



**Statement for the Record
Submitted to the Special Committee on Aging
United States Senate**

Hearing on

“Promoting Healthy Aging: Living Your Best Life Long Into Your Golden Years”

September 25, 2019

**Submitted by
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Dear Chairman Collins, Ranking Member Casey, and Members of the Committee:

On behalf of Meals on Wheels America, the network of more than 5,000 community-based senior nutrition programs and the millions of individuals they serve nationwide, we thank you for holding the hearing, “Promoting Healthy Aging: Living Your Best Life Long Into Your Golden Years.” We are grateful for your continued leadership and attention to the needs of our nation’s older adults. We appreciate the opportunity to submit this statement for the hearing record and share our unique perspective and experience regarding the roles that community-based organizations, like Meals on Wheels, play in promoting the overall health, independence and well-being of our nation’s seniors.

Aging services and supports delivered in the home or community settings that focus on social determinants of health, such as congregate and home-delivered meals, serve as a far less expensive alternative to traditional healthcare services that are paid for through Medicare and Medicaid. Senior nutrition programs, in particular, provide services that can prolong or altogether prevent the onset of chronic disease or other avoidable health consequences that require hospitalization or long-term care. They do so by delivering nutritious meals designed for senior dietary needs, promoting and offering socialization, attention to safety and other hazards within and outside of the home, and making connections and referrals to other resources within the community.

An irrefutable and noteworthy takeaway from this hearing is that Meals on Wheels and other OAA-supported programs and services are critical in improving the overall well-being of independent, community-dwelling older adults and can be leveraged further to address the unique health and social needs of seniors as they age. We look forward to working with you and your colleagues to put forward policy solutions and ideas that meet those goals.

Senior Hunger and Isolation: Threats to Healthy Aging

As was underscored at the hearing, proper diet and adequate social contact are key lifestyle factors for disease prevention and healthy aging. But the reality of senior hunger and isolation in our country today is sobering, and it indicates a persistent and prevalent risk to healthy aging. In 2017, nine and half million adults age 60 and older were *marginally food insecure*, and nearly 17 million lived alone.^{1,2} Among the 9.5 million seniors threatened by hunger, about 5.5 million experienced food insecurity or very low food security. This means that 1 in 8 seniors were forced to make choices about the foods they eat due to financial strain. And one in 5 older adults frequently feels lonely, indicating that even a greater number potentially struggle with mobility, transportation and/or other challenges contributing to the peril of hunger and isolation.³

Food insecure older adults have worse health outcomes than those who are food secure, with increased risk for heart disease, depression and decline in cognitive function and mobility.⁴ Among seniors, the economic burden of malnutrition alone costs \$51 billion annually, while falls account for \$50 billion in medical costs.^{5,6} Senior isolation is associated with an additional \$6.7

billion in Medicare spending each year, and socially-isolated seniors experience negative feelings that contribute to negative health effects similar to those from heavy smoking.^{7, 8}

However, despite the well-founded connection between healthy aging and access to nutritious food and regular socialization, millions of seniors struggle to meet these basic human needs, putting a significant portion of the population at greater risk of experiencing a myriad of negative health effects associated with food insecurity, malnutrition and social isolation. With healthcare spending already disproportionately concentrated on older adults managing chronic diseases and/or functional limitations, it is of critical importance to focus on and invest in programs that keep seniors healthy and independent in their homes and communities, both for individual well-being and to address our county's burgeoning healthcare costs.

The Older Americans Act: A Foundation to Healthy Aging

Since 1965, the OAA has been the primary piece of federal legislation supporting vital services and supports for adults age 60 and older, their families and caregivers. This foundational legislation remains essential to the development, coordination and implementation of the national home- and community-based network of aging services and supports that undergird the health, well-being and independence of older adults.

For decades, the Title III-C Nutrition Program has provided federal support and funding to thousands of local community-based senior nutrition programs, which operate in virtually every community, and it continues to be the only federal program designed to meet both the social and nutritional needs of our nation's seniors. Today, home-delivered and congregate meal providers are leading the fight against senior hunger, isolation and malnutrition. By providing nutritious meals, friendly visits, safety checks and community connections, Meals on Wheels services help clients to live longer in their own homes, where they want to be.

The OAA Nutrition Program specifically aims to support older adults in the greatest social and economic need, and therefore targets services to reach the most vulnerable. For many individuals participating in the program, staff members and peers at a congregate dining facility, or a volunteer delivering Meals on Wheels, may be the only individual(s) she or he sees that day; and the meal received often accounts for the majority of her or his food intake for the day. The majority of seniors receiving OAA nutrition services consistently report that participating in the program helps them to feel healthier, safer and more independent. Home-delivered meal clients, in particular, self-report improved nutritional intake, health and independence due to their participation, saying that the meals help them:

- Eat healthier food (81%)
- Improve their health (86%)
- Stay in their home (94%)
- Feel better (91%)⁹

In addition to this promising self-reported data, findings from other studies provide evidence for the improved health outcomes and reduced healthcare service utilization and

spending observed among seniors who receive meals. A rigorously designed pilot research study commissioned by Meals on Wheels America in 2015 found that seniors on waitlists for Meals on Wheels who participated in a daily home-delivered meal intervention were more likely to report: improved mental and self-rated health; reduced feelings of isolation and loneliness; fewer rates of falls; and decreased concerns about their ability to remain in their home compared to baseline.¹⁰ In a more recent study on the results of home-delivered meal program participation published in *Health Affairs*, older adults who were dually-eligible for Medicare and Medicaid and received home-delivered meals had fewer emergency department visits and lower healthcare spending than the nonparticipants, suggesting the program's potential to reduce healthcare costs among the most vulnerable patients.¹¹

The Older Americans Act: Opportunities to Strengthen, Support and Protect Programs for Seniors in Need

OAA programs have long demonstrated a unique ability to provide quality services while enhancing and protecting federal resources. Federal funding for the OAA represents less than one-third of one percent of total discretionary spending but the programs offer a substantial return on investment by leveraging state, local and private dollars, as well as volunteerism, to provide services to millions of older adults and family caregivers every year. Despite strong and growing evidence of the cost-effectiveness of OAA services and their ability to keep older adults out of hospitals and other high-cost settings, financial investments in the Aging Network have been insufficient to keep pace with the needs of our growing senior population. Funding for these services that keep seniors healthy and independent has been on a flat or declining trajectory since 2010, when OAA discretionary funding was at its highest.

The OAA Nutrition Program specifically has provided billions of meals to seniors in need, improved countless lives and saved considerable taxpayer dollars since its inception. Despite its efficacy, it has consistently been unable to reach all in need of its services. A 2015 Government Accountability Report found that 83% of low-income, food-insecure older adults are not receiving the congregate or home-delivered meals for which they are eligible and likely need.¹² Furthermore, about 21 million fewer congregate and home-delivered meals were served in 2017 than were served by the network in 2005.¹³ Consequently, more than half of our Meals on Wheels programs report current waitlists for seniors in need of meals—likely an underrepresentation of the true need nationwide as not all programs maintain or are allowed to keep them. In the absence of significant future investments in senior nutrition, the consequences of funding deficits will undoubtedly worsen, especially as the senior population is projected to reach over 118 million by 2060.

Such a large gap between the number of seniors who could and should benefit from these nutrition and social services and the actual number receiving them indicates the need to improve and increase our network's capacity to serve more seniors. With steeply rising public spending on healthcare – attributable in part to a rapidly growing senior population with complex and often multiple chronic health conditions – it is imperative that we invest more significantly in cost-effective community-based programs, like Meals on Wheels, which improve health outcomes and quality of life and reduce healthcare utilization. Congress has an important

opportunity right now to reauthorize and boost funding for the OAA, the authorization for which expired on September 30.

Accordingly, to support these programs and the vulnerable seniors they serve, we are urging this Committee to support the goals outlined in this hearing by:

1. Reauthorizing and strengthening the Older Americans Act (OAA) this year, the primary piece of legislation supporting nutrition and social services for individuals 60+;
2. Funding the OAA Nutrition Program – home-delivered and congregate meals – at a total level of \$1 billion in any final FY 2020 funding agreement;
3. Protecting funding for the Social Services, Community Development and Community Services Block Grants in FY 2020;
4. Supporting legislation that allows nutritious meals provided by a community-based organization to be a covered benefit under all Medicare and Medicaid plans; and
5. Enhancing charitable giving incentives and assistance for community-based organizations under 501(c)(3) of the tax code.

Thank you again for holding this important and timely hearing and for the opportunity to submit this statement on the impact of the OAA on the lives of your senior constituents and our communities, as a whole. We would like to extend special appreciation to you, Chairman Collins and Ranking Member Casey, for your bipartisan leadership and recognizing the importance of strong aging services and support programs. We hope the information provided in this statement is helpful as you continue to consider reauthorization of the OAA and support for programs critical to your senior constituents. We look forward to our work together in the weeks and months ahead.

¹ Ziliak & Gunderson. *The State of Senior Hunger in America 2017*, a report prepared for Feeding America (Chicago, IL: Feeding America, May 2019), available at https://www.feedingamerica.org/sites/default/files/2019-05/state-of-senior-hunger-2017_full-report.pdf

² Administration for Community Living (ACL) Aging Integrated Database (AGID), Data Source: *American Community Survey (ACS) Demographic Data 2017*, available at <https://agid.acl.gov/DataGlance/ACS/>

³ Hawkey, Kozloski & Wong. *A Profile of Social Connectedness in Older Adults*, a report prepared for AARP Foundation by Academic Research Centers, NORC at the University of Chicago (Washington, DC: AARP, 2017), available at <https://connect2affect.org/wp-content/uploads/2017/03/A-Profile-of-Social-Connectedness.pdf>

⁴ Ziliak & Gundersen, *The Health Consequences of Senior Hunger in the United States: Evidence from the 1999-2014 NHANES*, a report prepared for Feeding America and the National Foundation to End Senior Hunger (Chicago, IL: Feeding America, August 2017), available at <https://www.feedingamerica.org/sites/default/files/research/senior-hunger-research/senior-health-consequences-2014.pdf>

⁵ Snider et al. “Economic burden of community-based disease associated malnutrition in the United States.” *Journal of Parenteral and Enteral Nutrition* (Vol. 38(2S):77S-85S; 2014), available at <https://www.ncbi.nlm.nih.gov/pubmed/25249028>

⁶ Florence et al. “The medical costs of fatal falls and fall injuries among older adults.” *Journal of the American Geriatrics Society* (Vol. 66(4):693-698; 2018), available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6089380/>

⁷ Flowers et al. *Insight on the Issues: Medicare Spends More on Socially Isolated Older Adults* (Washington, DC: AARP Public Policy Institute, 2017), available at <https://www.aarp.org/ppi/info-2017/medicare-spends-more-on-socially-isolated-older-adults.html>.

⁸ Hold-Lunstad, Smith & Layton. “Social relationships and mortality risk: a meta-analytic review,” *PLoS Medicine* (Vol. 7(7): e1000316; 2010), available at <https://www.ncbi.nlm.nih.gov/pubmed/20668659>

⁹ ACL, AGID, Data Source: *National Survey of OAA Participants 2018*, available at <https://agid.acl.gov/CustomTables/>

¹⁰ Thomas & Dosa, *More Than a Meal Pilot Research Study*, report commissioned by Meals on Wheels America, (Arlington, VA: Meals on Wheels America, 2015), available at <https://www.mealsonwheelsamerica.org/docs/default-source/News-Assets/mtam-full-report---march-2-2015.pdf?sfvrsn=6>

¹¹ 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), abstract available at <https://www.healthaffairs.org/doi/10.1377/hlthaff.2017.0999>

¹² U.S. Government Accountability Office (GAO), *Older Americans Act: Updated Information on Unmet Need for Services* (Washington, DC: GAO, June 2015), available at <https://www.gao.gov/products/GAO-15-601R>

¹³ ACL, AGID, Data Source: *State Program Reports (SPR) 2005-2017*, available at <https://agid.acl.gov/DataGlance/SPR/>