



**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 2022 Appropriations  
June 24, 2021**

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

Thank you for the opportunity to submit testimony concerning Fiscal Year 2022 (FY22) 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 grateful for your ongoing support for the program, particularly in response to the COVID-19 pandemic. With Congress' help in securing much-needed emergency relief funding for the OAA network, local senior nutrition programs (e.g., Meals on Wheels) continue to serve on the front lines of the ongoing public health crisis, delivering essential nutrition assistance and so much more to older Americans. Despite the historic emergency supplemental funding and recent investments in annual appropriations, senior nutrition programs continue to be challenged by a soaring need for services which not only preexisted COVID-19 but have been rendered far worse as a result of the pandemic. For this reason, **we request a total of \$1,903,506,000 for the OAA Title III C Nutrition Program – Congregate Nutrition Services, Home-Delivered Nutrition Services, and Nutrition Services Incentive Program (NSIP) – in FY22.** As programs will continue to serve a greater number of older adults through the new fiscal year and costs remain high, our specific appropriations requests are:

- **\$965,342,000 for Congregate Nutrition Services (Title III C-1)**
- **\$726,342,000 for Home-Delivered Nutrition Services (Title III C-2)**
- **\$211,822,000 for Nutrition Services Incentive Program (Title III)**

While this FY22 request is double the FY21-enacted funding levels for the program, it reflects the amount necessary to maintain current levels of service, while enabling the network to expand and adapt to serve more seniors. As our country strives to respond, recover and rebuild from the health and economic crisis, these nutrition programs are a lifeline for millions of older adults and the services they provide must flex to meet the need.

Overseen by ACL's Administration on Aging and implemented at the local level through more than 5,000 community-based providers, the OAA Nutrition Program delivers nutritious meals, opportunities for 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 nearly fifty years. Amid the pandemic, older adults face unprecedented demands on their physical and mental health, independence and financial well-being. The local providers that serve them are seeing a far greater demand for their services as operational expenses and/or overall costs to safely deliver meals continue to rise. Accordingly, additional federal funding and flexibility of use of OAA nutrition resources are needed for senior nutrition programs to adequately adapt and expand operations to meet the growing and evolving needs of the communities they serve.

Before the coronavirus pandemic, nearly 9.7 million (13%) older adults ages 60 and older were threatened by hunger (i.e., *marginally food insecure*) – 5.3 million (7%) of which were *food insecure* or *very low food secure*.<sup>1</sup> Social isolation – which has been amplified amidst safety and social distancing measures – is yet another threat for the nearly 17.5 million (24%) seniors that lived alone in 2019.<sup>2</sup> One in five older adults reported frequent feelings of loneliness prior to the pandemic, and many more seniors have experienced feeling lonely or lack of social connection since then.<sup>3</sup> 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 adverse health effects. Despite the wide recognition of the relationship between healthy aging and access to nutritious food and regular socialization, millions of seniors were struggling to meet these basic human needs pre-COVID; and these issues have only been exacerbated as a result of the pandemic.

The OAA Nutrition Program is designed to reduce hunger, food insecurity and malnutrition, and to promote socialization and the overall health and well-being of older adults. Providers across the country have long played a pivotal role in supporting the independence and quality of life of the 2.4 million older adults they serve. Meals served by the program must also meet the dietary guidelines set by the OAA Nutrition Program and are often tailored to meet medical needs and cultural preferences. OAA services 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 institutionalization.<sup>4</sup> For many program participants, the volunteer or staff member who delivers meals to their homes may be the only individual(s) she or he sees that day.

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, taking multiple prescription medications daily and/or having three or more chronic conditions. A significant number of those served belong to a racial and/or ethnic minority group, as 19% of participants are Black or African American, 7% are Hispanic or Latino, and 5% are Native American or Hawaiian or Pacific Islander. Additionally, among participants:

- 35% live at or below the poverty level;
- 25% live in rural areas;
- 15% are veterans.<sup>5</sup>

A third (33%) of home-delivered meal recipients report not having enough money to purchase food.<sup>6</sup> 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.

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<sup>1</sup> J. Ziliak & C. Gundersen, *The State of Senior Hunger in America 2018: An Annual Report*, prepared for Feeding America, 2020. <https://www.feedingamerica.org/research/senior-hunger-research/senior>

<sup>2</sup> U.S. Census Bureau, *American Community Survey 2018*, available on the Administration for Community Living Aging, Independence, and Disability Program Data Portal (AGID), 2020. <https://agid.acl.gov/CustomTables/>

<sup>3</sup> AARP, *Loneliness and Social Connections: A National Survey of Adults 45 and Older*, 2018. <https://www.aarp.org/research/topics/life/info-2018/loneliness-social-connections.htm>

<sup>4</sup> Administration for Community Living (ACL), *State Program Reports 2019*, available on AGID, 2021. <https://agid.acl.gov/CustomTables/>

<sup>5</sup> 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, 2017. [https://acl.gov/sites/default/files/programs/2017-07/AoA\\_outcomesevaluation\\_final.pdf](https://acl.gov/sites/default/files/programs/2017-07/AoA_outcomesevaluation_final.pdf)

<sup>6</sup> ACL. *National Older Americans Act Participants Survey (NPS), 2018*, available on AGID Custom Tables and NPS Data Files, 2020. <https://agid.acl.gov/>

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.<sup>7</sup> Additional research has found home-delivered meal program participants 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.<sup>8</sup>

Additionally, the OAA Nutrition Program is a true public-private partnership that provides critical support and resources to local community-based organizations. By serving seniors in their homes and communities, local programs generate a powerful social and economic return on investment for older adults and taxpayers alike. They leverage funds granted to states through the OAA to offer nutrition and social services with the help of millions of volunteers, who provide innumerable in-kind contributions to support daily operations. In the aggregate, funding from the OAA accounted for 40% of the total amount spent to provide over 223 million congregate and home-delivered meals in 2019, based on the latest available data.<sup>9</sup> As public spending on healthcare rises each year – largely attributable to a rapidly growing senior population with complex health needs and disproportionate risk to severe illness and complications due to COVID-19 – it is imperative that we invest in these cost-effective programs that safely promote health and independence and reduce costly healthcare utilization among many of our country’s most at-risk seniors. To further underscore, Meals on Wheels can serve a senior for an entire year for approximately the equivalent cost of one day in the hospital or 10 days in a nursing home.

Prior to the pandemic, federal funding for the senior nutrition network was not keeping pace with increasing demand, rising costs and inflation, leaving a huge gap between seniors served and those in need of services but not receiving them. **Nationally, the OAA Nutrition Program network served 17+ million fewer meals in 2019 than in 2005 – a 7% decline – despite the population of adults 60 and older growing 53% over that same period.**<sup>10</sup> Further illustrating 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 needed.<sup>11</sup> Among Meals on Wheels America members surveyed in 2019, nearly half of all local programs reported maintaining an active waiting list due to insufficient resources, and 85% of programs surveyed saw unmet need for services in their communities at that time.<sup>12</sup> The emergency funding provided through COVID-19 relief legislation not only enabled programs to provide services for those individuals in their communities who have long been eligible and underserved but also helped address a huge influx of older adults newly in need of nutrition services because of the pandemic. An increase in FY22 appropriations is needed to ensure that these individuals can continue to receive the nutritional and social support unique to the OAA

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<sup>7</sup> Meals on Wheels America. *More Than a Meal Pilot Research Study*, report prepared by K. S. Thomas & D. Dosa, 2015, <https://www.mealsonwheelsamerica.org/learn-more/research/more-than-a-meal/pilot-research-study>

<sup>8</sup> Berkowitz et al. Meal Delivery Programs Reduce the Use of Costly Health Care in Dually Eligible Medicare and Medicaid Beneficiaries. *Health Affairs (Vol. 37, No. 4)*, 2018. <https://doi.org/10.1377/hlthaff.2017.0999>

<sup>9</sup> See note 4 above

<sup>10</sup> ACL. *State Program Reports 2005-2019*, available on AGID, 2021. <https://agid.acl.gov/CustomTables/>

<sup>11</sup> U.S. Government Accountability Office (GAO). *Older Americans Act: Updated Information on Unmet Need for Services*, 2015. <https://www.gao.gov/products/GAO-15-601R>

<sup>12</sup> Meals on Wheels America. *More Than a Meal Comprehensive Network Study*, research conducted by Trailblazer Research, 2019. [www.mealsonwheelsamerica.org/learn-more/research/more-than-a-meal/comprehensive-network-study](http://www.mealsonwheelsamerica.org/learn-more/research/more-than-a-meal/comprehensive-network-study)

Nutrition Program that helps them remain healthier and independent at home and out of far more costly institutional or healthcare settings.

With the onset of the pandemic in March 2020, as mentioned above, the Meals on Wheels network faced an unprecedented surge in demand as the number of older adults sheltering in place increased and congregate centers shifted ways of operating – including transitioning congregate services to fully home-delivered or to grab-and-go and curbside pick-up alternatives, as well as offering virtual socialization activities and wellness checks over the phone. Most Meals on Wheels programs overcame significant challenges to continue and then rapidly scale their operations to serve more older Americans in need. In a survey conducted in November 2020 on behalf of Meals on Wheels America, programs reported delivering an average of 100% more home-delivered meals at their pandemic peak than they served before.<sup>13</sup> At that time, programs also reported serving home-delivered meals to 84% more clients on a weekly basis, and four out of five local programs agreed that these “new clients are here to stay.”

Despite the incredible response from the senior nutrition network to quickly scale services, barriers remain in addressing the full demand. According to the November 2020 survey, 88% of Meals on Wheels programs reported increased costs due to the necessary purchase of personal protective equipment (PPE) and safety supplies, meal production expenses and/or labor needs. Local programs reported that costs are expected to remain high, and nine in 10 Meals on Wheels programs reported unmet need for home-delivered meals in their community. Nearly a third of programs said they would need to, at minimum, double their home-delivered efforts to fill the gap in their community, as many reported increased numbers of seniors forced to go on waiting lists. More than 15 months into this public health crisis, local programs are continuing to deliver these life-saving services at high rates and have cited funding as the primary factor impacting their ability to serve individuals most directly affected by the pandemic. **Without additional funding through the OAA, many nutrition providers will not be able to support their current client base, much less expand to reach more seniors who need services but are not receiving them.**

We understand the difficult decisions you face with respect to annual appropriations bills and other budgetary challenges as Congress works to mitigate the impacts of the global pandemic and recover from this prolonged national emergency. However, to address the current level of nutrition services needed in communities, increased federal funding through the regular appropriations cycle is critically needed for the next fiscal year and beyond. With approximately 12,000 individuals turning 60 every day, the requested appropriations increase will help provide the levels needed for community-based nutrition programs to reach eligible older adults, especially as the demand for these essential services continues to rise.

As the Subcommittee develops its FY22 Labor-HHS-Education appropriation bill, we request you **provide a minimum of \$1,903,506,000 for the OAA Nutrition Program** so that local community-based Meals on Wheels programs can ensure the health, safety and social connectedness of our nation’s seniors, build the capacity of OAA 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 senior in America is left hungry and isolated.

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<sup>13</sup> Meals on Wheels America. *COVID-19 Impact Survey*, research conducted by Trailblazer Research, November 2020.