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

Hearing on

Nourishing our Golden Years: How Proper and Adequate Nutrition Promotes Healthy Aging and Positive Outcomes

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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 nutrition programs and the millions of seniors they serve nationwide, we thank you for the opportunity to submit this statement for the record. We commend you for your leadership and attention to the needs of our nation's older adults and appreciate your holding this important hearing to assess the growing problem of senior hunger, and the role proper nutrition plays in improving health and overall quality of life. We offer our perspective on the risks and consequences of poor nutritional status among seniors, as well as present for your consideration policy recommendations to address these challenges. We look forward to working with you to seek solutions for a future where no senior in America is left hungry or isolated.

THE CURRENT STATE

Programs like Meals on Wheels are a frontline defense against senior hunger, isolation and malnutrition. For nearly five decades, in communities large and small, rural, suburban and urban, Meals on Wheels programs – with the federal support and structure largely from the Older Americans Act (OAA) – have been effectively serving seniors in the greatest economic and social need. The nourishing meals, friendly visits and safety checks delivered each day supply an efficient and vital service for our most vulnerable seniors, our communities and our taxpayers. Both congregate and home-delivered nutrition services provided by local Meals on Wheels programs enable seniors to live healthier, safer and more independent lives longer in their own homes – where they want to be – reducing unnecessary visits to the emergency room, admissions and readmissions to hospitals and premature nursing home placement. Data from the Administration for Community Living's (ACL) State Program Reports and National Survey of OAA Participants demonstrates that the seniors receiving meals at home and in congregate settings, such as senior centers, need these services to remain in their own homes. They are primarily women, age 76 or older, who live alone. Additionally, they have multiple chronic conditions, take six or more daily medications and are functionally impaired. Further, the single meal provided through the OAA Nutrition Program represents half or more of their total daily food intake. Significant numbers of seniors receiving meals are impoverished, live in rural areas and belong to a minority group. In short, the individuals requesting and being provided services through the OAA nutrition network are largely high-risk and high-need—and potentially high-cost to our healthcare system, if their unique needs are not met.

Yet, while the federal infrastructure exists to address these needs of our nation's most vulnerable seniors – through successful programs administered by the U.S. Department of Agriculture and the U.S. Department of Health and Human Services – the number of individuals struggling far outpaces the resources available to serve them. Today, 10.2 million seniors, or one in six, struggle with hunger, representing a 65% increase since the start of the recession in 2007 and a 119% increase since 2001. In 2014, funding provided through the OAA supported the provision of meals to 2.4 million seniors nationwide, while the President's Fiscal Year 2018 budget request would reduce that number to 2.3 million seniors. Underscoring this growing gap, a 2015 Government Accountability Office report found that about 83% of food insecure seniors and 83% of physically-impaired seniors did not receive meals [through the OAA], but likely needed them.

To further illustrate these troubling trends, the Meals on Wheels network overall is serving 23 million fewer meals to seniors in need than it was in 2005, due in large part to federal funding

not keeping pace with inflation or demand. And, one in four Meals on Wheels programs reports having a waiting list for services, with an average of 200 seniors and growing. Quite simply, too few seniors who need meals are getting them today, and each year, the chasm widens between those struggling with hunger and those being served. This harsh reality is not only felt on a personal level by those suffering from hunger and isolation, but it is also felt on a fiscal level by taxpayers, in terms of increased Medicare and Medicaid expenditures.

THE COSTS OF HUNGER AND MALNUTRITION

The consequences of hunger and malnutrition in older adults are profoundly more significant than with other populations. Older adults are among the most vulnerable to malnutrition, with 50% of all older adults at risk for malnutrition, and minority groups at a disproportionately higher risk. The Causes, Consequences, and Future of Senior Hunger in America – the first ever assessment of the state of senior hunger in America – found that a senior facing the threat of hunger has the same chance of much more severe activities of daily living (ADL) limitations as someone 14 years older. This means there is a large disparity between a senior's actual chronological age and his or her "physical" age, such that a 67 year old senior struggling with hunger is likely to have the ADL limitations of an 81 year old. In addition, declines in cognitive and physical function as a result of the aging process, coupled with the onset and management of chronic disease, make older adults more physically susceptible and at-risk to hunger and malnutrition. These complications are further exacerbated for individuals living on fixed incomes and/or in poverty, with limited food access and mobility challenges.

Malnutrition has been found to further diminish an individual's ability to manage and overcome sickness and increase the likelihood of further illness, disability or injury. As a result, malnourished seniors have higher utilization rates of expensive healthcare services, higher rates of hospitalization admissions and readmissions and a greater need for long-term care services and facilities. For seniors who would otherwise be healthy with appropriate dietary intakes, this puts an added burden on the individual, as well as on our healthcare system. Annual healthcare costs attributable to malnutrition in older adults are estimated to be $51.3 billion.

Malnourished seniors, both underweight and overweight, do not have the intake of essential nutrients needed to maintain a favorable health status. They also experience higher rates of morbidity and are at an increased risk for a myriad of health complications, including injury from falls, delayed wound healing, infection and decreased cardiac and lung function. With a diminished health status made worse by lack of adequate nutritional intake, seniors lose the ability to maintain healthy, active and independent lives. The need for interventions that prevent hunger and malnutrition from occurring, as well as large-scale implementation of cost-effective methods known to treat these problems, is paramount.

THE SOLUTION EXISTS

Proper nutrition is essential to one's health and well-being. As cited above, this is particularly true for seniors, whose health status may be compromised as even a slight reduction in nutritional intake can exacerbate existing health conditions, accelerate physical impairment and impede recovery from illness, injury or surgery. Seniors with chronic disease who receive adequate nutrition have improved health outcomes and are better able to support a healthy and active lifestyle. Senior nutrition programs like Meals on Wheels are already minimizing the negative impact of malnutrition in communities across the country. These public-private

partnerships have been, and continue to be, exemplary as they are able to harness diverse resources from the local, state and federal government along with private donations, while enlisting the help of 2 million volunteers nationwide, to carry out much of the services the programs offer. For every federal dollar appropriated through the OAA, states and communities are able to leverage an additional $3 from other funding sources. Meals on Wheels is able to feed a senior nutritionally-balanced, and in some cases, medically-tailored, meals for one year at the same cost as one day in the hospital or ten days in a nursing home. By improving the nutritional status and maintaining the independence of seniors who are homebound and/or have limited mobility, we are able to keep potentially expensive patients out of hospitals and long-term care facilities. As a result, Meals on Wheels generates considerable health-related savings for seniors, their families and our healthcare system, as a whole.

In addition to the cost-effectiveness made possible by the ability to prolong the physical health and self-sufficiency of seniors, Meals on Wheels programs offer more than just nutrition; the model improves the mental and emotional health of participating seniors, too. Frequent and consistent visits by a volunteer or staff member offer companionship, to which seniors can look forward, reducing social isolation and feelings of loneliness. Seniors who rely on home-delivered meals self-reported that they found a reduction in the likelihood of injuries from falls, a dangerous and expensive safety risk that affects many independent seniors and amounts to $31 billion in annual Medicare costs. Regular check-ins by volunteers can help identify potential hazards both inside and outside the home, sudden declines in health or other troubling changes early, before they become more serious problems. For example, findings from a 2015 study entitled More Than a Meal – commissioned by Meals on Wheels America, underwritten by AARP Foundation and conducted by Brown University – showed that those seniors who received daily home-delivered meals (the traditional Meals on Wheels model of a daily, in-home-delivered meal, friendly visit and safety check), experienced the greatest improvements in health and quality of life. Specifically, between baseline and follow-up, seniors receiving daily home-delivered meals were more likely to exhibit improvements in physical and mental health (including reduced levels of anxiety, feelings of isolation and loneliness and worry about being able to remain at home) and reductions in hospitalizations, falls and the fear of falling. In addition to being a preventative measure for emergency department visits and hospital admissions, investing in Meals on Wheels is also a proven way to reduce hospital readmissions and post-discharge costs. A 2012 Brown University study showed that investments in Meals on Wheels of $25 more per senior per year could reduce the low-care nursing home population by 1%, which translates annually to millions of dollars in Medicaid savings alone. Not only are these programs providing more than just a meal to those who are fortunate enough to receive services, but they are also an essential part of the solution to our nation's fiscal and demographic challenges, helping to bend the cost curve on the mandatory side of the budget.

POLICY RECOMMENDATIONS

In light of the immense vulnerability and array of health and mobility challenges our nation's seniors face, coupled with the high-cost, high-risk factors they pose to our healthcare system, it is imperative that proven and effective programs designed to meet their unique nutritional and social needs are further strengthened. At the same time, it is important to recognize that there is not a one-size-fits-all solution to the problem of senior hunger. Rather, there is a wide continuum of need and a variety of federally-supported nutrition programs, and each program is targeted to meet the specific needs of vulnerable populations along that spectrum while promoting health and wellbeing. For those seniors who are most mobile and may struggle with hunger primarily as

a result of limited income and access to affordable foods, the Supplemental Nutrition Assistance Program (SNAP) may serve as the best intervention. For those seniors who are hungry as a result of mobility and health challenges and are physically unable to cook or prepare meals, Meals on Wheels may serve as the best intervention, instead. In other cases, it may be a combination of federal and local programs working together to address hunger in the community.

Given the magnitude of the senior hunger problem, coupled with continued demographic shifts resulting in a rapidly aging population, we urge you to consider the following policy recommendations to improve the nutritional status of at-risk and/or malnourished older adults.

1. **Modify Medicare and Medicaid to meet the nutritional needs of our most vulnerable seniors.**

    - Expand Medicare managed care plans to include coverage for home-delivered meals prepared and delivered by a private nonprofit for seniors, with physician recommendation
    - Expand Medicaid managed care plans to include coverage, with a physician recommendation, for home-delivered meals prepared and delivered by a private nonprofit for individuals who are too young for Medicare, but who are at serious medical risk or have a disability
    - Allow doctors to write billable Medicare and Medicaid "prescriptions" for nutritious and medically-appropriate meals prepared and delivered by a private nonprofit for individuals prior to being discharged from a hospital. Seniors receiving short-term nutrition interventions post-hospital discharge, ranging from a daily hot meal to a combination of different meal types (i.e., lunch, dinner, snack, hot or frozen meals) has resulted in readmission rates of 6-7% as compared to national 30-day readmission rates of 15%-34%

2. **Protect and bolster funding for Older Americans Act (OAA) Nutrition Programs.**

    - Increase funding for OAA Nutrition Programs (Congregate, Home-Delivered and Nutrition Services Incentive Program) to a minimum of $874,638,011 in FY 2018; the same level authorized and unanimously passed by Congress and signed into law last year
    - End sequestration for FY 2018 and beyond by replacing it with a bipartisan budget plan that recognizes the significant cuts already made

3. **Standardize nutritional assessment and screening process for seniors in healthcare settings.**

    - Implement validated malnutrition and food insecurity screening tools, including a patient's ability to access nutritious food, in hospital admission and discharge processes
    - Include nutrition screening questions in the Centers for Medicare & Medicaid Services annual wellness and *Welcome to Medicare* physical exams

4. **Defend and support nutritional access for seniors via the Supplemental Nutrition Assistance Program (SNAP) and the Commodity Supplemental Food Program (CFSP).**

    - Strengthen policies that improve senior SNAP participation by expanding the use of simplified applications, lengthening recertification periods and utilizing a standard medical deduction

- Protect SNAP from structural changes (e.g., block grants) that would undermine their effectiveness
- Provide enough funding for CSFP to maintain current caseloads and expand to a completely nationwide program

AN URGENT RESPONSIBILITY

The disproportionately high risk for malnutrition among older Americans, in addition to demographic shifts towards an older population, means we have an urgent responsibility to establish policies that support healthy aging. The causes and consequences of senior hunger and malnutrition are complex, so a uniform approach for all seniors will not be successful. However, there is already an existing network and federal nutrition program infrastructure in place to address the needs of today and tomorrow's seniors, and strong evidence that demonstrates their effectiveness. Now is the time for Congress to act and support legislation that will promote the adoption of methods known to successfully prevent and treat these challenges. Ensuring that no senior in need struggles with hunger, malnutrition or isolation is not only doing right by our nation's seniors – our veterans, teachers, police officers, firemen and others who have done so much for us – but is also a solution for saving taxpayers and bending the cost curve on the mandatory side of the budget.

We ask that you please consider the recommendations outlined in this statement and call on your colleagues to do so, as well. These are issues within our reach to solve and are among our greatest moral, social and economic imperatives. We thank you again for your continued leadership and support for senior nutrition programs and look forward to working together in the weeks and months ahead.