program (Title III-C), is a federal program that supports the health and well-being of older adults through nutrition services. We are proud and thankful and want to underscore the significance of the OAA Nutrition Program, *which is the only federal program designed specifically to meet older adults' nutritional and social needs*. The OAA Nutrition Program is a successful public-private

² Congressional Research Service (2023), *Older Americans Act: Overview and Funding*. <https://crsreports.congress.gov/product/pdf/R/R43414>

partnership, with the critical federal dollars provided leveraging an impressive funding match of approximately 3 to 1, from additional state, local, and private sources.³

Again, we believe that the Act successfully fulfills its purpose, and that reauthorization efforts and modifications should be primarily focused on improving the ability to reach more seniors.

The Pervasive Problem of Senior Hunger

Since its inception, the OAA Nutrition Program has provided billions of meals to seniors in need, improved countless lives, and saved considerable taxpayer dollars through well-established trust built at both the community and national levels. While this program has worked as it was designed for decades, it is not reaching all those in need. Eight out of ten (80.3%) low-income, food insecure older adults are not receiving the congregate or home-delivered meals that they are eligible for and likely need.⁴ From a national survey, we found that one in three local Meals on Wheels programs maintain waiting lists, with seniors waiting on average three months for vital meals—an increase of 10% for program waitlists from 2021.⁵ The same survey found an overwhelming majority of programs, 78%, have already or would need to add seniors to waitlists due to funding cuts. These are only the individuals we are aware of and know that it is an underrepresentation of the true need across the country. In fact, 97% in our survey indicated they believe that there is unmet need in their communities.

Additional research has found that older adults who seek Meals on Wheels services are already more vulnerable than the average American seniors, with poorer self-reported health, higher levels of depression and anxiety, greater fears of falling and more.⁶ Simply put, while older adults are on waiting lists and struggling to have their nutritional and social needs met, their health is continuing to decline and are more likely to end up in a hospital or nursing home prematurely and at significantly higher cost to the individual and taxpayers.

The OAA Nutrition Program is an essential linchpin in supporting the healthy aging process for millions of Americans. But its effectiveness in making a dent in the national dual crises of senior hunger and social isolation depends on being adequately funded. The reality of senior hunger and isolation in our country is sobering. 12 million older adults aged 60+ worry about having enough food (i.e., are marginally food insecure). This was an increase of 2.2 million over 2021.⁷

While daunting, even one individual struggling with hunger is far too many. With the issue being pervasive in American communities and additional challenges fast approaching with the growth

³ ACL (2019), Written Statement by Administrator and Assistance Secretary for Aging Lance Robertson for the Senate Special Committee on Aging. <https://acl.gov/news-and-events/announcements/asa-robertson-testified-senate-hearing-oaa-today>

⁴ U.S. Census Bureau (2022), *Current Population Survey (CPS) Food Security Supplement*, Meals on Wheels America calculation of dataset available at: https://www.census.gov/data/datasets/time-series/demo/cps/cps-supp_cps-repwgt/cps-food-security.html

⁵ Meals on Wheels America (November 2023), *#SaveLunch Member Pulse Survey*. Internal report.

⁶ Meals on Wheels America (2015), *More Than a Meal Pilot Research Study*, commissioned report prepared by Thomas & Dosa. <https://www.mealsonwheelsamerica.org/learn-more/research/more-than-a-meal/pilot-research-study>

⁷ See note 4.

of our senior population, there is no time to wait for action. The number of OAA meals and seniors we are able to serve nationwide, however, has failed to keep pace with demographic shifts, growing demand, and the rising costs of food, transportation, and other expenses. While we currently serve 251 million nutritious home-delivered and congregate meals annually to the 2.2 million older adults facing hunger and isolation, we have the infrastructure and knowhow to reach millions more, especially through increased appropriations and a strong and timely reauthorization.⁸

The Costs and Consequences of Senior Hunger and Social Isolation

Today, millions of seniors are experiencing some degree of food insecurity and/or social isolation, leaving them at risk for a multitude of adverse health issues. Food-insecure older adults experience worse health outcomes than food-secure seniors, with greater risk for heart disease, depression, and decline in cognitive function and mobility.⁹ 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. 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, local, community-based organizations serve a critical role in addressing the nutritional and social needs of our nation’s older adults. The impact of these services on seniors’ lives is powerful.

Most seniors receiving OAA nutrition services from senior nutrition programs consistently report that participating in the program helps them feel more secure, helps them eat healthier foods, prevents falls or fear of falling, and allows them to stay in their own homes. In turn, this helps avoid preventable emergency room visits, hospital admissions and readmissions, and extended rehab stays, preventing premature institutionalization and ultimately reducing our nation’s health care costs. The cost of not providing these services and increasing funding is clear.

Currently, almost 95% of older adults have at least one chronic condition, while nearly 80% have two or more chronic conditions.¹⁰ Increasingly, older adults need access to nutritious meals and comprehensive services that can help them manage their chronic conditions.

Malnutrition, senior falls, and social isolation tell a similar story. The economic burden of senior malnutrition alone costs \$51.3 billion annually (in 2010 dollars), while senior falls account for

⁸ Administration for Community Living/Administration on Aging (2023), *State Program Report (SPR) 2021*, available on ACL’s Aging, Independence, and Disability Program Data Portal (AGID) at: <https://agid.acl.gov/>

⁹ Ziliak and Gunderson (2021), *The Health Consequences of Senior Hunger in the United States: Evidence from the 1999-2016 NHANES*, report prepared for Feeding America. www.feedingamerica.org/research/senior-hunger-research/senior

¹⁰ National Council on Aging (April 2022), *Chronic Inequities: Measuring Disease Cost Burden Among Older Adults in the U.S. A Health and Retirement Study Analysis*. <https://ncoa.org/article/the-inequities-in-the-cost-of-chronic-disease-why-it-matters-for-older-adults>

\$50 billion (in 2015 dollars).^{11, 12} Studies show the highest rates of social isolation are found among older adults, putting seniors at risk for high blood pressure, heart disease, obesity, a weakened immune system, anxiety, depression, cognitive decline, Alzheimer's disease, and even death.¹² Research demonstrates that social isolation among older adults leads to an extra \$6.7 billion in Medicare spending a year (in 2012 dollars) similar expenditures to that of having high blood pressure or arthritis.¹³

The Case for Meals on Wheels and the Older Americans Act

As noted throughout this testimony, Meals on Wheels is a proven solution that addresses the escalating issues of senior hunger and isolation. We know this not only through the daily anecdotes we hear of how Meals on Wheels has impacted people's lives, but through decades of research. Our recently released report, *The Case for Meals on Wheels: An Evidence-Based Solution to Senior Hunger and Isolation*, showcases consistent findings that Meals on Wheels improves senior health, safety, social connection, and more while saving taxpayer dollars.¹³

The Case for Meals on Wheels analyzed a total of 38 studies, spanning 1996 to 2023, and found they consistently reported that Meals on Wheels programs reduce healthcare utilization and costs, falls, nursing home use, social isolation and loneliness while improving food security, diet quality, and nutritional status and seniors' ability to age in place. These remarkable outcomes, highlighted below, underscore the life-changing impact that Meals on Wheels services have on the lives of the older adults we serve:

- 1. Reduced use of costly health care services:** Several studies found Meals on Wheels program participants needed fewer visits to the emergency room or experienced fewer hospital stays or readmissions.
- 2. Reduced nursing home use and increased ability to age in place:** Access to medically tailored and home-delivered meals allowed individuals to stay in their homes rather than transfer to a nursing facility for nutritional support. Nearly all (92%) home-delivered meal participants said the meals help them continue to live independently, according to the 2022 national survey of Older Americans Act Title III home-delivered meal participants.
- 3. Reduced health care costs attributed to reduced hospital and nursing home spending:** In line with outcomes one and two, their reduced health care and nursing home use also meant Meals on Wheels participants spent less on health care. One study found that among individuals receiving medically tailored meals, average medical expenditures were 40% lower per month for those receiving meals than for a matched group not receiving meals (\$843 vs. \$1,413).
- 4. Increased food security:** Several studies concluded that home-delivered meal participants worried less about having enough to eat. Those individuals who received breakfast and lunch deliveries, rather than just lunch, benefited even more.

¹¹ Snider, et al. (2014), Economic Burden of Community-Based Disease-Associated Malnutrition in the United States. *Journal of Parenteral and Enteral Nutrition*, 38(2S), 77S-85S. <https://doi.org/10.1177/0148607114550000>

¹² Thomas, et al. (2018), Home-Delivered Meals and Risk of Self-Reported Falls: Results From a Randomized Trial. *Journal of Applied Gerontology*, 37(1), 41-57. <https://doi.org/10.1177/0733464816675421>

¹³ Meals on Wheels America (September 2023), *The Case for Meals on Wheels: An Evidence-Based Solution to Senior Hunger and Isolation*. <https://www.mealsonwheelsamerica.org/learn-more/research/the-case-for-meals-on-wheels-sept23>

5. **Improved diet quality:** Home-delivered meals led to higher-quality diets among participants, as measured by nutrient intake, calories, vitamins, and other indicators. Participant feedback reinforced that meal delivery helped them eat healthier, more nourishing foods.
6. **Reduced or slow decline in nutritional risk:** Program participants threatened by malnutrition saw improvement in their nutritional risk scores. Individuals benefited from both improved dietary intake and improved food security.
7. **Reduced social isolation and loneliness:** Several studies found a link between home-delivered meals and reduced social isolation or loneliness, particularly among participants who lived alone. These benefits resulted from contact with drivers during meal deliveries and opportunities for social connection via other Meals on Wheels programs.
8. **Reduced falls and increased home safety:** Several studies found Meals on Wheels participants experienced fewer falls and minimized exposure to hazards in the home, outcomes attributable to safety checks provided at meal delivery, and a reduced need to cook in the kitchen.

This research alone cannot bring these evidence-based programs to the older adults who desperately need them. Seniors' access to these critical services is only possible with the support of Congress and sufficient federal funding. This report illuminates the impact that Meals on Wheels has and the necessity to protect and increase federal funding to meet the current needs of our growing senior population.

Older Americans Act Reauthorization Priorities

While the need for far greater federal funding is the primary key to serving more seniors, especially in the years following the COVID-19 pandemic, there are opportunities to ease administrative burdens and improve our insight into the performance and operations of the network at all levels. The Act, including the Nutrition Program, must continue to be robust and successful and fulfill its original intent and core purpose to reduce hunger, promote socialization, and improve health and well-being for older adults in greatest social and economic need.

Any policy changes must, first and foremost, do no harm to the aging services network and the seniors they support. Instead, they must address the pervasive and growing challenges of senior hunger and social isolation. We believe reauthorization should also build on the newly updated OAA regulations by modernizing the law and reflecting the on-the-ground needs of service providers, older adults, and their families and caregivers. Accordingly, Meals on Wheels America urges Congress to enact the following recommendations:

1. **Increase authorization funding levels for all OAA programs and provide additional resources for enhanced nutrition services.**
 - Increase authorized funding, including sufficient funding for Title III Nutrition Services, to address existing waiting lists and reach the ever-growing number of older adults who would benefit from OAA programs.
 - Authorize new funding streams and establish incentives for senior nutrition programs to offer medically tailored and/or culturally appropriate meals and expand reach in underserved areas.

- Improve and clarify authorization of funding for senior nutrition programs to maintain and invest in the infrastructure and resources needed to prepare and deliver services, including kitchen equipment, delivery vehicles, labor, etc.
- 2. Unify OAA Congregate, Home-Delivered and the Nutrition Services Incentive Program into a single Title III-C Nutrition Program.**
 - Create one authorized funding stream to remove administrative burden, improve efficiency, and enable community-based organizations to tailor nutrition services to seniors' needs more easily.
 - Codify alternative nutrition services models, such as grab-and-go and drive-thru meals, proven to reach more older adults struggling with hunger and social isolation.
 - Modernize the Nutrition Services Incentive Program through enhanced partnership and coordination with USDA, HHS, states, Area Agencies on Aging (AAA), and local providers to procure commodity foods for preparing OAA meals and coordinate other important federal benefits and programs for seniors.
 - 3. Prioritize community-based nutrition programs and experienced network providers in OAA grant awards and contracts.**
 - Encourage states and AAAs to partner more closely with and leverage senior nutrition programs' established infrastructure, dedicated volunteer base, and experience serving their communities to deliver nutritious meals, socialization services, and safety checks to more older adults.
 - Ensure timely payment and reimbursement processes for nutrition services provided.
 - 4. Expand senior nutrition program capacity and infrastructure support for further integration into the health care system.**
 - Reduce administrative and regulatory burdens on local nutrition and aging services providers seeking to establish contracts and partnerships with health care providers and payors.
 - Provide additional resources and promote incentives for the aging services network to build the capacity, including infrastructure and technology, to meet the compliance and privacy standards for providing covered health care benefits.
 - 5. Promote innovations and successful practices learned during the COVID-19 pandemic.**
 - Facilitate continued innovation and implementation of many successful practices leveraged during the COVID-19 public health emergency, including new partnerships, programming, emergency preparedness and outreach.
 - Support the expansion of evidence-informed and/or technology-based solutions that can help meet the needs of seniors, including their preferences for meals and social connectedness.

In addition to improvements through reauthorization, our organization and network of senior nutrition providers are pleased with the recent effort to update federal regulations for OAA policies and programs for Titles III, VI, and VII for the first time in 36 years.¹⁴ As a result, they

¹⁴ ACL (February 2024), *Final Rule [89 FR 11566]: Older Americans Act: Grants to State and Community Programs on Aging; Grants to Indian Tribes and Native Hawaiian Grantees for Supportive, Nutrition, and Caregiver Services; Grants for Supportive and Nutritional Services to Older Hawaiian Natives; and Allotments for Vulnerable Elder Rights Protection Activities.* <https://www.federalregister.gov/documents/2024/02/14/2024-01913/older-americans-act-grants-to-state-and-community-programs-on-aging-grants-to-indian-tribes-and>

are now better aligned with language and additions from recent reauthorizations and better reflect the needs of today's growing and diversifying older adult population.

Among the several updated policies we look forward to being implemented, we remain supportive of the following nutrition-related provisions that are included and/or clarified per ACL's final rule (effective Friday, March 15, 2024):

- Home-delivered meals – and a certain amount of congregate meals – may be provided via home delivery, pick-up, carry-out, or drive-through.
- Eligibility for home-delivered meals is not limited to people who are “homebound;” criteria may depend upon many factors (including ability to leave home unassisted, ability to shop for and prepare nutritious meals, mental health, degree of disability or other relevant factors about their need for the service, including social and economic need).
- Requirements regarding the use and transfer of funding for Title III programs, including clarification under Title III C-1 and C-2 that funds can be used for nutrition education, nutrition counseling, and other nutrition services, as well as cautioning against transitioning money away from Title III-B and Title III-C services for which they were appropriated and intended by Congress.
- States have the option to receive NSIP allocation grants as cash, commodities or a combination of both, and that funds can only be used to purchase domestically produced foods used in meals.

We are encouraged to see much consideration and modernization of OAA regulations through this regulatory process. Nonetheless, regulatory updates and guidance can only achieve so much and look forward to addressing remaining policy priorities and making further legislative improvements during this OAA reauthorization process.

Conclusion

Thank you for holding this timely hearing and inviting me to testify before you. I appreciate the chance to share how the OAA improves the lives of senior citizens, communities, and our nation. I would like to extend a special thanks to Chairman Sanders for his leadership on the OAA in past reauthorizations and in seeking increased funding. And I want to thank all members of the Committee for sharing the belief that no senior in America should be left hungry or isolated. I hope the information I provided today is helpful as you consider the next reauthorization and look forward to working together to make this vision a reality for our older adults. Thank you again for your time, and I am pleased to answer any questions you might have.