



**Outside Witness Testimony of
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**Submitted to the U.S. Senate Committee on Appropriations
Subcommittee on Labor, Health and Human Services, Education and Related Agencies**

**Regarding: Administration for Community Living Fiscal Year 2021 Appropriations
May 22, 2020**

Dear Chairman Blunt, Ranking Member Murray, and Members of the Subcommittee:

Thank you for the opportunity to submit testimony concerning Fiscal Year 2021 (FY21) 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 national network of community-based senior nutrition providers and the individuals they serve, we are grateful for your enduring support for the program, particularly in response to the coronavirus (COVID-19) crisis in recent months. Despite crucial investments in annual appropriations and emergency supplemental funding, senior nutrition programs across the country face great challenges, existing prior to COVID-19, in addressing the growing demand for services with insufficient resources. Since the onset of the current national emergency, local Meals on Wheels programs have been responding on the front lines to deliver essential nutrition assistance to older Americans in need and are experiencing a dramatic increase in requests for meals, soaring costs and other unfamiliar challenges as they adjust their operations amid the pandemic. For this reason, **we request a total of \$1,028,753,000 for the OAA Nutrition Program – Congregate Nutrition Services, Home-Delivered Nutrition Services, and Nutrition Services Incentive Program (NSIP) – in FY21.** As older adults will most likely need to continue to stay at home and practice social distancing through the new fiscal year, our specific appropriations requests are:

- **\$510,342,000 for Congregate Nutrition Services (Title III C-1)**
- **\$336,342,000 for Home-Delivered Nutrition Services (Title III C-2)**
- **\$182,069,000 for Nutrition Services Incentive Program (Title III)**

This FY21 ask represents a \$70,000,000 increase for Home-Delivered Nutrition Services and a \$22,000,000 increase for Nutrition Services Incentive Program, both of which are necessary to meet the growing need for vital nutrition assistance and social connection to seniors, who remain among those at greatest risk of contracting and experiencing complications due to COVID-19. In total, this is a \$92 million (10%) increase above FY20-enacted funding levels and reflective of the total amount authorized for the OAA Nutrition Program in FY21 by the *Supporting Older Americans Act of 2020* (P.L. 116-131) – bipartisan legislation to reauthorize the OAA and its programs through FY24. As our country strives to respond, recover and rebuild from this health and economic crisis, these nutrition programs and the services they provide must be continue to exist and expand because they are a lifeline for millions of our nation's most vulnerable.

The OAA Nutrition Program (i.e., Meals on Wheels) provides nutritious meals, opportunities for socialization and safety checks to adults age 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 nearly fifty years. Overseen by ACL's Administration on Aging (AoA) and implemented at the local level through more than 5,000 community-based providers, the services

offered through the program are effective in promoting the health, independence and quality of life of seniors.

However, despite broad support from the public, policymakers and seniors themselves, the OAA Nutrition Program remains underfunded year after year and has experienced diminished growth and reach during a time when the country's older adult population is expanding. Due to COVID-19, older adults are now also facing an unprecedented threat to their health, autonomy and financial well-being. In a recent survey, four out of five Meals on Wheels programs reported demand for services had at least doubled since March 1, 2020.¹ Accordingly, additional federal funding and flexibilities for utilizing OAA dollars are needed for senior nutrition providers to adequately adapt and scale operations to meet the rapidly growing and evolving needs of the communities they serve.

Insufficient Federal Funding Threatens a Growing Number of Seniors

With approximately 12,000 individuals turning 60 every day, the senior population is becoming increasingly endangered by hunger and isolation. Nationally, 9.5 million seniors are threatened by hunger (i.e., *marginally food insecure*) – and one in 13 individuals (7.7%) age 60 and older are *food insecure* or *very low food secure*.² Social isolation – which has been amplified throughout the current pandemic amid safety and social distancing measures – is another threat for the nearly 17.5 million (24%) seniors living alone, with one in five older adults reporting frequent feelings of loneliness prior to COVID-19.^{3,4} Most older Americans possess at least one trait that puts them at increased risk of experiencing food insecurity, malnutrition, social isolation and/or loneliness, thereby increasing the likelihood of experiencing myriad negative and consequential health effects. Despite the wide recognition of the relationship between healthy aging and access to nutritious food and regular socialization, millions of seniors struggle to meet these basic human needs.

While the OAA Nutrition Program plays a pivotal role in addressing the growing issues of senior hunger and isolation, federal funding for the program has not kept pace with demographic shifts or inflation, leaving a huge gap between seniors served and those who are in need of services but are not receiving them. Nationally, the OAA Nutrition Program network served 20 million fewer meals in 2018 than in 2005 – a decline of more than 8% – despite the 60 and older population increasing over 45% in that same period.⁵ Further underscoring the need for more funding, a 2015 Government Accountability Office study estimated that 83% of low-income, food insecure seniors do not receive the congregate or home-delivered meals that they likely need.⁶

Prior to the COVID-19 pandemic, nearly half of all Meals on Wheels America members representing every state and the District of Columbia reported maintaining an active waiting list due to insufficient resources to meet the need for services in their communities.⁷ That sobering reality is even worse now, as revealed in a recent survey commissioned by Meals on Wheels America and conducted by Trailblazer Research, with over half of Meals on Wheels programs surveyed reporting that their existing waiting lists have grown by 26%, with 22% of them stating that their waiting lists have at least doubled. Furthermore, the survey results indicated that new requests for Meals on Wheels services have increased for nearly all programs, and as a result programs are serving 56% more meals and 22% more seniors each week since March 1 when concerns of COVID-19 and efforts to employ social distancing began.¹ The emergency funding provided in the *Families First Coronavirus Response Act (FFCRA)* and the *Coronavirus Aid, Relief and Economic Security (CARES) Act* provided a critical boost in resources to assist OAA nutrition programs in response to the need and demand for additional meals from both pre-existing

and new clients as a result of the pandemic. While this emergency action was necessary, additional appropriations will be needed this coming fiscal year for the senior nutrition network, as well. As the country continues to combat the severe upsurge in food insecurity during this time of economic hardship, there are likely far more seniors that are currently in need of, but still not receiving, these critical nutrition and social services.

Serving Those with the Greatest Social and Economic Need

The OAA exists to support seniors in the greatest social and economic need, and as such, effectively targets services and stretches limited financial resources accordingly. In 2018, the latest year for which data is available, the OAA Nutrition Program provided over 73 million congregate meals and 147 million home-delivered meals to 2.4 million seniors.⁵ While impressive, it is still leaving too many in need behind. Further, for many program participants, the volunteer or staff member who delivers meals to their homes or serves them when it's safe for congregate dining facilities to be open, may be the only individual(s) she or he sees that day, and the meal may account for the majority of her or his daily food intake.

The profile of home-delivered meal clients reveals the high degree of vulnerability among recipients, with the majority being age 75 or older, female, living alone and/or having three or more chronic conditions. Among participants: 35% live at or below the poverty level; 25% live in rural areas; 15% are veterans; and 28% are a racial and/or ethnic minority.⁸ Fortunately, the vital services financed by the OAA Nutrition Program enable seniors with these risk factors to remain safer, healthier and less isolated in their own homes and communities.

The results of a 2015 study commissioned by Meals on Wheels America found that seniors who received daily home-delivered meals were more likely to report improvements in mental health, self-rated health and feelings of isolation and loneliness, as well as reduced rates of falls and decreased concerns about their ability to remain in their home.⁹ Additional studies have found home-delivered meal program participants to experience less healthcare utilization and lower expenditures than the non-participant controls, suggesting the program's potential to reduce costs among patients with high-cost or complex healthcare needs and help them remain independent in their communities.¹⁰ As public spending on healthcare rises each year – largely attributable to a rapidly growing senior population with complex health needs (which can only be expected to increase amid the ongoing COVID-19 crisis), it is imperative that we invest in these cost-effective programs that promote health and independence, and reduce costly healthcare utilization.

As a long-established and trusted community-based service, Meals on Wheels is also a successful public-private partnership that, for decades, has leveraged federal OAA grants to offer nutrition and social services with the help of millions of volunteers, who provide innumerable in-kind contributions to support daily operations. Through the delivery of these services, the program produces concrete results and saves significant taxpayer dollars by reducing other costly healthcare expenditures and providing a far more cost-effective and desirable alternative to traditional long-term care options, often paid for by Medicare and Medicaid.

Delivering a Strong Return on Investment for Our Nation

We understand the difficult decisions you face with respect to annual appropriations bills, efforts to mitigate the immediate impact of the global pandemic and recovery from this prolonged national emergency. Providing a \$92 million (10%) increase for the OAA Nutrition Program is a proven and efficient use of taxpayer dollars and critically needed at this time to ensure adequate resources are available to meet the nutritional and social needs of our nation's most frail seniors.

As the Subcommittee develops its FY21 Labor-HHS-Education appropriation bill, we request you provide \$1,028,753,000 for the OAA Nutrition Program so that local community-based Meals on Wheels programs can continue serving and safeguarding a growing number of seniors in need. As mentioned earlier, this funding level reflects the total provided by the *Supporting Older Americans Act of 2020*, which reauthorizes the OAA for five years and was signed into law in March 2020 after being passed unanimously, and is further evidence of the broad and bipartisan backing for this robust funding in Congress. Thank you, again, for your leadership, support and consideration. We are pleased to offer our assistance to you and your staff at any time throughout the appropriations process.

¹ Meals on Wheels America. *Survey of Meals on Wheels America Membership conducted by Trailblazer Research between April 22-28, 2020*, <https://www.mealsonwheelsamerica.org/learn-more/national/press-room/news/2020/05/07/new-survey-data-demand-on-meals-on-wheels-national-network-swells-and-wait-lists-grow-due-to-covid-19-pandemic>

² Ziliak & Gunderson. *The State of Senior Hunger in America 2017*, a report prepared for Feeding America, 2019, https://www.feedingamerica.org/sites/default/files/2019-05/state-of-senior-hunger-2017_full-report.pdf

³ U.S. Census Bureau, *American Community Survey (ACS) Demographic Data*, 2018, available on the Administration for Community Living's (ACL) Aging, Independence, and Disability Program Data Portal (AGID), <https://agid.acl.gov/>

⁴ Hawkey, Kozloski & Wong. *A Profile of Social Connectedness in Older Adults*, report prepared for AARP Foundation by Academic Research Centers, NORC at the University of Chicago, 2017, <https://connect2affect.org/wp-content/uploads/2017/03/A-Profile-of-Social-Connectedness.pdf>

⁵ ACL, Administration on Aging (AoA). *State Program Report (SPR) 2005-2018*, available on AGID, <https://agid.acl.gov/>

⁶ U.S. Government Accountability Office (GAO), *Older Americans Act: Updated Information on Unmet Need for Services*, June 2015, <https://www.gao.gov/products/GAO-15-601R>

⁷ Meals on Wheels America. *The More Than a Meal Comprehensive Network Study*, produced by Meals on Wheels America and conducted by Trailblazer Research (public report in publication), 2019

⁸ 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*, Mathematica Policy Research report prepared for ACL, April 2017, https://acl.gov/sites/default/files/programs/2017-07/AoA_outcomesevaluation_final.pdf

⁹ Thomas & Dosa. *More Than a Meal Pilot Research Study*, report commissioned by Meals on Wheels America, 2015, <https://www.mealsonwheelsamerica.org/docs/default-source/News-Assets/mtam-full-report---march-2-2015.pdf?sfvrsn=6>

¹⁰ Berkowitz et al. Meal Delivery Programs Reduce the Use of Costly Health Care in Dually Eligible Medicare and Medicaid Beneficiaries. *Health Affairs* (Vol. 37(4): 535-542; 2018), <https://www.healthaffairs.org/doi/10.1377/hlthaff.2017.0999>