



**Outside Witness Testimony of
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**Submitted to the U.S. House of Representatives Committee on Appropriations
Subcommittee on Labor, Health and Human Services, Education and Related Agencies
Regarding: United States Department of Health and Human Services, Administration for
Community Living Fiscal Year 2023 Appropriations
May 26, 2022**

Dear Chairwoman DeLauro, Ranking Member Cole, and Members of the Subcommittee:

Thank you for the opportunity to submit testimony concerning Fiscal Year 2023 (FY23) appropriations for the Older Americans Act (OAA) Nutrition Program, administered by the Department of Health and Human Services' (HHS) Administration for Community Living (ACL). On behalf of Meals on Wheels America, the nationwide network of community-based senior nutrition providers and the individuals they serve, **we are calling for a minimum of \$1,933,506,000 for the OAA Nutrition Program to be included in the final FY23 Labor, Health and Human Services, Education and Related Agencies (Labor-HHS-Ed) Appropriations bill. The specific line-item requests are:**

- **Congregate Nutrition Services** (Title III-C-1) – \$965,342,000
- **Home-Delivered Nutrition Services** (Title III-C-2) – \$791,342,000
- **Nutrition Services Incentive Program (NSIP)** (Title III) – \$176,822,000

Overseen by ACL's Administration on Aging and implemented at the local level through thousands of community-based providers, the OAA Nutrition Program delivers nutritious meals, social connection and safety checks to adults 60 and older – either in a group setting or directly in the home – and has been at the forefront of addressing senior hunger and isolation for five decades.

This request reflects the amount necessary for the network of senior nutrition providers to maintain its current heightened levels of service, while enabling providers to expand and adapt to a growing number of older adults in need of their services. As our country strives to respond to, recover and rebuild from the COVID-19 health and economic crises, senior nutrition programs are

a lifeline for millions. We must invest more significantly in these cost-effective programs to enable individuals to age at home, more safely, with greater independence and quality of life.

Nutrition is paramount to healthy aging. Older adults who are food insecure and lack consistent access to nutritious meals experience worse health outcomes and are at increased risk for heart disease, depression, diabetes and declines in cognitive function and mobility compared to those who are food secure.¹ Most older Americans possess at least one factor that puts them at greater risk of food insecurity, malnutrition, social isolation and/or loneliness, thereby increasing their likelihood of experiencing negative health effects. Despite the longstanding and wide recognition of the relationship between healthy aging and access to nutritious food, millions of older adults were struggling to meet these basic needs even prior to the COVID-19 pandemic.

The reality of senior hunger today is sobering. In 2020, over 9 million (12%) older adults 60+ were threatened by hunger – nearly 5.2 million (7%) of whom experienced *low food security* or *very low food security*. Nationwide, that comes to one in eight older adults struggling with hunger – and the fraction of seniors experiencing *very low food security* has increased almost 90% since 2001.² It has also been estimated that almost half of all older adults may be at risk of becoming, or are already, malnourished.³ Today, millions of older adults are forced to make difficult choices about the foods they eat due to financial strain and/or may forgo eating properly in order to be able to afford paying for other necessities, such as utilities, rent and/or medication.

¹ 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, available at www.feedingamerica.org/research/senior-hunger-research/senior

² U.S. Census Bureau, 2020, *Current Population Survey (CPS) December Food Security Supplement*, dataset available at https://www.census.gov/data/datasets/time-series/demo/cps/cps-supp_cps-repwgt/cps-food-security.html

³ Kaiser et al., 2010, “Frequency of malnutrition in older adults: a multinational perspective using the mini nutritional assessment”, *Journal of the American Geriatrics Society* 58(9):1734-8, abstract available at <https://pubmed.ncbi.nlm.nih.gov/20863332/>

Further, certain segments of the population experience a range of different challenges at disproportionately higher rates. As examples, older adults who are racial or ethnic minorities; lesbian, gay, bisexual, transgender and queer (LGBTQ+); living with disabilities or limited mobility; living in or near poverty; and in rural areas face systemic inequities that too often result in a lack of adequate resources and/or access to services they need to remain well later in life.

The OAA Nutrition Program is designed to reduce hunger, food insecurity and malnutrition, and promote socialization and the health and well-being of older adults. OAA services, including congregate and home-delivered meals, are targeted toward seniors with the greatest social and economic need, including those who are low-income; are a racial or ethnic minority; live in a rural community; have limited English proficiency; and/or are at risk of institutional care.

The impact of these services on seniors' lives is powerful, and older adults who receive them have better health because of their participation. Most seniors receiving OAA nutrition services consistently report that participating in the program helps them feel more secure; prevents falls or lessens the fear of falling; and allows them to stay in their own home.^{4,5} In turn, these supports help avoid preventable emergency room visits, hospital admissions and readmissions, extended stays in rehab and premature institutionalization – ultimately reducing our nation's healthcare costs.

A rigorously designed study from 2015 found that older adults receiving home-delivered meals experienced statistically significant improvements in health compared to their counterparts who did not receive services. The group who received home-delivered meals and safety checks

⁴ Administration for Community Living (ACL), 2019, *National Survey of OAA Participants*, available on ACL's AGID Custom Tables, available at <https://agid.acl.gov/>

⁵ Meals on Wheels America, 2015, *More Than a Meal Pilot Research Study*, report prepared by Thomas & Dosa, available at www.mealsonwheelsamerica.org/learn-more/research/more-than-a-meal/pilot-research-study

were more likely to have improved physical and mental health, including reduced feelings of anxiety and loneliness, and fewer hospital admissions and falls.⁶

For many Meals on Wheels participants, staff and volunteers may be the only individual(s) they see that day. Regular social connection is an inherent component of the Meals on Wheels service model and can include intentional face-to-face conversation during delivery and/or enhanced programming, like friendly visiting and telephone reassurance calls. Further, in-home safety services include a regular environmental safety check and established approaches for addressing identified hazards, fall risks and home repair needs.

The importance of the OAA Nutrition Program has never been more evident than throughout the COVID-19 pandemic. Nutrition programs like Meals on Wheels are pivotal to our nation's pandemic response and recovery, and they have been highly sought out for the trusted nutrition and social connections they offer. Despite the incredible efforts from the senior nutrition network to quickly scale services in response to a rapid increase in demand, challenges remain in addressing persistent need in communities. A survey of Meals on Wheels America membership last year found that 97% of programs believed there continued to be substantial unmet need in their communities and about 60% of programs reported that the major limitation to serving meals to all the seniors in their community who needed them was funding to pay for the meals.⁷

Even prior to the pandemic, federal funding for aging services was not keeping pace with increasing demand, rising costs and inflation. Now, more than two years into this public health emergency, programs continue to deliver life-saving services at sustained high rates while navigating emerging challenges and lingering uncertainties. Currently, eight in 10 Meals on

⁶ See footnote 5

⁷ Meals on Wheels America, July 2021, *2021 Mid-year COVID-19 Pulse Survey*, available at www.mealsonwheelsamerica.org/learn-more/research/covid-19-research-portfolio

Wheels programs are still serving more home-delivered meals and clients than they were before COVID-19. Many are taking drastic steps to sustain their programs due to funding challenges, such as discontinuing or cutting back services. As of April 2022, 20% of Meals on Wheels programs reported adding clients to a waiting list. Most senior nutrition programs are facing at least one significant barrier, such as rising costs of inflation, food and gas, and a third have reported that increased operating costs are requiring them to tap into reserve funding.⁸

Thanks to your efforts, ACL received emergency funding necessary to help address the significant needs presented by the pandemic. ACL and its programs have subsequently been able to reach communities and people who have long needed nutrition services but were not receiving them. Senior nutrition programs nationwide have expanded capacity, innovated operations and shown that their services can be the difference between life and death. Now, we are at a crossroads. It is clear that pandemic-level funding for these programs must remain; we cannot go backwards.

We understand the difficult decisions you face with respect to annual appropriations bills and other budgetary challenges. However, the risks and benefits of healthy aging cannot be underestimated, both in social and economic costs. As the Subcommittee develops its FY23 Labor-HHS-Ed appropriations bill, we urge you to include **\$1.934 billion for the OAA Nutrition Program**, so that local community-based senior nutrition programs can ensure the health, safety and social connectedness of our nation's older adults, build the capacity of ACL's programs and services, and bridge the growing gaps and unmet need for services in communities nationwide. Thank you for your leadership, support and consideration. We look forward to working together to ensure that no older adult in America is left hungry and isolated.

⁸ Meals on Wheels America, April 2022, *Spring Member Pulse Survey*, available at www.mealsonwheelsamerica.org/learn-more/research/covid-19-research-portfolio