



**Outside Witness Testimony of
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Submitted to the Subcommittee on Labor, Health and Human Services, Education and
Related Agencies
Committee on Appropriations, U.S. House of Representatives
Relating to Fiscal Year 2019 Appropriations, Administration for Community Living**

April 26, 2018

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

Thank you for the opportunity to present testimony concerning Fiscal Year (FY) 2019 appropriations for the Older Americans Act (OAA) Nutrition Program administered by the Administration for Community Living (ACL)/Administration on Aging (AoA) within the U.S. Department of Health and Human Services. I am providing this testimony on behalf of the more than 2.4 million seniors who depend on congregate and home-delivered nutrition programs in your Districts and communities across the country. We are grateful for your ongoing support of these proven and effective programs, including the recent \$59 million increase provided in H.R. 1625, the Consolidated Appropriations Act of 2018. We also appreciate your concern for the issues surrounding senior hunger and isolation and the growing number of those who need Meals on Wheels but remain on waiting lists due to limited funding. In FY 2019, we urge you to continue to build on existing bipartisan, bicameral support by increasing federal funding for the OAA Nutrition Program by \$100 million over FY 2018 levels, for a total of \$996.7 million. Our specific line-item requests are:

- Congregate Nutrition Services (Title III, C-1) – \$490,342,000
- Home-Delivered Nutrition Services (Title III, C-2) – \$346,342,000
- Nutrition Services Incentive Program (Title III, NSIP) – \$160,069,000

At this critical juncture in our nation's history, when both the need and demand for services are climbing exponentially, we ask that you give this request your utmost consideration. The

OAA Nutrition Program represents one of the most successful examples of a public-private partnership, leveraging about \$3 for every \$1 appropriated through the OAA with additional state, local and private contributions, as well as millions of volunteers. The nutritious meals, friendly visits, safety checks and community connections provided each day by OAA congregate and home-delivered nutrition programs provide an efficient and vital service for our most vulnerable seniors, our communities and our taxpayers, as a whole.

Such a person-centered approach to care enables seniors to live more nourished and independent lives longer in their own homes – where they want to be – reducing unnecessary and costly visits to the emergency room, admissions and readmissions to hospitals and premature nursing home placement. These programs not only deliver more than just a meal to those who are fortunate enough to receive their services but are also an essential part of the solution to reducing healthcare expenditures resulting from an aging population increasingly threatened by hunger.

INADEQUATE FUNDING PLACES MORE AND MORE AMERICANS AT RISK

Today, nearly 10 million seniors – or one in six – may not know from where their next meal will come. In 2015, funding provided through the OAA was only able to support the provision of meals to 2.4 million seniors nationwide. Simply put, too few seniors who need meals are getting them. A 2015 Government Accountability Office report found that about 83% of food insecure seniors and 83% of physically-impaired seniors did not receive OAA meals, but likely needed them. The OAA network overall is serving 19 million fewer meals to seniors in need than it was in 2005, which is a 7.8% decrease and is due in large part to federal funding not keeping pace with inflation or need. Over that same time, the population of individuals 60 and older grew by 34%. Undoubtedly, the growing gap between seniors in need and served is contributing to poorer health and increased healthcare utilization.

SERVING THE MOST VULNERABLE

Data from ACL's State Program Reports and National Survey of OAA Participants demonstrates that the seniors receiving meals at home and in congregate settings, such as senior centers, need these services to remain healthier and independent. Often, the single meal provided through the OAA Nutrition Program represents half or more of a senior's total daily food intake. The volunteers, staff members or peers at a congregate dining facility may also be the only individuals a senior meal recipient sees in a given day. Further, a food insecure senior has physical limitations comparable to food secure seniors 14 years older.

Below is the profile description of at-risk seniors receiving Meals on Wheels through the OAA:

- 59% are 75+ years old
- 59% are women
- 35% live at the poverty level
- 46% self-report fair or poor health
- 15% are veterans
- 25% live in rural areas
- 28% are a racial and/or ethnic minority
- 82% take 3+ medications daily

The extreme vulnerability of this population was further underscored in a groundbreaking 2015 study entitled *More Than a Meal*, commissioned by Meals on Wheels America. The study found that seniors on Meals on Wheels waiting lists were significantly more likely than a nationally representative sample of comparably-aged Americans to report poorer self-rated health (71% vs. 26%); screen positive for depression (28% vs. 14%) and anxiety (31% vs. 16%); and report recent falls (27% vs. 10%) and fear of falling that limited their ability to stay active (79% vs. 42%).

THE SOLUTION EXISTS

Access to proper nutrition is critical as older adults are often at risk of poor nutrition given the myriad of biological, social, economic and functional challenges that may accompany aging and limit a senior's ability to access, prepare and consume nutritious foods. Food insecurity and

malnutrition are associated with poor health and \$77 billion in healthcare costs annually, and a senior's health status may be compromised with even a slight reduction in nutritional intake.

However, the More Than a Meal study referenced above found that those seniors who received daily home-delivered meals (the traditional Meals on Wheels model of a daily, home-delivered meal, friendly visit and safety check) experienced the greatest improvements in health and quality of life. Specifically, between baseline and follow-up, seniors receiving daily home-delivered meals were more likely to exhibit improvements in physical and mental health (including reduced levels of anxiety, feelings of isolation and loneliness and worry about being able to remain at home), and reductions in hospitalizations, falls and the fear of falling.

Investing in Meals on Wheels has also been shown to reduce hospital readmissions and post-discharge costs. In previous testimony, I have provided the Subcommittee with information relating to the significant reductions in post-discharge costs – some as high as 31% – associated with interventions by Meals on Wheels. The infrastructure and cost-effective interventions to support this unique population already exist through the OAA network of more than 5,000 local, community-based programs. With federal funding as the foundation for 8 out of 10 Meals on Wheels programs who rely on the OAA to provide such critical social and nutrition services to America's most at-risk seniors, now is the time to invest further in these programs.

DELIVERING A STRONG RETURN ON INVESTMENT FOR OUR NATION

We understand you are tasked with making tough choices related to the federal budget; however, we are asking for a **\$100 million increase for home-delivered nutrition services** because they deliver a powerful return to seniors and taxpayers alike. In fact, the OAA Nutrition Program currently takes up less than one-sixth of one percent of the total non-defense discretionary budget; meanwhile, Medicare and Medicaid costs continue to rise year over year.

Providing meals designed specifically for seniors' nutritional needs can change this. Meals on Wheels programs have the capacity to serve significantly more seniors and meals, if properly resourced. When considering the reduction in senior falls alone, which cost \$50 billion in total medical costs in 2015, further investments in OAA Nutrition Programs are an untapped solution that has the potential to produce billions of dollars in savings to the Mandatory side of the budget. With increased funding for meals, more seniors can remain at home, driving this cost down significantly. Discretionary OAA Nutrition Programs are having a positive impact on federal spending, as they help prevent and mitigate the effects of chronic disease, improve quality of life, expedite recovery after an illness, injury, surgery or treatment, and reduce unnecessary Medicare and Medicaid expenses both today and in the future. After all, a Meals on Wheels program can deliver Meals on Wheels to a senior for an entire year for on average the same cost as just one day in the hospital or ten days in a nursing home.

As your Subcommittee crafts and considers the FY 2019 Labor-HHS-Education Appropriations Bill, we ask that you provide, at a minimum, **\$996,753,000 for all three nutrition programs authorized under the OAA (Congregate Nutrition Program, Home-Delivered Nutrition Program and the Nutrition Services Incentive Program)**. To further support this increase, more than 100 of your colleagues signed onto a bipartisan letter on March 19, 2018, calling for further investments in the OAA, including the nutrition program. Again, we thank you for your leadership and continued support through the appropriations process. We hope our testimony has been instructive and are pleased to offer our assistance and expertise at any time throughout this process.