



Testimony of Patricia Lyons
President and CEO, Senior Citizens, Inc.

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Healthy Aging: Maximizing the Independence, Well-being, and Health of Older Adults

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Chair DeLauro, Ranking Member Cole, and distinguished Members of the Subcommittee, thank you for the opportunity to testify at this important hearing. I am Patti Lyons, President and CEO of Senior Citizens, Inc. in Savannah, Georgia, which supports more than 10,000 older adults annually throughout coastal Georgia to enable them to age successfully and to have had a life well lived. I also serve as Board Chair of Meals on Wheels America, a leadership organization representing the nationwide network of senior nutrition programs that are dedicated to addressing senior hunger and isolation.

Today, I am truly heartened that you are interested and invested in exploring factors that influence healthy aging. It is my honor to provide information and share my firsthand experience about the impact of nutrition, and the clear intersection that exists between all the topical areas this panel of experts will address.

We are certainly at a crossroads regarding our aging nation, and this is particularly true as it relates to federal appropriations in Fiscal Year 2023. I am here to unequivocally say that we must not go backwards. You have the ability to ensure that does not happen by investing in healthy aging programs such as those provided by the Older Americans Act (OAA), including a total level of \$1.934 billion in funding for Title III-C Nutrition Services.

The OAA funds programs like Meals on Wheels, which serve older adults who are among the most at-risk of experiencing barriers to healthy aging. With the support of committed volunteers and staff, local senior nutrition programs deliver nutritious meals to a person's home or in a congregate setting, such as a senior center, and provide additional essential services, including social interaction, safety checks, and connections to other social and health resources that enable older Americans to age with independence and dignity.

Nutrition and Healthy Aging

Regardless of age, nutrition is a critical part of health, development, and overall quality of life. Better nutrition is associated with improved health, lower risk of non-communicable diseases, and longevity. It is fundamental to healthy aging.

Biological and physiological changes that occur naturally due to age 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.

Despite the wide recognition of the relationship between healthy aging and access to nutritious food and regular socialization, millions of seniors were struggling to meet these basic human needs prior to the COVID-19 pandemic, and these issues have only intensified since.

A perfect example is one of our clients, Lois. Prior to the pandemic, Lois was struggling but her niece, who lived out of town, was able to visit once a week with groceries and food for Lois' dog, Peppy. Unfortunately, her niece became ill with COVID and stopped coming. Thankfully, a neighbor noticed that the niece had not been by in some time and reached out to our organization. I am proud to say that we are now a daily fixture in Lois' life, and we even provide her with pet food. She has put on weight, always has a ready smile for the volunteers delivering her meals and, best of all, her neighbors see her more often out on her porch.

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, available at www.feedingamerica.org/research/senior-hunger-research/senior

The reality of senior hunger today is sobering, and there are millions more older adults just like Lois, who need our help, but who we are not reaching today. We know in 2020, during the pandemic, over 9 million (12%) older 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 up to almost half of all older adults may be at risk of becoming or is already malnourished.³ Today, millions of seniors experience some degree of food insecurity and are forced to make choices about the foods they eat due to financial strain. In my home state of Georgia before COVID-19, more than 318,800 (15.2%) seniors faced the threat of hunger, often making difficult choices between eating properly or paying for utilities, rent and/or medication.⁴

As greater awareness of food insecurity, social isolation and loneliness and their negative effects on physical and mental health 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 can be further compounded if one has physical limitations, lack of transportation, 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 challenges at disproportionately higher rates. Older adults who are racial or ethnic minorities; lesbian, gay,

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

⁴ Ziliak and Gunderson, 2021, *The State of Senior Hunger in America in 2019*, report prepared for Feeding America, available at www.feedingamerica.org/research/senior-hunger-research/senior

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 lack of adequate 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 cost-effective programs that allow individuals to age with better health.

A Simple and Impactful Solution: The OAA and ACL

The good news is there are already simple and impactful solutions: the OAA and other programs administered through the Administration for Community Living (ACL), the agency responsible for supporting older adults and people with disabilities in maintaining their health, well-being and independence in the community. For more than 50 years, the OAA has improved the social and nutritional needs of older adults, saved lives, and provided peace of mind to family members and caregivers. This network has utilized public and private resources to create the infrastructure and cost-effective interventions that exist today. Congregate and home-delivered meals are one component of the essential services offered through the OAA and administered through ACL, states, area agencies on aging and local providers.

OAA services are targeted to adults 60 years of age and older with the greatest social and economic need – including 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 reduce hunger, food insecurity and malnutrition, and to promote socialization and the overall health and well-being of older adults.

Each of the programs highlighted by expert witnesses in this hearing, along with others provided through ACL, are interconnected and represent critical services for healthy aging, and it takes the work of all of us together, with other national and local partners, to achieve success.

More Than a Meal™

The organization I have led for 24+ years, Senior Citizens, was founded 63 years ago by three people who noticed that some of their neighbors were struggling to have these very needs met. They would gather once a week, pack up a week's worth of lunches and deliver them to 13 older adults. And they always added at least a one hour visit with each delivery. They didn't know all of the health research and statistics, they just intrinsically knew that both nutrition and connection were essential for a happy life. Thanks to support from Title III-C of the OAA, we prepared and delivered hot lunches and that personal connection to 2,000 seniors earlier today.

Since the beginning of the senior nutrition movement in the United States, service providers, such as mine, 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 Wheels or another community-based program provides.

The impact of these services on seniors' lives is powerful, and older adults who receive them have better health because of participating. Most seniors receiving OAA nutrition services consistently report that participating in the program helps them feel more secure, prevents falls or fear of falling, and allows them to stay in their own home.^{5, 6} In turn, this helps avoid

⁵ Administration for Community Living (ACL), 2019, *National Survey of OAA Participants*, available on ACL's AGID Custom Tables, available at <https://agid.acl.gov/>

⁶ 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

preventable emergency room visits, hospital admissions and readmissions, extended stays in rehab, and premature institutionalization –ultimately reducing our nation’s health care costs.

It is often through an older adult’s need for nutrition services that they become aware of and connected to other services available in their communities. For many Meals on Wheels participants, staff and volunteers may be the only individual(s) she or he sees that day. Social connection is part of the Meals on Wheels model and can include intentional and additional face-to-face conversation during delivery or enhanced programming, like friendly visiting or telephone reassurance calls. Further, in-home safety services include a regular environmental safety check and established approach for addressing identified hazards, fall risks, and home modification needs. For example, Meals on Wheels programs helped refer and/or serve an estimated 18,000 older adults who needed home repairs in 2018 and 34% of programs report directly offering home repair and modification services.⁷

A rigorously designed study from 2015 found that older adults receiving home-delivered meals experienced statistically significant improvements in health than their counterparts who did not receive services. The group 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 On the ground, senior nutrition program staff and volunteers delivering meals can help identify and promptly notify caretakers and healthcare providers of a change in an older adult’s condition so that necessary steps can be taken to address urgent and/or developing health conditions and medical needs, both physical and mental. Early identification of other health and safety concerns, such as hazards in and

⁷ Meals on Wheels America, 2021, *Membership Perspectives and Practices Survey*, research conducted by Trailblazer Research (report in publication)

⁸ See footnote 6

around the home, inadequate transportation, pest control needs or assistance with legal documents, can allow for timely intervention to improve the health and quality of life of the individual. By being invited to “cross the threshold” into the home, there is the ability to observe, assist, and provide that sense of security.

Last week, one of our clients fell in his home during the night. It was our volunteer who called to raise the concern to our staff. We contacted his emergency contact, his sister, and together we entered his home. He smiled at us when we came in and said to his sister, “I wasn’t scared at all. I knew they would be coming to bring my meal.” This story is not unusual and exemplifies the true strength of these programs.

The Current State of Senior Nutrition

The power and importance of the OAA Nutrition Program was never more evident than during the COVID-19 pandemic. Practically overnight, the thousands of programs like mine across the country faced an unprecedented surge in demand as the number of older adults sheltering in place increased and congregate centers shifted ways of operating. We quickly adapted our traditionally high-touch service model to continue safely offering our senior clients critical, person-centered supports that go well beyond the meal itself.

Our programs were and continue to be, critical to our nation’s pandemic response and recovery, and senior nutrition programs have been highly sought out for the trusted nutrition and social connections they offer. Despite the incredible response from the senior nutrition network to quickly scale services, challenges remain in addressing the demand. A survey of Meals on Wheels America membership last year found 97% of programs believe that there are older adults in their communities who need nutrition services who they are not currently serving and about 60% of programs reported that the major limitation to serving meals to all the seniors in their

community who need them is funding to pay for the meals.⁹ The gap between those struggling with hunger and those receiving nutritious meals through the OAA will widen in my home state of Georgia and across the country if not adequately addressed with the necessary support and investment from both public and private sources.

Even prior to the pandemic, federal funding for aging services was not keeping pace with increasing demand, rising costs and inflation. Now, more than two years into this public health emergency, programs like mine are continuing to deliver life-saving services at sustained high rates with ongoing and emerging challenges and uncertainties. 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.¹⁰ Some of these measures include but are not limited to adding seniors to waiting lists, discontinuing, or cutting back services or shifting from hot to frozen meals. Most senior nutrition programs are currently facing at least one significant barrier, such as rising food and gas prices or sustaining funding, and a third have reported that increased operating costs are requiring the need to tap into reserve funding.

Recommendations to Support Healthy Aging

Thanks to the leadership of Chairwoman DeLauro, Ranking Member Cole, and members of this Subcommittee, ACL received emergency funding necessary to address the significant needs presented by the pandemic. ACL and its programs have subsequently been able to reach new communities and people who have long needed services, such as meals, but could not receive them for reasons including inadequate funding and awareness. Senior nutrition programs like

⁹ Meals on Wheels America, July 2021, 2021 *Mid-year COVID-19 Pulse Survey*, available at www.mealsonwheelsamerica.org/learn-more/research/covid-19-research-portfolio

¹⁰ Meals on Wheels America, April 2022, *Spring Membership Pulse Survey* (report in publication)

mine have expanded our capacity, innovated our operations, and shown that our services can literally be a matter of life and death. Now we are at a crossroads. Pandemic-level funding for these programs must remain, and we absolutely must not go backwards. After all, we all now know what it is like to be a homebound, isolated older adult.

The demand for nutrition services remains high above pre-pandemic levels, and without additional funding, many nutrition providers will not be able to support their current client base, much less expand to reach the growing number of older adults who will need them this year and in the future.

We understand the difficult decisions you face with respect to annual appropriations bills and other budgetary challenges as Congress. However, the risks and benefits of healthy aging cannot be underestimated, both in economic costs and with respect to individuals' quality of life. Increased federal funding through the regular appropriations cycle is critically needed for the next fiscal year and beyond. With approximately 12,000 individuals turning 60 every day, we need resources that will help community-based nutrition programs, and other healthy aging programs, to reach eligible older adults, especially as the demand for these essential, life-saving services continues to rise.

As the Subcommittee develops its FY23 Labor-HHS-Education appropriation bill, we urge you to fund programs that are critical to healthy aging, including \$1.934 billion for the OAA Nutrition Program, so that local community-based senior nutrition programs can ensure the health, safety and social connectedness of our nation's older adults, build the capacity of ACL's programs and services, and bridge the growing gaps and unmet need for services in communities nationwide. Thank you for your leadership, support and consideration. We look forward to working together to ensure that no older adult in America is left hungry and isolated.