Testimony of

Vinsen Faris, CFRE
Executive Director
Meals-on-Wheels of Johnson and Ellis Counties, and
Immediate Past Chair of the Board of Directors
Meals on Wheels America

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Past, Present, Future of SNAP: Special Populations

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Chairman Conaway, Chairwoman Walorski, Ranking Member Peterson, Ranking Member McGovern and distinguished Members of the Subcommittee – good morning. Thank you for the opportunity to testify before you today at this important hearing. I am Vinsen Faris, Executive Director of Meals-on-Wheels of Johnson and Ellis Counties, located immediately south of Dallas – Fort Worth in Cleburne, Texas.

As well as having the privileged responsibility of delivering more than 1,200 nutritious meals to needy homebound seniors in our 1,700+ square mile area each day, I also have the honor of serving as the Immediate Past Chair of the Board of Meals on Wheels America. Meals on Wheels America is the oldest and largest national organization comprised of and representing community-based senior nutrition programs that are dedicated to addressing senior hunger and isolation in every state. By providing leadership, research, education and training, grants, and advocacy support, Meals on Wheels America helps to empower community programs, just like Meals-on-Wheels of Johnson and Ellis Counties, to improve the health and quality of life of the seniors they serve.

All told, there are more than 5,000 Meals on Wheels programs – both congregate and home-delivered – in communities across the country that are delivering vital social and nutrition services to seniors 60 years of age or older. These programs are big and small, rural, suburban and urban, and serve nutritious meals in both the home, where one's mobility is limited, and/or in congregate settings, such as senior centers; delivering a total of roughly one million meals daily.[i] While each program is certainly unique in regard to its daily operations, we are unified in our mission to support our communities' most vulnerable seniors to live safely, healthfully and independently in their own homes for as long as they wish. We also share the same challenges in addressing the growing needs of a rapidly aging population that is increasingly struggling with hunger and paying for basic living needs, like rent, utilities and prescriptions.

Take Emily, for example, one of the over 2,800 clients we serve in Johnson and Ellis Counties, whose story is similar to the thousands of seniors in your states and districts

who are significantly at risk of hunger and isolation and rely on Meals on Wheels to be able to live at home. Emily is 92, a retired nurse who worked for 40 years in Johnson County, raised her family there, and brings in about $850.00 a month in Social Security benefits. She suffers from severe osteoporosis and is physically unable to leave her home to go to a grocery store to purchase food or to cook or prepare her own meals. Instead, she relies on a Meal on Wheels volunteer to bring her a nourishing hot meal every day – her primary source of food. This friendly visit and personal connection is the only human contact Emily will have each day.

Like most Meals on Wheels clients, the nutritious meals Emily receives help her to maintain her independence, to live in her own home, which she prefers, and to avoid unnecessary trips to the hospital or premature placement in a nursing home, often paid for through Medicare and/or Medicaid. According to the 2013 National Survey of Older Americans Act Participants, 92% of Meals on Wheels recipients reported that the meals enabled them to continue living at home, and 83% said that eating the meals improved their health.[ii] For Emily, Meals on Wheels offers a lifeline that is a much preferred, economical and common sense alternative to other long-term care options.

At no other time in our history, however, has the issue of senior hunger been at a more critical level. Regardless of what statistic you see, it is undeniable that the problem is grave, growing and expensive. Today, 9.6 million seniors[iii] – or one in six – may not know from where their next meal will come. All the more concerning to this Subcommittee is the fact that the number of seniors 60+ experiencing “very low food security” – or “hunger,” as the National Commission on Hunger just expressed in their report released last week – has increased 63% between the start of the recession in 2007 to 2013.[iv]

As you know, the consequences of hunger and food insecurity are both socially and economically profound. For seniors, however, even a slight reduction in nutritional intake can exacerbate existing health conditions, accelerate physical impairment, impede recovery from illness, injury and surgery, and increase the risk of chronic

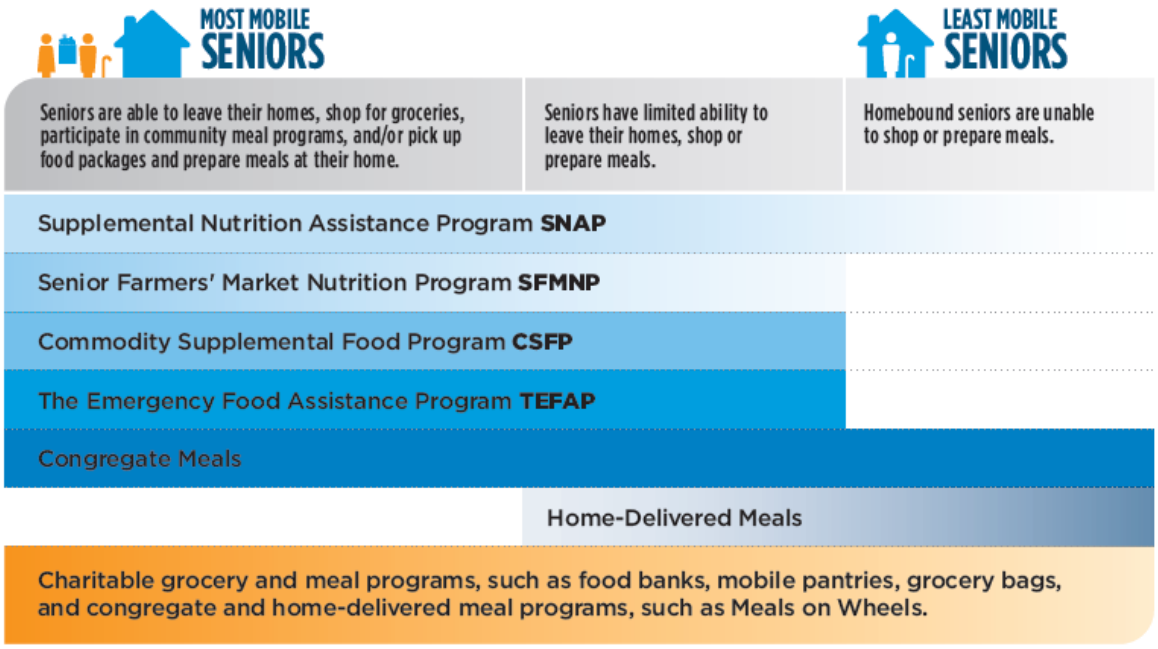
disease(s). *The Causes, Consequences, and Future of Senior Hunger in America* – the first ever assessment of the state of senior hunger in America released in 2008 – found that a senior facing the threat of hunger has the same chance of much more severe activities of daily living (ADL) limitations as someone 14 years older.[v] 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.

Furthermore, 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 seniors on Meals on Wheels waiting lists are among our nation's most at-risk populations when compared to a national representative sample of aging Americans. Specifically, the seniors included in the study were significantly more likely to:

- Report poorer self-rated health (71% vs. 26%)
- Screen positive for depression (28% vs. 14%) and anxiety (31% vs. 16%)
- Report recent falls (27% vs. 10%) and fear of falling that limited their ability to stay active (79% vs. 42%)
- Require assistance with shopping for groceries (87% vs. 23%) and preparing food (69% vs. 20%)
- Have health and/or safety hazards both inside and outside the home (i.e., higher rates of tripping hazards, (24% vs. 10%), and home construction hazards, (13% vs. 7%)[vi]

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 nutritional and social needs are further strengthened. And 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. The fact is that there is a wide continuum of need and a variety of federally supported nutrition programs targeted to meet vulnerable populations along

that spectrum and promote 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. In contrast, 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. In other cases, it may be a combination of federal and local programs working together to address hunger in the community. Illustrated below is a chart that Meals on Wheels America and Feeding America created jointly to showcase the senior hunger continuum and the programs that exist to help support them.[vii]



As Congress considers modifications to the federal nutrition safety net to support the vulnerable populations we are discussing today, it is imperative that their unique nutritional and social needs be at the forefront of the process. Any legislative and policy changes should not only enhance nutritional access, but should also assure individual safety, security and health and wellbeing today and into the future. We can either invest a modest amount in proper nutrition for our seniors now, or spend significantly more on the adverse consequences that will develop in healthcare costs later.

We must continue to build on the progress being made to ensure that seniors eligible for SNAP are able to access and utilize the support available to maintain their health and quality of life. We must also ensure that proposals, such as the SNAP grocery-delivery pilot, are carefully tested and implemented and that the Commodity Supplemental Food Program (CFSP), which provides monthly food packages from USDA commodities, is funded to not only maintain the current caseloads but to enable nationwide expansion. Currently, CSFP only operates in 46 states, the District of Columbia and two Indian reservations.

While notable progress is being made to "close the senior SNAP gap" – the gap between those eligible for the program and those who participate – gaps continue to widen between the number of seniors struggling with hunger and those receiving nutritious meals through the Older Americans Act (OAA) as the funding for these successful and effective programs have neither kept pace with inflation nor demand. The consequences are acute, such as adding even more seniors onto waiting lists, reducing Meals on Wheels services and days of operation, and in some cases, forcing them to close their doors altogether. A Government Accountability Office report released last summer found that about 83% of food insecure seniors and 83% of physically impaired seniors did not receive meals [through the OAA], but likely need them.[viii] Currently, the Meals on Wheels network overall is serving 21 million fewer meals annually to seniors than we were a decade ago in 2005[ix] due to declining federal and state grants; stagnant private funding; and rising food and transportation costs. This slippery slope is concerning and, at a minimum, we must stave off this continuous decline not only for the health of our seniors, but for the health of our nation as a whole.

This Subcommittee, Committee and Congress are best positioned to further support and strengthen proven and effective programs serving our most vulnerable seniors and to adopt legislation favoring the bipartisan recommendations outlined in the National Commission on Hunger's just-released report, *Freedom From Hunger: An Achievable Goal for the United States of America*. The Meals on Wheels network commends the Commission for acknowledging the evidence that our programs improve the health and

quality of life for America's most vulnerable older citizens; and for offering two recommendations to improve nutrition assistance options for people who are disabled or medically at risk. Accordingly, we urge Members of the Committee to consider the following policy priorities, and to commit to cross-Committee collaboration, when such recommendations may be outside of this Committee's jurisdiction:

1. **Protect and Support Nutritional Access for Seniors via the Supplemental Nutrition Assistance Program (SNAP)**

   SNAP is our nation's largest federal nutrition program, targeting households at or below 130% of the federal poverty line, or an annual income of $15,180 for a senior living alone.[x] However, only about 40% of eligible seniors are enrolled in SNAP[xi] due to a variety of factors including stigma, misconceptions about the application process, and mobility or access issues, among others. On average, seniors on SNAP access only $129 a month,[xii] however, it can mean the difference between having to choose between meals or prescriptions. We urge Congress to work with the U.S. Department of Agriculture to:

   - Ensure SNAP benefits are adequate
   - Support SNAP outreach and promote and disseminate state-level best practices for improving senior SNAP participation, such as simplified applications and screening in senior centers
   - Recognize the statute allowing states' eligibility for surplus or "bonus" commodities through the OAA-authorized Nutrition Services Incentive Program
   - Maximize voluntary contributions for home-delivered meals via SNAP, as has been allowed under the law since 1971, by supporting mobile point of sale devices for senior nutrition programs; similar to pilot tests that have occurred in farmers markets
   - Analyze food security rates for all "elderly," not just "elderly living alone" or "households with elderly," in the annual Food Security Report
   - Define elderly as "60 and older" for the annual Food Security Report, not 65 and older, which is consistent with other USDA nutrition program definitions for "elderly"

2. Fund, Reauthorize and Protect the Older Americans Act (OAA)

The OAA has been the primary piece of federal legislation supporting social and nutrition services to Americans age 60 and older since 1965. In 2013, the last year for which data exists, the OAA enabled more than 219 million meals to be provided to 2.4 million seniors.[xiii] Despite the OAA's longstanding bipartisan, bicameral support, it has been unauthorized since 2011 and remains woefully underfunded. As such, we urge Congress to:

- Pass S. 192, the Older Americans Reauthorization Act of 2015. The Senate unanimously adopted, S. 192, the Older Americans Act Reauthorization Act of 2015 in July of last year
- Provide increased funding for OAA Nutrition Programs (Congregate, Home-Delivered and Nutrition Services Incentive Program) in FY 2017. We thank Congress for including a $20+ million increase in the recently passed Consolidated Appropriations Act
- End sequestration for FY 2018 and beyond and replace it with a balanced plan. OAA programs were hit hard by the unnecessary and harsh cuts in 2013 and are still recovering

3. Modify Medicare and Medicaid to Meet the Nutritional Needs of Our Most Vulnerable Seniors

As described above, the health consequences of inadequate nutrition are particularly severe for seniors. Proper nutrition, on the other hand, averts unnecessary visits to the emergency room, reduces falls, admissions and readmissions to hospitals, saving billions in Medicare and Medicaid expenses. It is notable that a senior can receive Meals on Wheels for an entire year for about the same cost of ***one day*** in the hospital or ***one week*** in a nursing home.[xiv] Accordingly, we recommend the following:

- 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% [xv]

The time to act is now, especially given the magnitude of the senior hunger problem coupled with continued demographic shifts resulting in a rapidly aging population. The good news is that the infrastructure already exists to meet vulnerable, food insecure seniors across a continuum of need, through successful programs currently administered through USDA and the Department of Health and Human Services ***if properly resourced***. These programs support the most mobile seniors, who are able to shop for and/or prepare their own meals, to those who with a little assistance can socialize, exercise and eat nutritious meals together in congregate or group settings, to the least mobile, who are homebound and depend on that daily nutritious meal, friendly visit and safety check – that more than a meal service – from their local Meals on Wheels program to enable them to remain independent in their own homes. Working together to ensure that ***no senior*** in need struggles with hunger and isolation is not only an investment in our nation's fiscal future, but it is also a preventative prescription for significantly reducing Medicare and Medicaid expenses.

Again, I want to sincerely thank the entire Subcommittee for your commitment to finding solutions to end hunger in America and the opportunity to testify before you. This is an issue that is not only within our reach to solve, but is also a moral, social and economic imperative. I hope my testimony has been both compelling and insightful, and I look forward to answering any questions you might have.

[i] Administration for Community Living. Data Source: AGID State Profiles. Retrieved from www.agid.acl.gov.

[ii] Administration for Community Living. Data Source: AGID National Survey of OAA Participants. Retrieved from www.agid.acl.gov.

[iii] Ziliak, J., & Gunderson, C. (2015, April). The State of Senior Hunger in America 2013: An Annual Report. Retrieved from www.nfesh.org/wp-content/uploads/2015/04/State-of-Senior-Hunger-in-America-2013.pdf.

[iv] Ziliak, J., & Gunderson, C. (2015, April). Supplement- The State of Senior Hunger in America 2013: An Annual Report. Retrieved from www.nfesh.org/wp-content/uploads/2015/04/NFESH_2015_Report-_Supplement_032515.pdf.

[v] Ziliak, J., & Gunderson, C. (2008, March). The Causes, Consequences, and Future of Senior Hunger in America. Retrieved from www.mowaa.org/document.doc?id=13.

[vi] Thomas, K., & Dosa, D. (2015, March). More Than a Meal. Retrieved from: www.mealsonwheelsamerica.org/MTAM.

[vii] Feeding America & Meals on Wheels America. (2015, March). Senior Hunger: A National Crisis and a Collaborative Response. Retrieved from: http://www.mealsonwheelsamerica.org/docs/default-source/membership/resources-tools/advocacy/fa_mowa_seniorhunger.pdf?sfvrsn=2

[viii] U.S. Government Accountability Office. Older Americans Act: Updated Information on Unmet Need for Services. Retrieved from www.gao.gov/assets/680/670738.pdf.

[ix] Administration for Community Living. Data Source: AGID State Profiles, and the National Survey of OAA Participants. Retrieved from www.agid.acl.gov.

[x] United States Department of Agriculture. FY 2015 Income Eligibility Standards. Retrieved from www.fns.usda.gov/sites/default/files/FY15_Income_Standards.pdf.

[xi] United States Department of Agriculture. Trends in Supplemental Nutrition Assistance Program Participation Rates: Fiscal Year 2010 to Fiscal Year 2013. Retrieved from www.fns.usda.gov/sites/default/files/ops/Trends2010-2013.pdf.

[xii] United States Department of Agriculture. Characteristics of Supplemental Nutrition Assistance Program Participation Rates: Fiscal Year 2014. Retrieved from http://www.fns.usda.gov/sites/default/files/ops/Characteristics2014.pdf

[xiii] Administration for Community Living. Data Source: AGID State Profiles, and the National Survey of OAA Participants. Retrieved from www.agid.acl.gov.

[xiv] Meals on Wheels America. United States Fact Sheet (2015, March). Retrieved from www.mealsonwheelsamerica.org/docs/default-source/fact-sheets/senior-fact-sheet-national.pdf?sfvrsn=2.

[xv] Meals on Wheels America. (2016, January). Comments on Proposed Discharge Planning Rule for Hospitals, Critical Access Hospitals, and Home Health Agencies (80 Fed. Reg. 68126)