



Statement for the Record

Submitted to the Special Committee on Aging

United States Senate

Hearing on

“Setting the Table: Promoting Healthy and Affordable Food for Older Americans”

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Dear Chairman Casey, Ranking Member Scott, and Members of the Committee:

On behalf of Meals on Wheels America, the national network of community-based senior nutrition programs, and the individuals they serve, thank you for holding this timely and important hearing, “Setting the Table: Promoting Healthy and Affordable Food for Older Americans.” We are not only grateful for your leadership and commitment to addressing the needs of our nation’s older adults, but that you dedicated the final hearing of 2022 to nutrition security.

Meals on Wheels America is the national leadership organization representing nutrition programs committed to addressing senior hunger and isolation in virtually every community across the country. With the support of committed volunteers and staff members, local Meals on Wheels programs deliver nutritious meals in group and/or drive thru settings, as well as in individual homes, where they also provide friendly visits and social interaction, safety checks, and connections to other health and wellness services to older Americans in need.

These trusted, person-centered services, made possible through the federal funding and support authorized by the Older Americans Act (OAA), are designed to specifically meet the nutritional and social needs of high-risk, underserved seniors. While Meals on Wheels programs have been on the front lines for decades, combating the harmful effects of hunger, social isolation and loneliness among these older adults, never have their efforts been more essential than throughout the COVID-19 pandemic where they became daily lifelines for millions.

As recognized at the hearing, March of 2022 marked the 50th anniversary of the OAA Nutrition Program. As a network of providers, stakeholders, and partners, we celebrated the five decades of success and impact of community-based nutrition programs that are welcomed into the lives and homes of our nation’s seniors with every meal delivery. This year, the White House also convened a Conference on Hunger, Nutrition, and Health – the first of its kind in over 50 years – and our network helped advocate for, shape, and participate in this historic event. The powerful, comprehensive federal effort and corresponding National Strategy that was launched in tandem, with a bold goal of ending hunger and addressing diet related diseases by 2030, highlighted the urgency of solving these challenges, including for older Americans. Specifically, the National Strategy recognized the need for significantly more funding for services that address food insecurity, malnutrition and socialization, emphasized the critical role of federal nutrition programs in improving the health of all Americans, outlined both broad and specific actions for the federal government to take and issued calls to action for partners across all sectors.

The Committee hearing you led, along with the diversity of experiences and perspectives of the expert witnesses, helped build upon these vital issues and existing solutions. It is apparent as ever that there is still critical work to be done and great opportunity to comprehensively promote healthy and affordable food for older Americans. Again, we appreciate you holding this hearing, as well as the opportunity to submit this written testimony for the record. We will focus our statement on the senior nutrition network’s specific experience with providing food and nutrition support to older adults in their homes and communities, the challenges that exist in reaching more in need, and the actions Congress can take to make a meaningful difference in the lives of millions.

FOOD, NUTITION AND HEALTHY AGING

Nutrition is an essential part of overall quality of life and to healthy aging. Access to healthy, affordable food and better nutrition are associated with improved health, lower risk of non-communicable diseases and longevity.

Age-related biological and physiological changes often challenge our ability to access, prepare, store, and consume nutritious food. 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 and decline in cognitive function and mobility than 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 the likelihood of experiencing negative health effects.

The reality of senior hunger today is sobering, and there are millions of older adults who need our help, but who we are not reaching today. In 2020, during the pandemic, over 9 million (12%) adults aged 60 and older were threatened by hunger – nearly 5.2 million (7%) of whom experienced *low food security* or *very low food security*. Nationwide, that is 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 nearly half of all older adults may be at risk of becoming or is already malnourished.³ For the millions of seniors who experience some degree of food insecurity, they are often forced to make difficult choices between eating properly or paying for utilities, rent and/or medication.⁴ For others, hunger can result from an inability to shop for and/or safely cook or prepare meals, due to mobility or transportation challenges and proximity to grocery stores, among others barriers.

In addition, senior loneliness and isolation both carry significant risks of harm to the physical and mental health of older adults, especially the 18 million of whom live alone.⁵ Before the pandemic, approximately one in three seniors felt lonely, and social isolation among older

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, 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, <https://pubmed.ncbi.nlm.nih.gov/20863332/>

⁴ Ziliak and Gunderson, 2022, *The State of Senior Hunger in America in 2020*, report prepared for Feeding America, www.feedingamerica.org/research/senior-hunger-research/senior

⁵ U.S. Census Bureau, 2019, *American Community Survey (ACS)*, available from the Administration for Community Living’s (ACL) AGing, Independence, and Disability Program Data Portal (AGID) Custom Tables, available at <https://agid.acl.gov/>

adults is associated with an extra \$6.7 billion in Medicare costs alone – similar expenditures to those with high blood pressure or arthritis.^{6,7}

As greater awareness of the negative health effects of food insecurity and social isolation have emerged recently, it is important to note that older adults in particular – especially those who were already homebound and/or living in rural areas – have long been at higher risk of these threats to healthy aging. Older adults have unique challenges maintaining community connections and accessing healthcare, as is, which are further compounded if one has physical limitations, transportation constraints, inadequate financial resources, and/or other obstacles to accessing resources for healthy living and aging.

Certain segments of the population experience a range of different barriers at disproportionately higher rates. 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 sufficient resources and/or access to services they need to remain healthy in later life.

With rising spending on healthcare – attributable in part to a rapidly growing senior population with complex and often multiple chronic conditions – it is imperative that we invest more significantly in proven, cost-effective programs and interventions. This includes the OAA Nutrition Program and other federal safety net programs that allow individuals and families to live more safely, healthy and independently in their own homes and communities.

THE CRITICAL ROLE OF FEDERAL NUTRITION PROGRAMS

As demonstrated through witness testimony and responses at the hearing, there are already simple and impactful solutions to expanding healthy and affordable food to older adults: the OAA administered through the Administration for Community Living (ACL), as well as other successful nutrition assistance programs overseen by the U.S. Department of Agriculture (USDA).

As noted above, the OAA has improved the social and nutritional needs of older adults, saved lives, and provided peace of mind to family members and caregivers for over 50 years. This network has the experience and expertise to meet the unique needs of seniors and has leveraged public and private resources to create the infrastructure and cost-effective interventions that exist today. Congregate and home-delivered meals, two components of the essential services offered through the OAA, are targeted to adults 60 years of age and older in the greatest social and economic need. These include 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. In particular, the OAA Nutrition Program is designed to not only reduce

⁶ Oscar and Thayer, 2018, *Loneliness and Social Connections: A National Survey of Adults 45 and Older*, estimate calculated by Meals on Wheels America from special data file request from the AARP Research report, <https://www.aarp.org/research/topics/life/info-2018/loneliness-social-connections.html>

⁷ Flowers et al., 2017, *Medicare Spends More on Socially Isolated Older Adults*, AARP Public Policy Institute report, <https://www.aarp.org/ppi/info-2017/medicare-spends-more-on-socially-isolated-older-adults.html>

hunger, food insecurity and malnutrition, but to also address loneliness and isolation by promoting socialization for older adults as well as their overall health and well-being.

Older adults – including the 2.8 million receiving OAA congregate or home-delivered meals – also rely on several critical USDA nutrition assistance programs. The Supplemental Nutrition Assistance Program (SNAP), the Senior Farmers Market Nutrition Program (SFMNP), and the Commodity Supplemental Food Program (CSFP) are targeted programs that make healthy and affordable food more accessible for older adults. Recognizing that seniors may need the support from more than a single program or social service, many local Meals on Wheels programs provide a range of services that help connect and enroll seniors into additional programs from which they can benefit (e.g., SNAP, where less than half of the 10 million+ eligible seniors are receiving benefits).⁸

As the largest federal nutrition program, SNAP also contributes to the health and independence of seniors, a particularly important factor for the nearly 4 million elderly participants who live alone. Among older adults, SNAP participation has been associated with improved medication adherence, as well as decreased rates of hospitalization and institutionalization, which in turn saves significantly in terms of reduced healthcare costs.^{9, 10, 11} Not only does SNAP provide seniors and their families the means for reliable and consistent nutrient intake, which has a direct effect on health status of participants, but the receipt of their monthly benefits also helps alleviate the burden of choosing between purchasing groceries or being able to afford rent, medication, heat and other monthly expenses.

As highlighted throughout much of the expert witnesses' testimonies, each federal nutrition program that exists to support seniors serves a purposeful and complementary role to the others. Increasing overall investments in these proven programs and the benefit levels, where applicable, are vital and time-sensitive steps needed to address the nutritional needs of older Americans and to end hunger and reduce diet related diseases by 2030.

MORE THAN A MEAL™

Rooted in its origins and over the past five decades, senior nutrition service providers have sought to holistically meet the needs of older adults in their communities by delivering a combination of nutrition, safety, socialization, and community connection supports. Nutrition services – which besides a nutritious meal, may also include nutrition education, counseling and/or supplements – frequently serve as a gateway to additional services that the Meals on

⁸ United States Department of Agriculture (USDA), 2021, *Trends in Supplemental Nutrition Assistance Program Participation Rates: Fiscal Year 2016 to Fiscal Year 2019*, study and report by Mathematica, <https://www.fns.usda.gov/snap/trends-participation-rates-fy-2016-2019>

⁹ Srinivasan & Pooler, “Cost-Related Medication Nonadherence for Older Adults Participating in SNAP, 2013-2015,” *American Journal of Public Health* 108(2), 2018, <https://www.ncbi.nlm.nih.gov/pubmed/29267062>

¹⁰ Samuel et al., 2018, “Does the Supplemental Nutrition Assistance Program Affect Hospital Utilization Among Older Adults? The Case of Maryland,” *Population Health Management* 21(2), <https://www.ncbi.nlm.nih.gov/pubmed/28683219>

¹¹ Szanton et al., 2017, “Food assistance is associated with decreased nursing home admissions for Maryland's dually eligible older adults,” *BMC Geriatrics* 17(1), <https://www.ncbi.nlm.nih.gov/pubmed/28738897>

Wheels or another community-based program provides. That is why the value of these services extends far beyond just the meal and the physical nourishment the food provides.

As the Committee knows well, the impact of these services on individuals' lives is powerful, and older adults who receive them have better health as a result. In addition to the firsthand accounts and testimony shared at the hearing, the 2019 National Survey of OAA Participants indicates:

- 8 out of 10 home-delivered meal participants say the meals help improve their health
- 8 out of 10 home-delivered meal participants say the meals help them eat healthier foods
- 9 out of 10 home-delivered meal participants say the meals help them stay in their own home
- Nearly 9 out of 10 home-delivered meal participants say the services help them feel more secure
- 8 out of 10 home-delivered meal participants say the services help them live independently

For congregate meal participants, 70.8% say the meals help them eat healthier foods, and the majority also report that participating in the program helps them feel more secure and allows them to stay in their own home.¹²

Additional research found that older adults receiving home-delivered meals experienced statistically significant improvements in health than their counterparts who did not receive services. A study group of individuals 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.¹³ As is, medical costs associated with senior falls is about \$50 billion annually, costs associated with malnutrition exceeds \$51 billion annually.^{14,15} Specifically, by being invited into the home, Meals on Wheels staff and volunteers offer impactful social connection and nutritional support that helps avoid preventable emergency room visits, hospital admissions and readmissions, extended stays in rehabilitation programs and premature institutionalization – ultimately reducing our nation's health care costs

As discussed during the hearing, human connection is an integral component of the Meals on Wheels delivery model and, as such, senior nutrition programs help increase social connections and reduce loneliness through consistent and meaningful interactions. For many Meals on Wheels participants, staff and volunteers may be the only individual(s) she or he sees

¹² ACL, 2019, *National Survey of OAA Participants*, available on ACL's AGID Custom Tables, available at <https://agid.acl.gov/>

¹³ Thomas & Dosa, 2015, *More Than a Meal Pilot Research Study*, report prepared for Meals on Wheels America, available at www.mealsonwheelsamerica.org/learn-more/research/more-than-a-meal/pilot-research-study

¹⁴ Thomas, K. S., Parikh, R. B., Zullo, A. R., & Dosa, D. (2018). Home-Delivered Meals and Risk of Self-Reported Falls: Results From a Randomized Trial. *Journal of Applied Gerontology*, 37(1), 41–57. <https://doi.org/10.1177/0733464816675421>

¹⁵ Snider, J. T., Linthicum, M. T., Wu, Y., LaVallee, C., Lakdawalla, D. N., Hegazi, R., & Matarese, L. (2014). Economic Burden of Community-Based Disease-Associated Malnutrition in the United States. *Journal of Parenteral and Enteral Nutrition*, 38(2_suppl), 77S-85S. <https://doi.org/10.1177/0148607114550000>

that day, providing critical occasions for socialization – which is imperative to older adults’ mental and behavioral health.

Additionally, many Meals on Wheels programs partner with entities such as food banks and pantries to further support older adults’ nutrition needs by providing CSFP Senior Food Boxes and helping to enroll them in SNAP and SFMNP. As the trajectory of our current aging services and healthcare systems move toward more person-centered models of care delivery, community-based organizations have the know-how and ability to support the health and social determinants of older adults and other vulnerable and/or underserved populations.

STATE OF THE SENIOR NUTRITION NETWORK

Meals on Wheels and congregate nutrition providers continue to be vital to our nation’s older adults and their access to healthy and affordable food. Accordingly, they have been highly sought out for the trusted nutrition and social connections they provide. Despite the incredible emergency response from the senior nutrition network and funding provided by Congress to quickly scale services during the height of the pandemic, challenges remain in addressing the elevated and sustained demand. A survey of Meals on Wheels America membership in November 2022 found that four out of five local programs (79%) are still delivering meals to more clients than before March 2020.¹⁶ At the same time, we know that four out of five low income, food insecure older adults do not receive meals that they are eligible for and can benefit from receiving.¹⁷ The gap between those struggling with hunger and those receiving nutritious meals through the OAA and other key federal programs will widen in states across the country, if not adequately resourced.

As is, federal funding for aging services was not keeping pace with increasing demand, rising costs and inflation for years prior to the pandemic and now programs are continuing to deliver life-saving services at unceasing high rates with ongoing and emerging challenges and uncertainties. Three out of four local programs (77%) have seen the all-in cost of a home-delivered meal increase in 2022. At this time, nearly all local Meals on Wheels programs (98%) reported one or more challenges to meeting the need in the community, such as funding to pay for meals, recruiting and retaining enough volunteers and staff, food prices, gas prices and supply chain issues. The majority (88%) have had to take – or anticipate taking – action due to insufficient funding, such as using organizational funds to subsidize clients who are not funded and unable to pay, tapping into reserves and/or adding seniors to a waiting list.¹⁸

In addition to these widespread cost increases, we have heard countless times from programs across the country who are facing similar barriers and concerns what these funding shortfalls mean for their programs and the older adults they serve. A few programs in different states recently shared the following regarding funding and their programs:

¹⁶ Meals on Wheels America, November 2022, *Fall Member Pulse Survey*, report pending publication.

¹⁷ U.S. Census Bureau, 2020, *Current Population Survey (CPS) December Food Security Supplement*, Meals on Wheels America of dataset available at https://www.census.gov/data/datasets/time-series/demo/cps/cps-supp_cps-repwgt/cps-food-security.html

¹⁸ See footnote 16

- *“Congress needs to increase funding because costs are spiraling, and we will have to serve fewer people with inadequate funding. We estimate we will serve **100,000+ fewer meals** due to inflation compared to a year ago.”—Meals on Wheels Orange County, CA*
- *“The pandemic has resulted in significant expense increases, including adding staff in the kitchen, successive years of annual increases in the minimum wage, which impacts kitchen staff and drivers as well as rising food, mileage and supply costs. **How are we going to fund our programs when we return to the "normal" funding streams, without emergency funds?**”—Meals on Wheels Berkshire County, MA*
- *“We have been able to avoid a waiting list **but if funding does not increase soon, we will have to implement that waiting list** sooner rather than later.”—Combined Community Action, Inc., TX*

Meals on Wheels providers have tirelessly demonstrated their ability to pivot their operations and continue to offer seniors critical support that goes well beyond the meal itself. However, in far too many communities, the resources to support these programs in meeting the need are simply not enough.

RECOMMENDATIONS

Thanks to the support and action of Congress throughout the pandemic, the senior nutrition programs were able to scale up to meet the increased demand and need for home-delivered and other safe meal options. Emergency funding was necessary to address the significant needs presented by the pandemic; however, many programs are still faced with growing demand due to an aging population that is increasingly threatened by hunger, along with staggeringly high costs of food and other resources needed to operate.

The following recommendations aim to provide community-based senior nutrition programs with the resources they need to not only maintain operations, and also enable them to expand their capacity, further innovate, and form impactful partnerships with other sectors – such as healthcare – to meet the growing and changing needs of our nation’s diverse older adult population. These recommendations complement those put forth by expert witnesses at the hearing and would directly support older adults. As they are implemented, we urge focus on equity and anti-discrimination policies to ensure that anti-hunger and nutrition programs support older individuals of underserved communities. Specifically, we recommend the following:

1. **Properly fund community-based organizations supporting the health and wellbeing of older adults and increase benefit levels for existing federal programs that alleviate hunger and address nutrition security. This includes the OAA Nutrition Program, SNAP, CSFP, SFMNP, the Emergency Assistance Food Program (TEFAP), and federal block grants – the Social Services Block Grant (SSBG), the Community Services Block Grant (CSBG) and the Community Development Block Grant (CDBG).**
 - We support doubling funding for the OAA Nutrition Program and providing supplemental resources beyond annual appropriations for culturally necessary and

appropriate meals, medically tailored meals, fresh produce and locally sourced food options, which noted during the hearing are often more expensive.

2. Establish home-delivered meals to be a fully reimbursable benefit through fee-for-service Medicare, Medicare Advantage and Medicaid.

- We support funding and implementation of pilots in Medicare and Medicaid programs such as *H.R. 5370, the Medically Tailored Home Delivered Meals Demonstration Act of 2021* that would establish new Medicare pilot programs to provide nutritious, medically tailored meals directly to older adults in their homes and address the connection between diet and chronic disease.
- In addition, any federal medically tailored meals pilot or program should be inclusive of nutrition services provided by the OAA network, which has the experience and expertise of serving older adults and would help achieve the maximum number of eligible participants and equitably serve communities nationwide.

3. Eliminate administrative barriers and ensure flexible senior nutrition service delivery models are allowed to continue.

- We support the continuation of OAA nutrition-related flexibilities and funding transfer authority allowable under the COVID-19 Public Health Emergency. This authority supported effective nutrition interventions, such as Grab & Go and drive thru meals, and provided administrative relief for programs to scale-up or down services to reflect environmental conditions (e.g., rates of illness in a community, natural disasters, and supply chain challenges) and the needs of individual clients. These provisions have received considerable recognition and are overwhelmingly supported by local nutrition programs.

4. Prioritize legislation addressing hunger and nutrition for older adults and people with disabilities, including efforts to foster better federal intra-agency collaboration.

- We support implementation of bills like S.5096, the *Senior Nutrition Task Force Act of 2022* and S.5095, the *Tools for Ensuring Access to Meals Act* would establish and advance important steps in bringing together diverse agencies and stakeholders to strengthen federal nutrition programs and reduce food insecurity among older adults.

CONCLUSION

Thank you again for convening this important hearing and for the Committee's work publishing the special report and state fact sheets to recognize the 50 years of service provided by the OAA Nutrition Program. We appreciate this opportunity to share our unique perspectives and experience on the pressing issue of access to healthy and affordable food and the importance of nutrition services like Meals on Wheels for millions of our nation's older adults. We would like to extend special appreciation to Chairman Casey, Ranking Member Scott and their staff for their leadership and commitment to bipartisan work that will benefit the health, nutrition, safety and economic security of seniors. We hope the insights shared in this statement are helpful to the Committee as it works to advance policies that support the nutrition and food security of older Americans in the 118th Congress. We look forward to future opportunities to work together to ensure that no senior is left behind, hungry and isolated, and that all seniors live nourished lives with independence and dignity.