



2022 WHITE HOUSE CONFERENCE ON HUNGER, NUTRITION, AND HEALTH

MEALS ON WHEELS AMERICA RECOMMENDATIONS AND PRIORITIES

Meals on Wheels America commends the President and the Administration for convening a White House Conference on Hunger, Nutrition, and Health and for recognizing and raising awareness of these fundamental issues and their importance to the overall health, well-being and quality of life for individuals across the age spectrum. Informed by the expertise of the nationwide network of community-based senior nutrition programs and fueled by a vision of an America in which all seniors live nourished lives with independence and dignity, we are grateful for the opportunity to share our perspective and recommendations to address the growing issues of hunger and diet-related disease that many Americans face today.

Senior hunger is an issue often hidden, out of sight and mind in the public forum, especially when related to food insecurity and malnutrition among homebound older individuals. The COVID-19 pandemic starkly revealed the unique challenges that older adults face and underscored the need to focus on older adults' access to nutritious and affordable food. Due to age-related changes in biology, physical or cognitive function, social and familial settings and financial status, older adults can be uniquely at risk for poor nutrition and resulting negative health effects. Consequently, when developing strategies to meet the goal of ending hunger and increasing healthy eating by 2030, it is imperative for the Administration, Congress and leaders across sectors to consider the unique experiences – and hear the voices – of older adults who have experienced food insecurity and/or malnutrition and the impact of these issues on their physical, mental and emotional health.

Local senior nutrition programs like Meals on Wheels that receive federal funding and support through the Older Americans Act (OAA) Nutrition Program play a critical role in addressing the ongoing hunger crisis. For 50 years, the OAA Nutrition Program has received bipartisan support and investment, and there is now even greater awareness and support from the public for these services. Through this successful public-private partnership, local Meals on Wheels programs across the country are able to effectively reduce senior hunger and bridge gaps for other food-related challenges in their communities.

SENIOR HUNGER, MALNUTRITION AND PHYSICAL ACTIVITY

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. Despite the wide recognition of the relationship between healthy aging and access to nutritious food and regular socialization, millions of older adults struggle to meet

these basic needs. Physical activity in older adults is a vital component of wellness by preventing or delaying the onset of chronic health conditions, as well as optimizing physical functioning and continued independence. Engaging physical activity and exercise can contribute to maintaining quality of life, health and physical function and reducing falls in the adult population overall and particularly in older adults experiencing chronic illnesses.

In 2020, over 9 million (12%) older adults age 60+ were threatened by hunger – nearly 5.2 million (7%) of whom experienced low food security or very low food security.¹ Nationwide, that comes to one in eight older adults struggling with hunger – **and the fraction of seniors experiencing very low food security has increased almost 90% since 2001.**¹ It has also been estimated that almost half of all older adults may be at risk of becoming, or are already, malnourished.²

With approximately 12,000 individuals turning 60 every day and with their vital roles in individual families, intergenerational households and society as a whole, it is critical that each of the five pillars of the Conference be considered as they relate to the aging population. As you determine strategies and solutions for addressing hunger and improving nutrition and physical activity by 2030, we urge you to consider the following comments and recommendations.

RECOMMENDATIONS

Specific actions that the federal government should take to improve food access and increased nutrition include:

1. **Prioritize the role of and properly fund existing federal assistance programs, specifically the Older Americans Act (OAA) Nutrition Program, that can address both food and nutrition security. The OAA Nutrition Program provides additional benefits of social connection and safety checks for older adults. At a minimum, federal appropriations levels for the OAA Nutrition Program should be doubled in Fiscal Year 2023.**
 - Overseen by the Administration for Community Living's (ACL) Administration on Aging and implemented at the local level through thousands of community-based providers, the OAA Nutrition Program delivers nutritious meals, 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 five decades.
 - The purposes of the OAA Nutrition Program are to 1) reduce hunger, food insecurity and malnutrition; 2) promote socialization of older individuals; and 3) promote the health and well-being of older individuals.
 - There is an existing national network and infrastructure that exists through the OAA, and specifically the OAA Nutrition Program, to improve food access and affordability; however, funding is greatly needed and paramount. The OAA Nutrition Program has been underfunded for decades. In 2019, the program served nearly 175,000 fewer older adults than a decade before, yet the number of food insecure seniors increased from 4.1 million to nearly 5.3 million (by over 1 million) in the same period.³
 - In a survey conducted with Meals on Wheels America in December 2020, 72% of adults felt the federal and state governments should help fund services like Meals on Wheels.⁴

In late 2021, 97% of local programs believed there were older adults in their community who needed meals who they were not currently serving, and 59% cited funding to pay for the meals as a major challenge to meeting the need for nutrition services.⁵

- Due to COVID-19, older individuals reached out for more services, and at the height of the pandemic, Meals on Wheels programs were providing an average of 100% more home-delivered meals than prior to the pandemic.⁵
- Local Meals on Wheels programs continue to report increased costs for essential operations and supplies like food, labor and gas, and many are unable to meet the existing unmet need for meals in their communities. In spring 2022, 98% of programs were facing at least one of these challenges⁶:
 - Rising food prices – 87%
 - Rising gas prices – 83%
 - Supply chain issues (e.g., procuring food, equipment, vehicles) – 73%
 - Hiring and retaining enough staff – 55%
 - Recruiting and retaining enough volunteers – 54%
 - Sustaining funding – 52%
 - Increased costs requiring programs to tap into reserves – 34%
- **Currently, 8 in 10 Meals on Wheels programs are still serving more home-delivered meals and clients than they were before COVID-19**, and many of them are taking drastic steps to sustain their programs due to funding challenges.⁶ Some of these measures include, but are not limited to, adding seniors to waiting lists and discontinuing or cutting back services.
- **With increased funding, this network would have the resources to help ensure that older adults who are receiving home-delivered or congregate nutrition services can continue to do so for as long as needed, as well as reach those who may be underserved or on a waiting list today.** Taking care of the nutritional and social needs of the nation’s most vulnerable older adults is a moral imperative and part of the solution to reducing healthcare costs.

2. Establish home-delivered meals to be a fully reimbursable benefit through fee-for-service Medicare, Medicare Advantage and Medicaid. Provide financial incentives and technical assistance to Medicare and Medicaid providers to include meals as a fully reimbursable service in all plans in contracts with existing non-profit or local government providers.

- Senior nutrition services can support improvements in health outcomes and quality of life and significantly reduce our nation’s healthcare costs by helping older adults avoid preventable emergency room visits, hospital admissions and readmissions, extended stays in rehabilitation facilities and premature institutionalization.
- Older adults who receive home-delivered or congregate nutrition services perceive themselves to have better health as a result of the service,⁷ and there is an increasing evidence base – reflected in the growing body of scientific literature – for improved health outcomes and reduced healthcare service utilization and spending among older adults who receive meals. A rigorously designed study from 2015 found that seniors receiving the Meals on Wheels model of service experienced greater improvements in health than

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.**⁸

- Many local senior nutrition providers already have established or are seeking out healthcare contracts and reimbursement for services, and there are models in Medicaid and Medicare Advantage (MA) of meals being covered for limited time periods and in very specific situations (e.g., two weeks upon discharge; 30 days for certain conditions). Some state Medicaid plans with Home- and Community-Based Services (HCBS) waivers currently provide home-delivered meals as a covered service, which is particularly appropriate for elderly and disabled beneficiary populations. With guidance under CMS, MA Special Need Plans for beneficiaries with chronic conditions are able to cover additional supplemental benefits, including meals delivered to the home, tailored specifically to the beneficiary's conditions and health needs.
- **We call for the establishment of a payment and referral system for nutrition assistance and meal delivery that is broadly available under Medicare, MA and Medicaid.** Senior nutrition services providers – many of whom have been operating within their communities for decades – can be further leveraged to scale up the existing infrastructure and provide nutrition benefits to more individuals.
- We recommend policies that support healthcare contracts with senior nutrition providers, which are not intended to supplant other federal funding streams, such as the OAA Nutrition Program. We further urge funding and implementing pilots in Medicare and Medicaid programs such as [H.R. 5370, the Medically Tailored Home Delivered Meals Demonstration Act of 2021](#).
 - Such legislation would establish a new Medicare pilot program to provide nutritious, medically tailored meals directly to older adults in their homes and address the connection between diet and chronic disease. Any pilot to support the provision of medically tailored meals through Medicare should be written to incorporate meals provided by the OAA nutrition network in order to achieve the maximum number of eligible participants and equitably serve communities nationwide.

3. Provide supplemental funding to the OAA Nutrition Program beyond annual appropriations for culturally necessary and appropriate meals, medically tailored meals, fresh produce and locally sourced food options; relying on the senior nutrition network as experts to define and design meal plans.

- Local senior nutrition providers recognize the importance of providing a range of appropriate nutrition options to older individuals and should be used as experts in this field. The provision of culturally necessary meals and securing fresh produce differs based on the community and should be structured in ways that allow for flexible, age-appropriate implementation.
- For example, securing more resources for senior nutrition programs to establish and manage partnerships with local farms would assist older adults who are actively seeking out easily peelable and digestible fruits and vegetables.

- Additional funding and programming support should be designed to supplement and not supplant annual appropriations.

4. Ensure Flexibility for the OAA Nutrition Program and Clarify Flexible Service Delivery Models.

- ACL and State Agencies should utilize existing authority and communication channels to provide clear, transparent and consistent guidance and instruction regarding nutrition-related flexibilities and transfer of funding between programs, such as those granted during COVID-19. This includes clear and publicly available policies related to, but not limited to, authorities through the Public Health Emergency, Grab & Go meals, take-away meals, leftover food, person-centered culturally appropriate meals, medically tailored meals and menu choice.
- The importance of the OAA in responding to and providing services for over 50 years cannot be overstated. The timing of this White House Conference is ideal to examine innovations within the OAA Nutrition Program, particularly given ongoing demographic shifts within the aging population and the lasting impacts of the COVID-19 pandemic.
- In late 2021, 75% of Meals on Wheels organizations said that the pressures of the pandemic created the opportunity for innovation, the results of which were permanent changes in business practices that increased efficiencies, performance and reach.⁹
- These challenges led to exciting innovations, including:
 - New partnerships (e.g., food banks, other local nonprofit organizations, restaurants, corporate donors, community health centers and volunteers). In late 2021, 65% of programs said they were better connected to partners in their communities.⁹
 - Alternate delivery methods that help reach people previously not accessing meals (e.g., Grab & Go, curbside, food trucks and outdoor congregate gatherings). In spring 2022, 44% of Meals on Wheels programs were offering Grab & Go or a similar service.⁶
 - Greater equity (e.g., shifting marketing and outreach to engage previously not served or underserved communities and providing or considering culturally appropriate and desired meals).
- Increased federal funding and extended flexibility is essential to help ensure that local senior nutrition programs have the resources needed to continue providing a wide range of services that meets the unique needs of their communities.

5. Advance Equity and Inclusion.

- Certain segments of the population experience a range of different challenges at disproportionately higher rates. For example, 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 living in rural areas face systemic inequities that too often result in a lack of adequate resources and/or access to services they need to remain healthy in later life.
 - Food insecurity rates are higher for Black and Hispanic older adults and these disparities have worsened throughout the pandemic. In 2020, Black and African

American seniors' risk of food insecurity was nearly four times more than that of white seniors, and Hispanic seniors had twice the risk compared to those who are white.¹⁰

- We commend the Administration for its stated focus on equity and commitment to utilizing an inclusive lens in building a strategy to combat hunger and improve nutrition. We urge inclusion of equity-based language and anti-discrimination policies where possible. **Specifically, we recommend policies to foster greater equity for anti-hunger and nutrition programs to support older individuals of underserved communities, including those targeted for services through the OAA who are low-income; are a racial or ethnic minority; live in a rural community; have limited English proficiency; are at risk of institutionalization; and/or identify as LGBTQ+.**
 - We also encourage ongoing communication, outreach and engagement of individuals with lived experience to inform strategy and policy. Some mechanisms for these efforts exist currently through the OAA State and Area Plans on Aging processes.
6. **Ensure all recommendations regarding nutrition education, healthy choice and physical activity are relevant and appropriate for older adults who may be homebound and have limited mobility. Designate research specifically to study the unique experiences older adults have with nutrition.**
- Older adults who are eligible for services such as OAA home-delivered and congregate meals often experience chronic and/or acute physical and mental conditions that make accessing their desired food groups difficult. This includes lack of accessible transportation, living in areas of low food access, difficulty preparing meals for reasons including safety, physical ability and lack of usable kitchen appliances and reduced social support systems.
 - It is estimated that 40% of older adults age 65+ eat two or more fruits daily and only 15% consume the three or more servings of vegetables per day, suggesting that many older individuals are not consuming the recommended amount of fresh produce.¹¹ While older adults tend to have an overall higher diet quality than most other age groups, the general older adult population still does not meet the dietary intake recommendations for certain food and nutrient groups such as fruit, vegetables, whole grains, dairy and protein.¹² For older adults who participate in the OAA Nutrition Program, the meals they receive are held to quality standards and federal nutrition guidelines, contain a third of the Dietary Reference Intakes, meet state and local food safety and sanitation laws and should be appealing.
 - Any national nutrition strategy should include recommendations based on age and physical ability, rather than a one-size-fits-all approach. It is with acknowledgment and understanding of the older adult population that our nation can fully address hunger and diet-related diseases across the life span.

CONTACT INFORMATION

Ellie Hollander
President and CEO
ellie@mealsonwheelsamerica.org / 571-339-1607

Erika Kelly
Chief Government and External Affairs Officer
erika@mealsonwheelsamerica.org / 571-339-1604

Katie Jantzi
Vice President of Government Affairs
katie.jantzi@mealsonwheelsamerica.org / 571-339-1622

REFERENCES

1. U.S. Census Bureau, 2020, *Current Population Survey (CPS) December Food Security Supplement*, www.census.gov/data/datasets/time-series/demo/cps/cps-supp_cps-repwgt/cps-food-security.html
2. 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/>
3. Administration for Community Living (ACL), 2021, *State Program Reports 2009-2019*, available on the Administration for Community Living Aging, Independence, and Disability Program Data Portal (AGID) <https://agid.acl.gov/CustomTables/>
4. SSRS and Meals on Wheels America, 2020, *Omnibus Study* telephone survey conducted by SSRS with questions included for Meals on Wheels America.
5. Meals on Wheels America, July 2021, *Mid-year COVID-19 Pulse Survey*, available at www.mealsonwheelsamerica.org/learn-more/research/covid-19-research-portfolio
6. Meals on Wheels America, April 2022, *Spring Member Pulse Survey*, available at www.mealsonwheelsamerica.org/learn-more/research/covid-19-research-portfolio
7. Administration for Community Living (ACL), 2019, *National Survey of OAA Participants*, available on AGID, <https://agid.acl.gov/>
8. Meals on Wheels America, 2015, *More Than a Meal Pilot Research Study*, report prepared by Thomas & Dosa, available at www.mealsonwheelsamerica.org/learn-more/research/more-than-a-meal/pilot-research-study
9. Meals on Wheels America, November 2021, *Membership Perspectives and Practices Survey*, research conducted by Trailblazer Research, available at www.mealsonwheelsamerica.org/learn-more/research/member-perspectives-practices-survey
10. Ziliak and Gunderson, 2022, *The State of Senior Hunger in America in 2020*, report prepared for Feeding America, available at www.feedingamerica.org/research/senior-hunger-research/senior
11. Centers for Disease Control and Prevention (CDC), 2019, *Behavioral Risk Factor Surveillance System*, available at the Alzheimer's Disease and Healthy Aging Data Portal, www.cdc.gov/aging/agingdata/index.html
12. U.S. Department of Agriculture and U.S. Department of Health and Human Services, 2020, *Dietary Guidelines for Americans, 2020-2025*, 9th Edition, available at www.dietaryguidelines.gov/