
**Statement for the Record**
**Submitted to the Committee on Ways & Means**
**United States House of Representatives**

**Hearing on**

**"Caring for Aging Americans"**

**November 14, 2019**

**Submitted by**
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Dear Chairman Neal, Ranking Member Brady, and Members of the Committee:

On behalf of Meals on Wheels America, the national network of community-based senior nutrition programs, and the seniors they serve, thank you for holding the hearing, "Caring for Aging Americans." We are grateful for your attention to the needs of our nation's older adults and appreciate the opportunity to submit this statement for the hearing record. Through this statement, we wish to provide an overview of the unique perspectives and experiences that local Meals on Wheels programs have in providing community-based care and supportive services to older adults and their families and caregivers. In addition, we seek to share research and evidence demonstrating the social and economic return on investment delivered by these programs and services, and policy recommendations to improve the long-term care needs of our nation's seniors.

Meals on Wheels America is the national nonprofit organization that supports the network of more than 5,000 community-based congregate and home-delivered nutrition programs that are dedicated to addressing senior hunger and isolation. These local programs operate in virtually every community across the country and are trusted in the homes of millions of our nation's most vulnerable older adults. With the support of dedicated volunteers and staff members, local Meals on Wheels programs provide nutritious meals, safety checks, and connections to other social and health services, which enable millions of America's seniors to live more nourished and independent lives.

Though topics presented at the hearing are wide in scope, a clear takeaway is that long-term, institutional care is becoming increasingly unaffordable, and the availability of quality aging services will not be able to keep pace with growing demand should the status quo continue. Home- and community-based programs, like Meals on Wheels, are desirable, necessary and often more affordable alternatives to traditional long-term care options and are effective in promoting the health and quality of life of community-dwelling older adults, which in turn result in reduced healthcare expenditures. Such programs offer a spectrum of services that can be leveraged to address the unique health and social needs of seniors as they age while saving taxpayer dollars.

## THREATS TO AGING AMERICANS AND THEIR CARE

Proper diet and adequate nutrition are key factors for disease prevention and healthy aging, and, as highlighted during the hearing, senior hunger and food insecurity are major threats to our nation's older adults. The reality of senior hunger in our country today is sobering and presents challenges for eldercare in light of the accelerating aging population. In 2017, five and a half million adults age 60 and older were *food insecure*, experiencing reduced quantity, quality, variety, and/or desirability of diet – an additional four million seniors were *marginally food insecure*, meaning they experienced a lesser degree of food intake disruption or anxiety about accessing adequate food.[1,2] This means that one in eight seniors are forced to make choices about the foods they eat due to financial strain and lack of other household resources.

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.[3] Older adults struggling with reliable access to adequate, healthy food are at greater risk of

malnutrition and thus greater risk of experiencing negative and costly health outcomes.[4] Adequate nutrient intake, such as protein and Vitamin D, are necessary for bone, nerve and muscle health, which are critical for maintaining strength and preventing falls. The economic burden of malnutrition among older adults alone costs $51 billion annually, while falls account for $50 billion in medical costs.[5,6]

Food insecure individuals are also more likely to be in a low-income household, and older adults living at or below poverty level are nearly twice as likely as those not living in poverty to have limitations in their ability to live independently. [7] The cost of basic healthcare, including prescription drugs and long-term care for older adults, is becoming increasingly unaffordable and is taking a toll on our public and private healthcare systems. For some seniors with complex health care needs, the out-of-pocket cost of institutional care may simply be too prohibitive to access, and others may be forced to choose between paying for medication and being able to afford other living necessities, such as groceries, utilities like heating and cooling, and/or housing.

Senior isolation is an additional threat that has implications for seniors aging and receiving care at home, which is where most individuals prefer to be. In 2017, nearly 17 million seniors (24%) were living alone, leaving many of them prone to the negative and costly health effects of social isolation and loneliness.[8] Senior isolation is associated with an additional $6.7 billion in Medicare spending each year, and socially-isolated seniors experience feelings that contribute to negative health effects similar to those from heavy smoking.[9, 10] Nearly one in five older adults report frequent feelings of loneliness, which – like senior food insecurity – can be even more challenging to address among seniors who struggle with mobility and in rural communities with limited transportation access.[11]

However, as we heard in statements during the hearing – and 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. This puts a significant portion of the population at greater risk of experiencing a myriad of the 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 are effective at keeping seniors healthy and independent in their homes and communities based on their unique health and social needs. This must be achieved to protect the well-being and financial security of senior individuals and their families, as well as to rein in and control our county's burgeoning healthcare costs.

Aging services and supports delivered in home or community settings that focus on social determinants of health serve as far less expensive, nonmedical alternatives to traditional healthcare, and often prolong or altogether prevent the onset of chronic disease or other avoidable health consequences. The Older Americans Act (OAA) is the primary piece of federal legislation focused on establishing, coordinating and strengthening social and nutrition services for adults age 60 and older, their families and caregivers. The aging services network established

by the OAA provides critical services that can be leveraged for eldercare through programs such as Medicare and Medicaid.

Also funded in part through the OAA are home-delivered and congregate nutrition services, which are targeted toward those older adults who are in the greatest social and economic need. As can be seen below, the profile of those receiving home-delivered nutrition services through the OAA, many of whom are among the most frail and vulnerable individuals, exhibits the characteristics of high-risk, high-cost Medicare and Medicaid senior beneficiaries:

- 79% are age 75 and older
- 69% are women
- 35% live at or below poverty level
- 59% live alone
- 25% live in rural areas
- 28% are a racial and/or ethnic minority
- 82% take 3 or more medications daily [12]
- 80% have one or more chronic conditions [13]

At a time of unprecedented growth in the older adult population, the cost of care is projected to grow to an unsustainable level. Accordingly, we must invest in and implement strategies to meet the needs of our nation's rapidly aging population with increasingly complex health needs. We believe that much of this can be accomplished by leveraging and further boosting the OAA aging services' existing infrastructure.

**MEALS ON WHEELS MODEL**

The Meals on Wheels network comprised of thousands of local, community-based nutrition providers has led the fight against senior hunger and isolation for decades – and the congregate and home-delivered services they deliver provide so much more than just a meal. For years, this public-private partnership has enabled socialization through community dining centers or volunteer visits, regular safety checks during meal deliveries, and reliable connections to other critical resources. These are core to the Meals on Wheels service model – made possible by millions of dedicated staff and volunteers – who are committed to supporting the health and independence of older individuals.

*Nutrition and Socialization*:

Local Meals on Wheels programs play a critical role in providing regular meals and socialization opportunities. The meals served to seniors are held to a high nutritional standard that adheres to the OAA Title-III Nutrition Program requirements and include at least a third of the Daily Reference Intakes. In fact, the results of the More Than a Meal Pilot Research Study found that, compared to seniors who received weekly frozen meals or no meals at all, those who received daily home-delivered meals reported experiencing a greater reduction in the rate of falls and feelings of loneliness, eating healthier foods, and feeling safer at home.[14] Furthermore, local programs are looking to expand their offerings, and many are already offering medically-tailored meals, to better meet their clients' nutritional needs and combat malnutrition.

For countless individuals participating in the program, staff members and peers at a congregate dining facility, or the volunteer delivering a meal and visit to the home, may be the only person(s) she or he sees that day, providing critical occasions for socialization. Additionally, these interactions allow for safety and wellness checks. Time and again, Meals on Wheels volunteers encounter a client who has fallen during a delivery route. The regular visits by volunteers can help home-delivered meal clients to be more secure and less fearful of falling – a

major contributor of preventable hospitalizations and healthcare spending among older adults. The majority of seniors receiving OAA nutrition services provided by a community-based organization consistently report that participating in the program helps them feel healthier, safer and more independent.[15]

*Safety and Community Connections:*

Home- and community-based programs, like Meals on Wheels, are also perfectly positioned to identify in-home safety hazards and ensure that the proper steps are taken to mitigate them. They can help make needed safety modifications for clients who may not have the ability or support needed to do so on their own, providing often simple, cost-effective solutions to improve clients' ability to remain safe in their homes. For example, with support from Meals on Wheels America and The Home Depot Foundation, several Meals on Wheels programs have provided both minor and major home repairs to support aging in place for more than 1,200 veterans since 2014. Although this partnership has provided much-needed support for many, the demand for services continues to outpace available resources.

Regular interaction with program staff and volunteers though ensures consistent access to at least one social service agency and a link to other community services and programs that may benefit the older individual. Local Meals on Wheels programs can identify the need for additional care and make the appropriate referrals. Early identification of concerns, such as crumbling steps or a loose handrail, and additional needs such as transportation, pest control or assistance with legal documents, can allow for early intervention to improve the health and quality of life of the individual and ultimately, lower their healthcare costs.

*Health Care*:

The model and existing infrastructure of community-based senior nutrition programs provides an excellent platform and opportunity to work with the healthcare sector to address social determinants of health and potential barriers to receiving quality care in the community. Through collaboration with local Meals on Wheels programs, health plans and providers can deliver senior beneficiaries with foundational in-home support that enables them to enjoy healthier, independent lives at an affordable cost.

Many state Medicaid plans offer Home- and Community-Based Services (HCBS) waivers to provide home-delivered meals as a covered service, which is particularly relevant to elderly and disabled beneficiary populations. Additionally, with guidance under the Centers for Medicare and Medicaid Services (CMS), Medicare Advantage (MA) Special Need Plans (SNP) for beneficiaries with chronic conditions are now able to cover additional supplemental benefits, including meals delivered to the home, that are tailored specifically to the patient's conditions and health needs. Greater contracting with Meals on Wheels programs that can also provide efficient, cost-effective monitoring of health in the home setting is critical, though, to scale and unlock the true cost-saving advantages of these benefits.

On the ground, Meals on Wheels program staff and volunteers delivering meals can help identify and promptly notify healthcare providers of a change in a client's condition, so that necessary steps can be taken to address urgent health and safety needs. Partnerships between Meals on Wheels and players in the healthcare sector have leveraged new technology to monitor, report and address problems before they escalate into more serious and costly healthcare episodes. In one example, local Meals on Wheels programs and their partners were able to

expand a technology-enhanced tool developed for drivers to report changes in client conditions by capturing their observations in real-time during meal delivery. A study found this innovative mobile software-based strategy to be a feasible mechanism among trained Meals on Wheels volunteers for monitoring change-in-condition and may provide a solution to addressing the needs of older adults aging independently in their homes.[16] The ability to have systematically-collected information on clients' well-being is not only an opportunity to bolster evidence but also a critical mechanism to connecting and supporting care coordination efforts within the healthcare system. Meals on Wheels and Aetna, a CVS Health business, are currently piloting the use of this technology-enhanced change-of-condition monitoring system in conjunction with Aetna's care coordination for high-risk, high-need Medicare Advantage beneficiaries.

There are several person-centered models of care coordination, as well, like the Program of All-Inclusive Care for the Elderly (PACE), which provide comprehensive treatment of the whole patient and address social determinants of health, such as nutrition and safety. Local Meals on Wheels programs are also well-positioned to participate in such care models that may promote health and reduce associated health care spending and costs.

## CHALLENGES TO CARE

Financial and human resource constraints have prevented local senior nutrition programs from being able to scale-up and expand the access and reach of activities needed to meet the growing, evolving needs of older adults. As a true public-private partnership, community-based organizations with hybrid funding structures heavily depend on such dollars from private and public sources to weave necessary resources together. However, funding for social services and health promotion activities provided through federal programs has remained stagnant despite the soaring increase in the senior population and has not kept pace with the increasing demand. Case in point, OAA Nutrition Program funding, adjusted for inflation, decreased by $80 million (8%) between FY 2001 and 2019 and critical block grant programs, such as the Community Development Block Grant (CDBG), Social Services Block Grant (SSBG), and Community Services Block Grant (CSBG) – on which many Meals on Wheels programs also rely for needed support – are under persistent risk of cuts or altogether elimination.[17]

Another threat to the funding sources for local Meals on Wheels programs, is the negative impact that the current tax code has on charitable giving. The major overhaul of the federal tax code last year through the Tax Cuts and Jobs Act of 2017 made significant changes to individual and family tax benefit policies that diminished incentives for making charitable donations. As a result, revenues from charitable giving have recently decreased for non-profit organizations that provide aging services, including Meals on Wheels. When already less than 2% of all philanthropy is directed toward aging issues, further decline in funding is devastating and only expands unmet need and waiting lists for nutrition services.[18]

Additionally, for decades, the network of senior nutrition providers has leveraged a national volunteer-base to help prepare and deliver meals to seniors, as well as provide critical socialization opportunities and safety checks. This is a cost-effective mechanism that provides the essential human resources needed to deliver millions of meals to seniors every year. But as highlighted during hearing remarks and testimony, major challenges exist for the future of direct care, with a demand for care that is quickly outgrowing the availability of skilled and properly trained direct care workers. Local senior nutrition providers who rely on volunteers and a small staff report experiencing similar challenges in achieving and maintaining the necessary amount

of paid and unpaid labor necessary to carry out meal preparation and deliveries. Furthermore, volunteers for Meals on Wheels are often seniors themselves and are therefore at risk of becoming more limited in their functional abilities, too.

Long-term inadequate funding for social and nutrition programs, persistent threats to key block grant programs, diminished revenue from charitable donations, and challenges in volunteer and staff recruitment and retention have contributed to the wide gap between seniors served and those who need services but are not receiving them. A Government Accountability Office study revealed that 83% of low-income, food insecure seniors do not receive the meals that they likely need, and two out of three older adults who experience difficulties in activities of daily living receive no home- or community-based care.[19] According to a recent study, about half of Meals on Wheels America member organizations report a waitlist for meals (for those programs who do keep one), and 13% have lists where the wait time is a year or longer.[20]

## RECOMMENDATIONS

The Committee's hearing highlighted several strong policy recommendations and pieces of legislation that are aimed at creating a more affordable, person-centered model of long-term care. We look forward to working together to implement promising strategies and urge you to consider the following high-impact recommendations to help achieve sustainable and high-quality eldercare in our country:

1. **Increase funding for the Older Americans Act (OAA) Nutrition Program and other federal funding sources that support local senior nutrition providers.** As federal support has failed to keep pace with the legitimate need for services, we urge funding the OAA Nutrition Program at $1 billion in FY 2020, which supports the delivery of congregate and home-delivered meals. Due to the varied federal funding makeup of local senior nutrition providers, we also urge Congress to, at a minimum, maintain existing levels for key block grant programs, such as the Community Development Block Grant (CDBG), Social Services Block Grant (SSBG), and Community Services Block Grant (CSBG).

2. **Incentivize charitable giving and volunteerism for public-private programs that support the long-term care and independent living of older adults.** We recommend that the Committee consider reforms to the tax code that promote – not inhibit – charitable giving and equitable revenue opportunities to nonprofits that rely on private donations. Additionally, we encourage Congress to provide new incentives to increase volunteerism that help expand and promote participation in delivering services for older adults that will assist in maintaining sufficient human resources.
3. **Reinvest future healthcare savings in programs that support the care and promote the quality of life of older adults.** We strongly urge the Committee to reinvest the dollars saved through any major enacted healthcare legislation affecting seniors into existing programs, like those described in this testimony. For example, projected cost-savings resulting from legislation to lower prescription drug prices or long-term extensions to vital federal health programs should be re-invested in programs that are proven and effective at helping reduce healthcare costs and supporting quality, targeted care for high-cost, high-need, high-risk individuals.

## CONCLUSION

Thank you again for holding this important and timely hearing and for the opportunity to share our unique perspectives and experience with the challenges and opportunities in addressing long-term care for our nation's aging population. We hope the information and recommendations shared in this statement provide additional insights and helpful information that will inform and support the Committee's work to improve the quality of care and lives of senior constituents. We look forward to continuing to work with you to implement effective policies that provide affordable, high-quality care for all individuals as they age and prevent the costly epidemics of senior hunger and isolation in the years to come.

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