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Chairman Kohl, Senator Smith, distinguished Members of the Committee, thank you for inviting me here today to represent the Administration on Aging (AoA) and to discuss programs under the Older Americans Act (OAA). I am pleased to be joined by our distinguished colleague from the United State Department of Agriculture (USDA), a significant partner in meeting the goals of the OAA.

The mission of AoA is to help older adults maintain their dignity and independence in their homes and communities through comprehensive, coordinated, and cost effective systems of long-term care across the United States. AoA does this by serving as the Federal agency responsible for advancing the concerns and interests of older people to promote home and community-based systems of care that are responsive to their needs and preferences.

Our strategic goals for keeping older people active and healthy include empowering older people and their families to make informed decisions and easily access existing health and long-term care options so that they may remain in their own homes with a high quality of life for as long as possible.

As the cornerstone of cost effective, comprehensive, coordinated, high quality, long-term home and community-based services, the OAA supports a nationwide network of public and private organizations, known as the national aging services network. This network, composed of 56 State Units on Aging (SUA); 655 Area Agencies on Aging (AAA); 243 Indian Tribal Organizations; more than half a million volunteers; and thousands of local community service

provider agencies, including more than 5,000 nutrition service providers, is a proven force in advancing healthy living and independence to over nine million individuals each year.

The programs and services authorized under the OAA support the implementation of comprehensive and coordinated service systems that form an integrated whole and provide a core foundation of supports that assist older individuals to remain independent, at home, and in the community.

Adequate nutrition plays an integral role in keeping adults healthy and independent as they age. It can prevent hunger and it reduces the risk of and presence of chronic diseases and related disabilities, maintains the immune system and supports better mental and physical health. Malnutrition, including being underweight or obese, is closely associated with decreased functionality which impedes independent living.

Several million older adults in the U.S. lack access to the food needed to sustain health and reduce the risk of disability. National estimates on food insecurity among older Americans varies, due to different survey methodologies. The USDA estimates that 1.5 percent of elderly households experience the most severe form of food insecurity – hunger. Given the large growth trajectory of the elderly population, it is important to understand the multiple factors that contribute to food insecurity in the elderly and the many different tactics and approaches we can deploy, and are deploying, to effectively address this issue.

Food security clearly requires adequate resources to buy food, but is also determined by a person's ability to access food and information on nutrition. Another critical factor that plays a role in food security includes a person's functional status. Limitations on physical mobility can interfere with the ability of seniors to shop and prepare food. About 20 percent of the elderly living in the community can not carry out instrumental activities of daily living such as making meals and shopping without assistance. Social isolation and depression can also contribute to food insecurity.

Nutrition services, such as congregate and home-delivered meals, have always been one of the core elements of our national strategy for reducing food insecurity among the elderly. However, this is not the only thing we are doing to address this issue.

Key to enabling and empowering older adults to remain in their homes and communities, as well as reducing hunger, is access; access to those supports and services that enhance quality of life. Access to service and support systems equals independence and choice. Choices and independence are the essence of the services the AoA supports and are embodied in the mission of the OAA. In FY 2006, just under 30 million rides were provided to older adults to access medical services, grocery stores and nutrition programs. In fact, 30 percent of nutrition service recipients utilize OAA transportation services to access congregate meal sites.

In modernizing access to OAA services, AoA has focused on assisting States to develop Aging and Disability Resources Centers (ADRCs), State single points of entry and other enhanced local systems. These systems have assisted elders to receive over 37 million hours combined of

personal care, homemaker and adult-day care services; 3.9 million hours of case management to over 446,000 elders; 2.9 million outreach contacts; and over 13 million information and assistance service contacts.

Addressing the Need – Nutrition Program for the Elderly

Nutrition services under the OAA, commonly referred to as the Nutrition Program for the Elderly (NPE), is a targeted program to reduce hunger and food insecurity and promote the health, well being and independence of older adults. Today, I will discuss how OAA nutrition services are a part of a comprehensive set of social supports that addresses the needs of vulnerable, at-risk older adults and how the aging services network collaborates with programs and services funded by USDA to help meet not only the food and nutrition needs, but the broader long-term care needs of older adults.

AoA survey data indicate that the NPE helps prevent deterioration of health status, reduces the need for more costly medical interventions, and participants like the meals that they receive.

AoA surveyed a random sample of program participants, with more than 3,500 older individuals providing self-reported results related to the NPE.

In addition, socioeconomic factors impact the vulnerability of older adults. Being poor or near poor, having less education, living alone, being isolated, having an inadequate diet, and being either a caregiver or care recipient are indicators of an increased risk for poor nutrition and health. Diseases like diabetes or other chronic conditions that change eating habits, depressed immune systems, oral health problems, using multiple medications, or sensory changes also

contribute to making older adults vulnerable. These factors impact the ability of older adults to access adequate food, maintain good health, and remain at home in the community.

The NPE provides meals and other nutrition services in group or congregate settings such as senior centers or faith-based settings as well as delivered to the home. The congregate nutrition program offers active social engagement, meaningful volunteer experiences, and access to evidence-based health promotion and disease prevention programs. Meals are typically available once a day, five days a week. Services such as health and nutrition screening, nutrition assessment, education and counseling are also available.

Home-delivered participants receive meals in their homes, often delivered daily. In rural or frontier parts of the country, meals may also be delivered as a weeks' supply of frozen meals.

Healthy, nutritious meals are consistent with Federally-recommended dietary guidelines. Meals are planned to meet regional food tastes as well as cultural or religious preferences and therapeutic needs.

The Federal NPE appropriation of \$758 million is leveraged by at least \$1.3 billion with other funding from public sources such as State and local governments as well as private sources such as individual contributions and local program fund-raising. As a result, 238 million meals to 2.7 million older adults were provided in FY 2006. Performance as measured by efficiency or clients per million dollars of OAA funding, has consistently trended upward. Sustaining this level of program efficiency continues to be challenging. At the same time, surveys of program

participants indicate high satisfaction with the quality of the meals and service delivery. The AoA applauds the aging services network for its comprehensive approach to addressing the health and long-term care needs of older individuals, including those who are malnourished, by streamlining access to services, leveraging additional resources and maintaining high levels of program efficiency and quality.

Targeting Services

The OAA does not require that all people be served, but does require that services be targeted to those in greatest social and economic need in order to address issues of hunger, food insecurity as well as health and well-being.

The NPE is effectively targeted at vulnerable populations who exhibit greater levels of food insecurity, including those who are poor or near poor, socially isolated, functionally impaired and in poorer health. AoA survey data indicate that as a result of the NPE, vulnerable participants improve their intake of healthy foods and nutrients.

About 40 percent of the home-delivered population report that they have three or more activities of daily living impairments. This is an indicator of high risk of loss of independence and possible nursing home placement.

The NPE serves older individuals who are in poorer health. While 39 percent of the U.S. population 65+, indicate that their health is good or excellent, only 15 percent of home-delivered participants reported the same. In fact, about 30 to 60 percent rated their health as poor or fair.

From one-third to one-half reported that they stayed in the hospital or nursing home overnight in the past year.

Older persons with a high rate of food insecurity are being served by the NPE. About 21 percent of home-delivered participants reported they did not have enough money or food stamps for food and about 10 percent of congregate participants indicated they did not have enough money to eat properly. In national AoA surveys, individuals indicated that they made choices between food, medicine, utilities, and other bills.

While only 10 percent of the U.S. 65+ population is in poverty, about 35 percent of participants in the NPE are below 100 percent of poverty. According to national AoA studies, about 90 percent of home-delivered and 80 percent of congregate participants are below 200 percent of poverty. About 30 percent of the U.S. 65+ population lives alone, but over one-half of the home-delivered population and about one-third of the congregate population live alone.

Despite the high level of need, the NPE, coupled with the home and community-based services that complement it -- such as streamlined access, transportation, case management, and caregiver supports -- make a significant difference in addressing the needs of a vulnerable population.

Data from AoA national surveys show that these services effectively help older adults improve their nutritional intake and remain at home in the community. For the majority of program participants, the single meal that they receive five days a week provides one-half or more of their total food intake for the day. Because the NPE serves nutritious meals, the food and nutrients provided significantly impact older adults' overall diet and ability to maintain nutritional health,

and physical and mental well-being. Because of the program, the majority of participants report that they eat more balanced meals and are able to continue living in their own homes.

Systemic Changes

The OAA has brought consistency and quality to the nutrition program. The most recent reauthorization of the OAA strengthened not only nutrition services, but provided authority to give people more flexible options in addressing their health, nutritional and long-term care needs.

To help older adults remain in the community, AoA aims to improve the quality and comprehensiveness in our system of home and community-based long-term care and ensuring that it is responsive to people's needs and preferences. Multiple studies confirm that older adults prefer to receive care at home. To do this, older adults need to receive accurate information, assistance and access to reliable supports and services such as those provided and coordinated under the OAA to help them maintain health and functionality, reduce their risks for chronic disease and injury, and meet their long-term care needs.

To help older adults and caregivers learn about and access needed services and supports, the AoA has developed ADRCs. The premise of ADRCs is to create a single, coordinated system of information and access for all persons seeking social, health, and long-term care supports.

Initiated in Wisconsin, ADRCs are a perfect example of how a more comprehensive and coordinated approach to accessing services and programs aids those at risk of losing their

independence and facilitates their ability to remain in the community and avoid impoverishment and nursing home placement. ADRCs currently cover 957 counties across the country and provide individuals with information and access assistance to core OAA programs including the NPE as well as other programs.

In Wisconsin, the ADRCs provide an essential link not only to core supportive and nutrition services but also to evidence-based disease management interventions. ADRCs in Wisconsin are implementing the Stanford University Chronic Disease Self Management Program; falls prevention programs; and health literacy programs to help older adults, adults with disabilities and caregivers better manage chronic health conditions.

The Florida Department of Elder Affairs has implemented ADRCs throughout the State. In St. Petersburg, Florida, a resource specialist uses a laptop computer to aid homebound older adults in completing Medicaid and Food Stamp Program applications. Since it is often difficult for homebound older adults to apply for benefits, the program assists high risk, vulnerable older adults in accessing social, health, and nutrition assistance that they need to remain at home in the community.

In Portland, Oregon, the Stanford University Chronic Disease Self Management Program and Enhance Fitness, an evidence-based physical activity program, are offered through the congregate nutrition sites. These programs help older adults manage their disease symptoms by addressing depression, or changing eating behaviors, or taking their medications properly.

Further, they help older adults improve their ability to function physically and socially, and to better communicate with their physician.

Collaborations with United States Department of Agriculture Food and Assistance Programs

Although the NPE provides essential support, many older Americans need additional assistance in order to eat more than once a day. To meet this need, the AoA and the aging services network collaborate with USDA programs.

For instance, the Oregon Department of Human Services, which includes the State Unit on Aging, was awarded a Food Stamp Program participation grant to improve access to food stamp benefits for specific hard to reach populations such as older adults and adults with disabilities. This grant will simplify the food stamp application process and use computer technology to reach applicants in senior centers or at home. Applicants can complete an application without a second trip to the office for a face to face interview which is often difficult for older or adults with disabilities as well as the homebound.

Our agencies in Illinois and Florida administer the adult component of the USDA Child and Adult Care Food program which provides meals in adult day care settings. In 35 States and tribal areas, the aging services network collaborates with the USDA funded Commodity Supplemental Food Program.

The Nutrition Services Incentive Program provides additional funding and commodities to States and Tribes for the provision of meals. The AoA and USDA collaborate yearly to assist States and AAAs access commodities.

These collaborations enhance the ability of AoA, USDA, and the aging services network to help older adults and their caregivers meet basic food and nutrition needs, maintain health and functionality, and remain at home in the community.

Conclusion

Thank you, Mr. Chairman, for the opportunity to speak to you today about the OAA's programs and the role they play in not only reducing hunger and food insecurity, promoting socialization, and addressing the health needs of older adults, but at the same time, emphasizing their integrated and comprehensive approach in helping older adults remain at home in the community.