Senior Hunger

The Human Toll and Budget Consequences

Older Americans Act

A Report from Chairman Bernard Sanders
Subcommittee on Primary Health and Aging
U.S. Senate Committee on Health, Education, Labor & Pensions
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Key Findings

- 90 percent of low-income seniors without sufficient resources to buy food do not receive any meals under the federal meals programs.
- Nearly 80 percent of aging agencies report an increased demand for home-delivered meals, yet more than 1 in 5 report that they are unable to serve all who request them.
- Over 90 percent of seniors receiving home-delivered meals state that the program allows them to remain in their homes.
- Approximately 50 percent of all health conditions impacting older Americans are directly connected to a lack of nutrients.
- The cost of a one-year supply of home-delivered meals is roughly equal to the cost of one day in a hospital.
- Baby boomers, began turning 65 this year. Those age 60-69 have the highest risk of senior hunger.

Summary

In the United States of America, no senior citizen should go hungry. Unfortunately, hunger among our elderly population is a growing crisis—hunger rates have more than doubled for poor seniors in the United States in recent years. According to a 2009 study, there are over 5 million seniors who face the threat of hunger, almost 3 million seniors who are at risk of going hungry, and almost 1 million seniors who do go hungry because they cannot afford to buy food.[1]

It is important not only from a moral perspective but also from a financial perspective that every senior in America has access to adequate nutrition. Persistent hunger and malnutrition lead to multiple chronic diseases that result in expensive hospitalizations and nursing home or other long-term care placements. At a time when our deficit is skyrocketing, it is absurd that we spend billions of dollars unnecessarily on Medicare, Medicaid, and nursing home care because seniors lack the nutrition they require for a healthy life. As Dr. Mark Lachs of Cornell University has noted, "Easily treatable illnesses that could have been quickly (and inexpensively) handled at home… instead [evolve] into complicated and costly episodes of disability that at best [lead] to costly hospitalization and at worse… to indefinite nursing home residence, often as a last address."

Evidence suggests that in the wake of the recession, there is an increased need among senior citizens all over the country for nutritious meals programs, including home-delivered meals. For example, the Government Accountability Office (GAO) recently surveyed 125 Area Agencies on Aging, and found that almost 80 percent of them reported an increase in requests for home-delivered meals since the start of the economic downturn.[2] There is also evidence that current federal nutrition programs do not adequately address the incidence of hunger among seniors. GAO estimates that 19 percent of low-income older adults lacked the resources they needed to get enough nutritious food to thrive, and that 90 percent of those lacking such resources did not receive any meals.[3]

Senior Hunger Today

There are millions of seniors today who do not know where they will get their next meal. A report released in 2009 stated that, there are 5 million seniors who face the threat of hunger, almost 3 million seniors who are at risk of going hungry, and almost 1 million seniors who do go hungry due to financial constraints.[4]

Over the past decade, the number of seniors without adequate food and nutrition has steadily risen. Thirty-eight percent of seniors who cannot get adequate nutrition have incomes below the federal poverty level—a mere $10,890 in 2011. Millions of seniors are forced to make painful decisions such as choosing between buying food or medication. In addition to the impact of poverty on hunger, several other factors play a role as well: living alone, age, gender, raising a grandchild, and renting vs. homeownership.[5] For example, recent data show that households with a grandchild present are on average about two-and-a-half times as likely to be food insecure as households without grandchildren.[6]

At a time when we are seeing dramatic increases in inequality of income and wealth, the deterioration of the middle class, a housing market collapse, and scarce job opportunities, it should come as no surprise that we have increasing numbers of older Americans who do not have enough to eat. Seniors in the "baby boom" generation began turning 65 this year. Those age 60-69 have the highest risk of senior hunger.[7] Little research has been done on the causes, incidence, and prevalence of hunger among older adults, but we do know that hunger and a lack of

According to several agency administrators, the programs that have been established to address issues of hunger within the senior community do not go far enough. Susan MacDonald, the Executive Director of the Washington County (Maryland) Commission on Aging, Inc./Area Agency on Aging, pointed to stagnant funding levels and the shifting demographic composition of her county's senior population as a major cause of this insufficiency.

"Over the past 10 years, the population of Washington County has grown by over 10 percent. In this county, there is a sizeable number of persons living solely on Social Security. The lack of a defined benefit and unreliable pensions will likely lead to more economic insecurity as the baby boomers transition to their senior years. We're not a society that makes it easier to get older."

Dr. Mark Lachs is a practitioner and researcher and often makes house calls to older adults in New York. He is the Director of Geriatrics for the New York Presbyterian Health System, Professor of Medicine at the Weill Medical College of Cornell University, and the author of "Treat Me Not My Age."

"For older Americans especially, hunger and malnutrition can completely undo any investments or advances we might make in better access to health care, better treatments for specific diseases, and even our efforts to improve quality of life through nonmedical interventions like better housing or social integration. As a primary care geriatrician, I have seen it over and over again—easily treatable illnesses that could have been quickly (and inexpensively) handled at home, instead evolved into complicated and costly episodes of disability that at best led to costly hospitalization and at worse led to indefinite nursing home residence, often as a last address. Who pays for that care? We all do. You don't have to be a doctor to understand that proper nutrition is the bedrock of all health, and nowhere are the medical consequences of malnutrition more devastating than in our older population."

proper nutrients significantly increase the risk that seniors will suffer from poor or fair health,[8] which not only diminishes their own quality of life but also increases the burden on our long-term care and health insurance systems.

Poor nutrition leads to increased utilization of health care services, early nursing home or other long-term care placements, and an increased risk of death.[9] The Older Americans Act meals programs serve those at greater risk of nursing home placement, based on multiple risk factors that predict nursing home entry such as isolation, lack of support needed to assist with activities of daily living, low income, and certain health conditions, including cognitive impairment, high blood pressure, diabetes, and a history of strokes and falls. Further, it is estimated that 50 percent of all diseases impacting older Americans are directly connected to lack of appropriate nutrient intake.[10] Immune dysfunction, poor wound healing, altered effects of many drugs, and increased mortality are all threats posed by a lack of proper nutrition in the elderly.[11] In addition, several psychosocial effects, such as apathy, depression, anxiety, and self-neglect, are reported with greater frequency among the malnourished elderly.[12] Without the meals they receive to sustain them at home, these older Americans may require placement in less desirable and much more costly institutional settings.

While there are no studies to date showing how much money hunger or malnutrition cost our Medicare and Medicaid systems,

there is no question that we are wasting billions of dollars annually under federal and state medical and long-term care programs by not adequately providing nutrition to seniors. With hunger among seniors on the rise and seniors occupying nursing home and hospital beds because they are not getting adequate nutrition, we must remember that modest investments in combating senior hunger and promoting nutrition education go a long way in reducing overall expenditures.

One recent project demonstrated this very clearly. The Meals On Wheels Association of America carried out a project in 2006 in coordination with an insurance company, which found significant medical savings associated with home meal delivery.[13] Through the partnership, Medicare Advantage patients in select markets across the U.S. were offered ten meals at no cost to them, delivered locally through Meals on Wheels immediately following hospital discharge. Participation was purely voluntary. Individuals who chose to receive the service were typically sicker than those who declined it. However, the insurance data showed that those seniors who received the meals had first month post-discharge health care costs that were $1,061 lower on average than those who did not. The benefits were long-lasting—the third month after receiving those meals, the average per-person savings was $316.[14]

As we begin to emerge from the worst recession since the Great Depression, we need to better evaluate how we spend federal dollars—especially when the cost of a one-year supply of home-delivered meals is roughly equal to the cost of one day in a hospital. In 2008, for example, the average expenditure in the United States for a home-delivered meal was $5.14.[15] The average cost of one day in a hospital, on the other hand, is $1,853,[16] and the average annual cost of nursing home care is $77,745.[17] Clearly, preventive services are crucial for saving valuable health and long-term care dollars.

Finally, it is important to note from a budgetary perspective that federal dollars invested in such services leverage a lot of bang for the buck: for every $1 spent on home-delivered meals, an additional $3.35 is contributed from state, local, and private funds and participant contributions.[18]

Carla Jutson, Executive Director of Meals On Wheels of Tarrant County in Fort Worth, Texas, makes the case that by not funding preventive programs, we'll continue to see dramatic increases in the overall cost to programs established to fight senior malnutrition.

"Our senior population, those 60 years of age and over, will double from 2010 to 2020. If we can't take care of those who need help today with flat or cut funding, how can we plan for the future? We can keep a large number of our seniors fed and seen, living in their own homes, for about $1,300 a year. That's the cost of 1 day in the hospital or 10 days in a nursing home. We'll have to pay for it eventually, whether through these programs, or Medicaid or Medicare, or in emergency rooms. Why in the world would I want to do outreach when I cannot serve all who need food now?"

The Meals On Wheels Association of America's President Enid Borden has been in contact with volunteers nationwide to assess the impact of rising gas prices on home-delivered meals.

"For our Meals On Wheels Programs, it is a triple whammy because gas prices are up, food prices are up, and the economy is down. As Americans, we have a responsibility to think beyond ourselves and our wallets. The numbers don't lie. Our meal programs and the people they serve need help now. Just how long can we ask these seniors to wait for a life sustaining meal?"

How meals reach older adults through the Older Americans Act

The Older Americans Act was established in 1965 to provide needed social and nutrition services to seniors. The primary purpose of the Act is to help keep older adults at home and in the community for as long as possible through services and supports. The programs are not means-tested, since income alone is not the best predictor of decreases in functionality and risk for institutionalization.[19] They are available to all adults 60 and older, but are targeted to those in most need of services, such as low-income individuals. Title III nutrition programs represent the largest of the Act's programs, with about 40 percent of its total funding paying for meals for seniors. In 1972, the Act added a "congregate meals" program (served at central locations, such as senior centers). The home-delivered meals program was added in 1978.[20]

The purposes of these programs are to:

- Reduce hunger and food insecurity;
- Promote socialization of older individuals;
- Promote the health and well-being of older individuals and delay adverse health conditions through access to nutrition and other disease prevention and health promotion services.

Congregate meals are provided in community centers, churches, senior centers and other locations nationwide.[21] Home-delivered meals are taken, often by volunteers, directly to an older adult's residence. Meals are delivered to these individuals because they are generally homebound due to illness, disability or geographic location. The meals are paid for by Older Americans Act funding, state-based funding, donations, and sometimes by contributions from the individuals receiving the meals.

For providers who rely on volunteers, skyrocketing gas prices loom as a major problem. Jim Coutts, the Executive Director of the Franklin County Senior Center in Vermont, explained that volunteers are essential to the operation to his program. He cannot afford provisions for these services and pay for their delivery.

"There will be a greater emphasis on home delivery services, such as Meals On Wheels. We have 35 volunteer drivers, contributing over 500 hours every month. There is no way we could accomplish our goals without their help. As gas prices continue to climb, we're very concerned we won't be able to find volunteers, many of whom are seniors themselves. We serve everyone who needs help, but with the influx of baby boomers and the huge number of displaced workers looking for help, we won't be able to provide food that meets the daily nutrition requirement. We only serve a noontime meal as it is. With more people requiring services, that nourishment will continue to decrease."

The Administration on Aging reports that in 2009:

- Home-Delivered Nutrition Services provided 149.1 million meals to about 880,135 individuals.
- Congregate Nutrition Services provided 92.5 million meals to more than 1.7 million older individuals in a variety of community settings.

Due in part to the success achieving one original purpose of the Act—helping seniors remain in their homes longer—the numbers of home-delivered meals have dramatically increased. Within the Act, there is flexibility to share funding between the home-delivered and congregate meals programs based upon the need of a particular locale.

Another provision under Title III of the Act is called the Nutrition Services Incentive Program, which provides funds to states, territories and Indian tribal organizations to purchase food or cover the costs of food commodities provided by the U.S. Department of Agriculture (USDA) to be used for the congregate and home-delivered meals programs. In 2008, eight states opted to receive commodities over cash through this program, which makes them eligible to receive bonus commodities through the program. However, in recent years, USDA has not given priority to this program and no bonus commodities have been made available.

There are other federal programs that provide food assistance to older Americans, but they have different purposes from the Title III nutrition programs within the Older Americans

Act. Most importantly, the other programs provide access to food, but not prepared meals, an important distinction for individuals with functional limitations.

Hungry Older Americans - Slipping through the Cracks

The meals programs have been an enormous success. However, Area Agencies on Aging across the country are reporting that they have waiting lists, are struggling to provide current meals due to increases in food costs, and are losing volunteers—who often pay for the gas used to deliver meals out of their own pockets—due to the high cost of gas.[22]

While there are no national data available on the lengths of waiting lists for meals programs, in February of this year, the Government Accountability Office (GAO) released a report showing that in 2008, existing meals services did not serve most of the low-income older Americans who needed them.[23] The study estimated that 19 percent of low-income older adults were food insecure, and that 90 percent of those lacking such resources did not receive any meals.[24]

The GAO surveyed local Area Agencies on Aging to determine why these seniors were not receiving meals. Several officials stated that the need for home-delivered meals is greater than what they can afford to address, and 22 percent of agencies reported that they were unable to serve all clients who requested home-delivered meals.[25] There is a growing need for home-delivered meals versus meals provided in community settings, with 79 percent of local agencies reporting increasing numbers of requests.[26]

An additional aggravating factor for many low-income elderly Americans, the GAO found, is that 17 percent of them have difficulties with two or more activities of daily living, making it very hard for them to ob-

Problems with funding and proper allocation exist everywhere. Debbie Britt is the President and Chief Executive Officer of Fayette Senior Services in Fayette County, Georgia. Ms. Britt warns that between an increase in seniors requesting services and an economy that continues to struggle, every agency runs the risk of not providing services to those most in need.

"A 'silver tsunami' is coming. Since Fayette Senior Services opened the doors of our new Life Enrichment Center in Fayetteville three years ago, we've seen a 6,000 percent increase in membership. The answers to the challenges of serving the third fastest growing senior population in metro Atlanta are not just a matter of increasing funds. What we need to do is focus on how to fund and manage these programs in a way that is sustainable. We can't a take a cookie cutter approach to addressing these issues. As a non-profit, we provide aging services, including meals, on behalf of our local government and about half our funding comes through our own initiatives. We are a model of sustainability but it's becoming increasingly challenging for us. What we need is the flexibility to identify the areas where this money will do the most good to meet the specific needs in our community. A need is a need is a need. It's unconscionable to think that an older adult in Fayette County is going without a meal tonight."

Maybell Peck of Saint Johnsbury, Vermont says that having Meals On Wheels delivered to her home was essential to allowing her to live at home and remain independent long after she was unable to drive. While she has recently moved to an assisted living home, May and her family continue to be grateful for the contribution Meals On Wheels made to her quality of life and independence.

"As far as Meals On Wheels, it's really a lifesaver. I didn't really realize it and I thought, 'Gee, I hope I never have to have that,' but I fell and that was the only way I could make sure that I'd have a good meal. And it was always good; I liked it. It gave me a sense of power."

tain food. Of these, 83 percent did not receive meals.[27] Seniors who have difficulty performing activities of daily living such as bathing, cooking, managing medications and doing housework, are at higher risk of entering a nursing home, and Title III participants are six to eight times more likely than the national population over 60 to have at least three such limitations.[28] The more successful we are at providing nutritious food to these Americans in their homes, where they prefer to be, the less we will spend overall.

Low-income seniors have a particularly increased risk of nursing home placement, and the majority—more than 85 percent—of those seniors receiving meals and other services said the meals programs helped them remain at home.[29] This is particularly true for seniors living alone. Participants in Title III meals programs are more than twice as likely to live alone than the average U.S. adult over the age of 60.[30] In a 2009 national survey of program participants, 91 percent reported that the home-delivered meals program allowed them to remain in their homes. This program was second only to homemaker services in terms of its value in supporting seniors as they age at home.[31] The Institute of Medicine reported that participants in Title III-VI programs had a "significantly better nutrient intake than those not receiving services; programs were shown to target high-risk populations…The lack of good food assistance and nutrition programs may lead to increased disability and to the use of more expensive services."[32]

Looking Forward: What We Need to Do

For almost fifty years, the Older Americans Act programs have provided individuals with the resources they need to remain where they want to be—healthy and in their own homes. This year it is up for reauthorization by Congress. At a time when we are facing large deficits and a need to more wisely spend our federal resources, we must not underestimate the value and cost-effectiveness of relatively small investments in these programs that prevent or mitigate extremely costly expenditures in Medicare and Medicaid. This is especially true as the older population is the fastest growing segment of the U.S. population and the number of seniors who want to remain independent and age in their homes will continue to grow. Providing adequate food to elderly Americans is a vital service that will ensure that our parents and grandparents can remain independent for as long as possible. Furthermore, at a time when rising health care costs are a growing concern,

funding nutrition programs is a common-sense federal investment that will reduce the burden on Medicare and Medicaid programs, leverage matching nonfederal funds, and protect our most vulnerable citizens. These vital nutrition programs have been extraordinarily successful in specifically targeting the needs of a diverse range of urban and rural communities across the country both in home-delivered and congregate meal settings and they remain the most cost-effective way to support a dignified, healthy retirement for millions of our fellow citizens.

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