



**Outside Witness Testimony of  
Ellie Hollander, President and CEO of Meals on Wheels America**

**Prepared for the U.S. Senate Committee on Appropriations  
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies**

**Addressing U. S. Department of Health and Human Services, Administration for  
Community Living Fiscal Year 2024 Appropriations**

**May 18, 2023**

Dear Chair Baldwin, Ranking Member Moore Capito, and Members of the Subcommittee:

Thank you for the opportunity to submit testimony concerning Fiscal Year 2024 (FY24) appropriations for the Older Americans Act (OAA) Nutrition Program, administered by the Department of Health and Human Services' (HHS) Administration for Community Living (ACL). To ensure the health and safety of older Americans and the sustainability of the nationwide network of community-based senior nutrition providers who serve them, **we are calling for a minimum of \$1,284,385,000 for the OAA Nutrition Program to be included in the final FY24 Labor, Health and Human Services, Education, and Related Agencies (Labor-HHS-Ed) Appropriations bill.**

The OAA Nutrition Program consists of Congregate Nutrition Services (Title III C-1), Home-Delivered Nutrition Services (Title III C-2) and the Nutrition Services Incentive Program (NSIP, Title III). **Within the total funding requested, we urge the greatest proportional increase be allocated to Home-Delivered Nutrition Services.** While there is an important and steady return to congregate dining following the COVID-19 pandemic, there remains a greater demand for Home-Delivered Nutrition Services for a variety of reasons, including shifting demographics and effective program innovations such as grab-and-go meals that meet the needs of older adults at greatest risk of hunger and isolation. **The specific line-item requests are:**

- **Congregate Nutrition Services** (Title III-C-1) – \$616,513,000
- **Home-Delivered Nutrition Services** (Title III-C-2) – \$507,803,000
- **Nutrition Services Incentive Program** (NSIP) (Title III) – \$160,069,000

Overseen by ACL's Administration on Aging and implemented at the local level through thousands of community-based providers for over 50 years, the OAA Nutrition Program is designed to reduce hunger, food insecurity and malnutrition, and promote socialization and the overall health and well-being of older adults. Local programs successfully achieve these goals through delivery of nutritious meals, social connection and safety checks to individuals 60 and older. The OAA Nutrition Program has a long history of bicameral, bipartisan support and is one of the best examples of a public-private partnership, leveraging multiple funding sources and volunteers to collectively deliver more than 247 million meals to 2.8 million seniors annually.<sup>1</sup> As our nation must address the healthcare and service needs of our aging population, **the significance and effectiveness of the OAA Nutrition Program as a solution is irrefutable.**

---

<sup>1</sup> Administration for Community Living (ACL), 2022, Older Americans Act Title III Programs: 2020 Program Results, report available at <https://acl.gov/news-and-events/announcements/acl-releases-older-americans-act-program-highlights>

For example, we can serve a senior participant in a Meals on Wheels program for an entire year for roughly the same cost as a day in the hospital or ten days in a nursing home.<sup>2</sup>

Increased funding for the program is essential to ensure that senior nutrition programs can meet the pressing need for direct services in their communities. Any cuts to the program would be disastrous, causing eligible older adults who rely on these services as a lifeline—and do not have alternative sources of food—to lose access to their means of daily nutrition. That directly risks the health and well-being of seniors across the county. Hunger among older adults is an urgent issue. In 2021, 10 million (13%) older adults 60+ were threatened by or experienced hunger. In 2021, 7.6 million (9.8%) seniors experienced *low or very low food security*. Nationwide, **the fraction of seniors experiencing very low food security increased nearly 90% between 2001 and 2021.**<sup>3</sup> It has also been estimated that almost half of all older adults may be at risk of becoming, or are already, malnourished.<sup>4</sup> 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 altogether to be able to afford paying for other necessities, such as utilities, rent and/or medication. For most receiving Meals on Wheels, the meals often make up half or more of their total daily food intake.

Older adults who are food insecure and lack consistent access to nutritious meals experience worse health outcomes and are at increased risk of heart disease, depression, diabetes and declines in cognitive function and mobility compared to those who are food secure.<sup>5</sup> Most older Americans possess at least one factor that puts them at greater risk of food insecurity, malnutrition, social isolation and/or loneliness, which can have grave and costly impacts on their health and our health system. The individuals who rely on senior nutrition services are generally facing even greater risk for threats to their health and independence, including having multiple chronic conditions, taking three or more medications daily and experiencing functional impairment. The management of chronic conditions alone includes screenings, check-ups, monitoring and coordination of treatment and patient education with a provider. This translates to increased federal spending on programs like Medicare, which expended nearly half (48%) of its revenue on physician services and other Part B benefits in 2021.<sup>6</sup>

Further, older adults commonly experience a variety of life circumstances that put them at elevated risk of social isolation and loneliness, such as retirement from work, living alone and/or losing a spouse or loved one. Nationally, 24% of older adults are socially isolated and 43% feel lonely. **Social isolation and loneliness also have serious health impacts and are associated with higher risk of cardiovascular disease, diabetes, cognitive decline and premature death.**<sup>7</sup> Additionally, lack of social connection is related to significant economic

---

<sup>2</sup> Meals on Wheels America, 2023, National Snapshot What We Deliver Fact Sheet, available at <https://www.mealsonwheelsamerica.org/learn-more/facts-resources>

<sup>3</sup> Ziliak and Gunderson, 2023, The State of Senior Hunger in America in 2021: An Annual Report, report prepared for Feeding America, available at <https://www.feedingamerica.org/research/state-senior-hunger>

<sup>4</sup> 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/>

<sup>5</sup> 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](http://www.feedingamerica.org/research/senior-hunger-research/senior)

<sup>6</sup> Cubanski and Neuman, 2023, What to Know about Medicare Spending and Financing, available at [https://www.kff.org/medicare/issue-brief/what-to-know-about-medicare-spending-and-financing/#:~:text=Spending%20on%20Part%20B%20services,\(48%25%20in%202021\)](https://www.kff.org/medicare/issue-brief/what-to-know-about-medicare-spending-and-financing/#:~:text=Spending%20on%20Part%20B%20services,(48%25%20in%202021))

<sup>7</sup> National Library of Medicine, 2020, Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System, available at <https://www.ncbi.nlm.nih.gov/books/NBK557972>

costs, accounting for an estimated \$6.7 billion in excess Medicare spending annually.<sup>8</sup> For Meals on Wheels recipients, who are more than twice as likely to live alone than other older adults, the visit from the volunteer or staff member delivering their meal may be the only person they see that day or even that week.

OAA services simultaneously address the issues of senior hunger, isolation and malnutrition. Services are statutorily 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 these services have on seniors' lives is powerful, and older adults who receive them have better health, as a result. Of home-delivered participants, **92% report the meals help them live independently and 77% percent say the meals help improve their health.** Most seniors receiving OAA nutrition services consistently report that participating in the program helps them feel more secure, prevents repeated falls or lessens the fear of falling and allows them to stay in their own home.<sup>9</sup> Meaningful social connection is an inherent component of the Meal on Wheels service model, addressing the negative effects of social isolation, and having regular visits from a staff member or volunteer puts 'eyes and ears' in the home, providing environmental safety checks and established approaches for addressing identified hazards, fall risks and home repair needs. As articulated in the Surgeon General's recent Advisory on loneliness and isolation, social connection has positive impacts on longevity and better health, and Meals on Wheels programs are an essential part of providing this support to older Americans.<sup>7</sup>

Senior nutrition programs also help avoid preventable emergency room visits, hospital admissions and readmissions, extended stays in rehab and premature institutionalization – ultimately reducing overall 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. Between baseline and follow up, the group of older adults who received home-delivered meals and safety checks were more likely to have improved physical and mental health, including reduced feelings of anxiety and loneliness, and fewer hospital admissions and falls – a major contributor to preventable hospitalizations and healthcare spending among older adults.<sup>10</sup>

Congregate and home-delivered meal programs are highly trusted and sought out for the nutrition and social connections they offer. Despite the emergency resources from Congress and incredible efforts from the OAA network to quickly scale services in response to the COVID-19 pandemic, the rising need has not abated and challenges in addressing persistent demand remain. Surveys of Meals on Wheels America membership found that 97% of programs report there are older individuals in their communities who need meals who they are not currently serving and about 63% 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.<sup>1112</sup>

---

<sup>8</sup> Office of the U.S. Surgeon General, 2023, Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community, available at <https://www.hhs.gov/surgeongeneral/priorities/connection/index.html>

<sup>9</sup> Administration for Community Living (ACL), 2022, National Survey of OAA Participants, available on ACL's AGID National OAA Participants Survey Frequency Tables, available at <https://agid.acl.gov/>

<sup>10</sup> Meals on Wheels America, 2015, More Than a Meal Pilot Research Study, report prepared by Thomas & Dosa, available at <https://www.mealsonwheelsamerica.org/learn-more/research/more-than-a-meal/pilot-research-study>

<sup>11</sup> Meals on Wheels America, 2021, 2021 Member Perspectives and Practices Survey, conducted by Trailblazer Research, available at <https://www.mealsonwheelsamerica.org/learn-more/research/member-perspectives-practices-survey>

<sup>12</sup> Meals on Wheels America, 2022, Fall 2022 Member Pulse Survey, available at [www.mealsonwheelsamerica.org/learn-more/research/covid-19-research-portfolio](http://www.mealsonwheelsamerica.org/learn-more/research/covid-19-research-portfolio)

**Many programs are taking drastic steps to sustain themselves due to funding challenges, such as cutting back or discontinuing services altogether.** Further, nearly all senior nutrition programs are facing at least one significant barrier to providing home-delivered meals to seniors in need, such as rising food costs, fluctuating gas prices, labor and volunteer shortages and continuing supply chain issues.<sup>12</sup> The gap between those struggling with hunger and those receiving nutritious meals through the OAA will continue to widen across the country if funding continues to fall short of need.

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. The OAA Nutrition Program should not just be held harmless in appropriations negotiations but should receive greater investments. The services provided can be the difference between life and death and offer the chance to not only help millions of older adults and their families but to also provide substantial economic relief to our healthcare system. As the Subcommittee develops its FY24 Labor-HHS-Ed appropriations bill, we urge you to include **\$1.284 billion for the OAA Nutrition Program**, so that local community-based senior nutrition programs can ensure the health, safety and social connectedness of older adults in your states and across the country. Thank you for your leadership, past support and consideration amid this appropriations cycle. We look forward to working together to ensure that no older adult in America is left behind, hungry and isolated.