



CHAIRMAN KOHL, RANKING MEMBER SMITH, Members of the Senate Special Committee on Aging:

Good morning. It is an honor to be back testifying before the Special Committee on Aging. My name is Bob Blancato and I am Executive Director of the National Association of Nutrition and Aging Services Programs. We are a membership organization serving the interests of providers of congregate and home delivered nutrition services for the elderly as well as other professionals in the aging network. Across this nation, our members serve millions of congregate and home delivered meals a year. We recognize - and it is reflected in our organization's vision - that we need to reshape the future of healthy aging and we must do this with a greater emphasis on healthful foods and good nutrition.

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I commend this hearing and its focus this morning, THE CAUSES, CONSEQUENCES, AND FUTURE OF SENIOR HUNGER IN AMERICA. We commend our colleagues from the Meals on Wheels Foundation for the study they are releasing today. It is important that all of us continue to raise public awareness about this issue. Together with other studies and constant advocacy we can form the basis of a **call to action** to reduce this problem.

Senior hunger is neither a myth nor a mirage. Real national data dispels this falsehood. There are older people going hungry every day in our country. There are many terms used to discuss this issue; these include food insecurity, food insufficiency, and malnutrition. But there is one common bond to these terms. There are more older Americans than ever before who are at risk of being victims of hunger.

Some of the major findings of a now five-year old brief issued by the Food Security Institute of the Center on Hunger and Poverty at Brandeis University remain true today. Relevant to our discussion today, these findings include:

- There is a close connection between inadequate income and hunger. The number of elders living at or near the poverty level suggests that many American seniors today are at risk of food insecurity and hunger.
- National estimates of food insecurity among older Americans range from 5.5 to 16 percent. [Other more recent data suggests the range is from 6 percent to 35 percent.]
- Food insecurity rates are higher in households with elderly men or women living alone. [The recent Profile of Older Americans 2007 issued by the Administration on Aging reports that 48 percent of women 75 and over now live alone.]

The Brandeis study also noted that Hispanic and African-American seniors are more likely to live in food insecure households.

A very recent study entitled *Hunger Hurts: A study of Hunger among New York City's Elderly*, conducted by the Council of Senior Centers and Services, revealed the higher range of food insecurity among elderly: a shocking 35 percent. In their study they defined food insecurity as ranging from: worrying about food, not having enough money



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to buy food, having enough food to last until there is enough money to buy more, to ultimately being hungry - the most severe form of food insecurity.

Among one of the more disturbing findings of the New York study was that those aged 60-64 reported the highest levels of food insecurity. These levels were above those reported by the 65-74 and 75 and older age groups. A major reason cited was that there was not enough money for food.

Sadly there are many causes for senior hunger and food insecurity. Inadequate income remains a critical factor exacerbated by recent dramatic spikes in the cost of food along with sharply rising energy costs. People living below or near the poverty level are not able to keep up with these price increases. Also, race and ethnicity have been cited as factors contributing to higher levels of hunger and food insecurity. The Brandeis study points to several additional factors, including:

- Functional physical impairments - the inability to acquire, prepare and eat food.
- Social isolation - typically fewer calories are consumed at meals eaten alone than those eaten with other people.
- Reduced ability to regulate energy intake - the evidence suggests an association between aging and the ability to regulate food intake. In other words, some elderly adults lack the ability to maintain a constant energy balance.

The Brandeis study noted that the risk of food insecurity is compounded when an individual is part of more than one of the above high risk groups.

The Brandeis study reports that older people are more likely to have chronic health conditions, deficiency diseases (such as osteoporosis), conditions that impair digestion or nutrient absorption, as well as heightened vulnerability to infection. Ensuring adequate food and nutrition is essential to the prevention or delay of chronic disease or disease related disabilities among seniors. Further food insecurity and hunger can lead to deteriorating mental and physical health

Other causes of food insecurity in the elderly include:

- Access to benefits. It remains a national travesty that less than one third of eligible elderly participate in the Food Stamp program. Common reasons cited include the burden of application, the lack of awareness of the program and one's eligibility, and the low level of benefits.
- Higher demand on emergency food assistance programs without corresponding funding levels to meet demand.
- The growing number of older persons living in so-called "food desert" areas. These can be described as locations where supermarkets with healthy and affordable food are many miles away. This can be in rural areas but also prevalent in certain urban areas.



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The consequences of hunger and food insecurity among the elderly directly relate to their quality of health. It is estimated that seven of the top ten diseases in this nation have a direct connection to nutrition. Also, according to a 2005 White House Conference on Aging mini-conference sponsored by a consortium of groups including NANASP and MOWAA :

- About 87 percent of older Americans either have diabetes, hypertension, dyslipidemia or a combination of these chronic diseases. These costly conditions can be ameliorated with appropriate nutrition interventions.
- Only 9 percent of poor older adults diets are categorized as good based on the USDA Healthy Eating Index.
- About 40 percent of community residing persons 65 years and older have inadequate nutrient intake
- Other research indicates that food insecurity leads to malnutrition which itself leads to increased utilization of health care services, premature institutionalization and increased mortality.

In preparation for this testimony, I have been in communication with elderly nutrition providers and advocates across the country to get their assessment of the current status of senior food insecurity issues and what might lie ahead. Some of what they wish to share with the Committee includes:

- In San Diego, California, it is estimated that 90 percent of seniors coming to Senior Community Centers live at or below the poverty level. As a result, the average voluntary donation they can provide is 18 cents a meal.
- In Maryland, the big challenge among senior meal providers is the rise in the costs of food across the board, particularly those foods they need to maintain nutritional standards. Additionally, they are confronted with caterer contracts now charging a fuel surcharge to programs. The rising cost of fuel and its negative impact on service providers is a very serious problem across the nation.
- In Washington, a state provider advises the Committee that in its last survey of Meals on Wheels participants, 43 percent experienced food insecurity before they started the program. If home delivered meals were not available, 17 percent of the elderly respondents said they would go hungry.
- In upstate New York, according to a needs assessment done among older persons, the number one problem seniors listed is not having enough money to buy healthy foods. They also expressed that health was vital to them because it means independence.
- In Michigan, several providers point to a disturbing trend of elder isolation. There has been a dramatic increase in the number of older adults living alone and a simultaneous decrease in participation in home delivered and congregate nutrition programs. In six counties in Southeast Michigan, where there has



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been a 25 percent increase in number of seniors living alone, there is now 25 percent of the 60+ population living in isolation.

- In Kansas, we learn that in some of their very rural communities, seniors have no access to foods other than what is delivered. In one community, there is no school, grocery store or restaurant of any sort. There is one vending machine. The closest town with access to food is 12 miles away.
- In Camden County, New Jersey, lengthy waiting lists for both congregate and home delivered meals have accumulated since the beginning of this year. The provider forewarns "I am afraid to see where we will be by the end of the year."
- Also in New Jersey, one concerned nutrition provider notes that to meet rising food costs they authorized a one dollar increase in the suggested contribution for meals and 50 cents per trip for transportation. "However, participants will only contribute what they can afford." Further "If the current funding pattern continues, we as administrators may be forced to decide whether (or not) the escalating costs associated with providing Congregate Nutrition programs for seniors is outweighed by the need to provide home delivered meals to our most isolated and vulnerable homebound seniors."
- A nutrition provider in Ohio wrote regarding nutrition issues and seniors enrolled in Medicare Part D. "Many of these older adults are splitting pills or choosing between food and medications. They thought this was just something they had to do to survive." These older adults were advised about the nutrition programs funded with federal and state funds where they could obtain meals and use their own money for medications. "To me it is a sin that anyone should have to choose between medication and food in this country."

With respect to the future of senior hunger and food insecurity, there is every reason to believe the situation will get worse. First, we are faced with a pure increase in the elderly population. At the end of this decade -- which is less than 2 years from now -- those 65 and over will increase by 15 percent from the number at the start of the decade and will increase by 36 percent in the next decade. The minority elderly population will grow from 5.7 million in 2000 to 12.9 million in 2020. Secondly, we are in economically challenging times. Low growth and increased inflation is putting stress on individuals and families, including seniors. If the increases in food and transportation costs in the past year continue, this would present real hardships to older Americans and increase those with hunger or food insecurity.

There are a number of policy recommendations we at NANASP hope can be given consideration by this Committee for this current FY 2008.

1. Increase funding for the Older Americans Act nutrition programs. NANASP is grateful for increases provided to these programs in each of the past two fiscal years totaling just over 6 percent. Now we are joining with the Leadership

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Council of Aging Organizations in calling for “9 in 09” - a 9 percent across the board increase in funding for the Older Americans Act including and especially for the nutrition programs. The goal of these increases should be twofold: to allow the programs to keep up with inflation and to move toward the tangible goal of eliminating all waiting lists which may exist in either the congregate or home delivered meals program.

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2. Restoration of funding for the Commodity Supplemental Food Program which offers monthly food packages to low income seniors in 32 states, Washington, D.C., and 2 Indian reservations.
3. Restoration of funding for the Community Services Block Grant and the restoration of a proposed \$500 million cut in the Social Services Block Grant; both programs provide nutrition services to the elderly.
4. Complete action on the Farm bill that best strengthens the nutrition programs within it. This includes the Food Stamp Program, and to this we add a call for the strongest possible provisions to assist in increasing senior enrollment into the program. The minimum benefit must be increased to a realistic level that takes into account the costs associated with food. Also, the Commodity Supplemental Food Program, the Senior Farmers Nutrition Program (avoiding any diversion of funds into other programs) and the Emergency Food Assistance Program need to be kept strong in the final Farm bill.
5. Ensure adequate funding for the Child and Adult Food Program which, according to the Association of Nutrition Services Agencies' publication *Mapping the World of Nutrition*, is a program serving some 3.1 million low income persons of all ages with meals in a variety of settings. According to one nutrition provider in New York, this includes meals provided in qualified adult day care centers. Many of these older adults have physical and mental disabilities including dementia.

Also, we ask for future consideration of the following:

- Restoring food and nutrition services into the Ryan White Care Act to address the nutritional needs of an aging population of persons with HIV and AIDS;
- As rebalancing efforts related to Medicaid continue, integrate food and nutrition as core services in home and community based service programs of the future;
- Fund demonstrations allowing medical nutrition therapy and specific prescription controlled diets to be integrated into the elderly nutrition programs especially home delivered meals;
- A review of the existing federal poverty guideline to see if it needs to be modified to reflect more accurately what seniors spend their income on, especially food.
- Monitor the progress of the ongoing evaluation of the Older Americans Act nutrition programs and call on the Administration on Aging to maintain funding for the Nutrition Resource Center.

- Direct more attention and resources to victims of Alzheimer’s disease and other dementias to ensure they are provided meals to avoid malnutrition, including and especially weight loss, which occurs due to forgetting to eat regularly.

Again NANASP appreciates the invitation to participate in today’s hearing. We should intensify our efforts to address and ameliorate the problem of hunger and food insecurity among the elderly. There can be no quality of life for an older person who goes hungry.

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Senate Special Committee on Aging
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