

**SETTING THE TABLE:  
PROMOTING HEALTHY AND AFFORDABLE  
FOOD FOR OLDER AMERICANS**

---

---

**HEARING**  
BEFORE THE  
**SPECIAL COMMITTEE ON AGING**  
**UNITED STATES SENATE**  
ONE HUNDRED SEVENTEENTH CONGRESS

SECOND SESSION

WASHINGTON, DC

DECEMBER 15, 2022

**Serial No. 117-25**

Printed for the use of the Special Committee on Aging



Available via the World Wide Web: <http://www.govinfo.gov>

U.S. GOVERNMENT PUBLISHING OFFICE

SPECIAL COMMITTEE ON AGING

ROBERT P. CASEY, JR., Pennsylvania, *Chairman*

KIRSTEN E. GILLIBRAND, New York  
RICHARD BLUMENTHAL, Connecticut  
ELIZABETH WARREN, Massachusetts  
JACKY ROSEN, Nevada  
MARK KELLY, Arizona  
RAPHAEL WARNOCK, Georgia

TIM SCOTT, South Carolina  
SUSAN M. COLLINS, Maine  
RICHARD BURR, North Carolina  
MARCO RUBIO, Florida  
MIKE BRAUN, Indiana  
RICK SCOTT, Florida  
MIKE LEE, Utah

---

MICHAEL GAMEL-McCORMICK, *Acting Majority Staff Director*  
NERI MARTINEZ, *Minority Staff Director*

# C O N T E N T S

---

	Page
Opening Statement of Senator Robert P. Casey, Jr., Chairman .....	1
Opening Statement of Senator Tim Scott, Ranking Member .....	2
PANEL OF WITNESSES	
Jeremy Everett, Founder and Executive Director, Baylor Collaborative on Hunger and Poverty, Waco, Texas .....	5
Temitope Walker, Ph.D, Senior Hunger Nutrition Coordinator, Georgia De- partment of Human Services, Atlanta, Georgia .....	6
Tom Gilroy, Volunteer, East Cooper Community Outreach, Mount Pleasant, South Carolina .....	8
Elayne Masters, Nutrition Advocate, Allegheny County, Gibsonia, Pennsyl- vania .....	10
APPENDIX	
PREPARED WITNESS STATEMENTS	
Jeremy Everett, Founder and Executive Director, Baylor Collaborative on Hunger and Poverty, Waco, Texas .....	31
Temitope Walker, Ph.D, Senior Hunger Nutrition Coordinator, Georgia De- partment of Human Services, Atlanta, Georgia .....	36
Tom Gilroy, Volunteer, East Cooper Community Outreach, Mount Pleasant, South Carolina .....	43
Elayne Masters, Nutrition Advocate, Allegheny County, Gibsonia, Pennsyl- vania .....	46
QUESTIONS FOR THE RECORD	
Temitope Walker, Ph.D, Senior Hunger Nutrition Coordinator, Georgia De- partment of Human Services, Atlanta, Georgia .....	51
STATEMENTS FOR THE RECORD	
Defeat Malnutrition Today Statement .....	59
Meals on Wheels Statement .....	61
National Association of Nutrition and Aging Services Program Statement .....	70





**SETTING THE TABLE:  
PROMOTING HEALTHY AND AFFORDABLE  
FOOD FOR OLDER AMERICANS**

THURSDAY, DECEMBER 15, 2022

U.S. SENATE,  
SPECIAL COMMITTEE ON AGING,  
*Washington, DC.*

The Committee met, pursuant to notice, at 10 a.m., virtually via Webex and Room 562, Dirksen Senate Office Building, Hon. Robert P. Casey, Jr., Chairman of the Committee, presiding.

Present: Senators Casey, Gillibrand, Blumenthal, Rosen, Warnock, Tim Scott, Braun, and Rick Scott.

**OPENING STATEMENT OF SENATOR  
ROBERT P. CASEY, JR., CHAIRMAN**

The CHAIRMAN. Good morning. The hearing will come to order. I want to thank everyone for being here, especially those of you who traveled a great distance and those of you who had to make a return trip because of our technical difficulties the last time we tried to conduct this hearing, so thank you to all, and I want to thank the Ranking Member and his team as well for working with us on rescheduling this hearing.

We know that there are more than five million older adults in the United States who do not have the affordable and healthy food that they need. We also know that one in four grandparent head of households experiences food insecurity. I think we would all agree that it is unacceptable that any senior is going hungry.

Many older adults face preventable barriers to accessing the food that they need to remain healthy and independent. Some older adults may be unable to drive, for example, and need accessible transportation to go to the grocery store. Others may benefit from streamlined enrollment processes or extended certification periods.

Most older adults are living with chronic conditions and need the option to include fruits and vegetables as part of their meals. Thankfully, addressing hunger is an issue of longstanding bipartisan interest and action in this Committee, the Special Committee on Aging.

We continue this tradition with today's hearing by introducing, with Ranking Member Scott, the bipartisan Senior Nutrition Task Force Act, Senate Bill 5096, which will establish an interagency task force to address hunger among older adults and adults with disabilities. We are also releasing the Committee's annual bipartisan report in both English and Spanish, recognizing the positive

impact of 50 years of funding to support the Older Americans Act Nutrition Program, so this is the report, our bipartisan report, and this is the Spanish version that we are releasing today. Both, of course, are available on the Aging Committee's website.

We know that that is now 50 years of bipartisan not just support but investment to ensure that older adults have the food that they need to remain both healthy and independent.

With the report, the Committee is releasing state-level fact sheets, highlighting the outcomes of the Older Americans Act Nutrition Program for each State, represented by the members of our Committee.

In my home State of Pennsylvania, more than 9.4 million meals are served to older adults each year in congregate settings and through home-delivered services. Early this year I had the opportunity to visit with Linda Ellison from Montgomery County, Pennsylvania, who referred to her local Meals on Wheels program as the "Miracle on the Way" program. That is because the Older Americans Act Nutrition Program provides meals and helps older adults remain connected to their communities.

I believe we can, however, further help older adults who need nutritious foods. Seniors like Barbara Myzick, from Luzerne County, in my home State of Pennsylvania, right up in northeastern Pennsylvania, who tell us that "it is hard keeping a diet that is good for our health because that food can be expensive."

We know that less than half—less than half—of older eligible adults are enrolled in the Supplemental Nutrition Assistance Program, we know as SNAP, which can help seniors put healthy food on the table and stretch their incomes.

We also know that many older adults and adults with disabilities like Elayne Masters, who is with us today testifying—she traveled from Allegheny County, Pennsylvania, which is where Pittsburgh is, so you get the sense of the distance—that many older adults may struggle to access the benefits that they are eligible for due to preventable barriers in their lives.

I look forward to working with Democrats and Republicans to invest in and increase access to essential nutrition programs for older adults.

The White House Conference on Hunger, Nutrition, and Health, held earlier this fall, laid out a framework to support nutrition across the lifespan. Senator Braun, a member of this Committee, worked in a bipartisan manner to help make that conference happen, so together we can address senior hunger in the United States and provide older adults with meaningful opportunities for connection, and with that I turn to the Ranking Member, Ranking Member Scott.

**OPENING STATEMENT OF SENATOR  
TIM SCOTT, RANKING MEMBER**

Senator TIM SCOTT. Thank you, Mr. Chairman, and thank you for rescheduling this hearing, and thank you to the expert witnesses for being here with us, both in person as well as virtually.

I cannot think of a more important issue for us to discuss in the Aging Committee than making sure that our seniors have as much

food as possible, that they are healthy, that they understand and appreciate how much we love them.

I think that our work together in a bipartisan fashion to continue the 50-year tradition, as it relates to publishing both in Spanish and English the Nation's first nutrition program for older adults. I would also like to thank you, Chairman Casey, for working with me to introduce the Senior Nutrition Task Force Act, which will improve coordination.

Think about it. In South Carolina we have 25,000 seniors who receive nearly three million meals a year. That is amazing, the number of folks across this country who need food sufficiency. I am thankful that we live in a nation and live in states where we have nonprofit organizations that are dedicated to the task, that they are up for the challenge, that they continue to respond.

I think about one person specifically in South Carolina, in Charleston, a Vietnam veteran who spent 25 years defending our country, and he found himself diagnosed with Stage IV lung cancer and dementia. Neighbors drove his wife to the grocery store until COVID-19 hit, shutting everything down. When she called for help, they were starving, scared, and extremely depressed.

DHEC brought emergency food from the food pantry and connected with the Low Country Street Grocery to receive a weekly delivery of fresh produce and eggs. The couple began receiving home deliveries in July 2020. While the veteran has since passed away, his widow continues to receive these much-needed meals and is so grateful for the response.

These services are so important for many older adults, especially when prices of everyday necessities continue to rise. Three out of four older adults report rising grocery prices have negatively affected their bottom lines, their ability to take care of themselves. About one-third are eating less healthy because of inflation. Grocery prices are up 12 percent since last year, a 40-year high almost. Think about this: the cost of eggs has increased 49 percent, butter 27 percent, bread 16 percent, milk and frozen fruits, vegetables 15 percent, chicken 12 percent.

Food pantries in South Carolina report a greater number of older Americans who need food than a year ago, when we were still in the pandemic. Some older Americans healthy enough to drive to the food pantries say the cost of gas is up about 30 percent over the last two years, and it is actually causing them to go less often, so even when the food is available they go less often because they cannot afford the gas to get there.

Farmers, including many senior family farmers, are also feeling the pinch. When the prices rise, we all pay more. Higher interest rates makes their work even more difficult.

In December 2021, I wrote Ag Secretary Vilsack, asking what the U.S. Department of Agriculture intended to do to protect Americans from the rising prices. His reply failed to answer the question. Last December, I joined my colleagues, including Senators Braun and others, in urging Federal financial regulators to provide farm lenders with regulatory flexibility to work with their clients so that we would have a better situation for all Americans.

Despite more government funding than ever, food banks are buying fewer commodities because the prices are so high. The nutrition

program benefits many vulnerable and older Americans. We need lower prices and a strong economy to make this program as effective as possible.

I hope this Committee can maintain a balanced approach to securing good nutrition for older Americans. I look forward to hearing from our witnesses today, and thank you very much, Chairman, for rescheduling this Committee.

The CHAIRMAN. Ranking Member Scott, thanks very much, and I will start now with our witness introductions.

Our first witness is Jeremy Everett. Jeremy Everett is the Founder and Executive Director of the Baylor Collaborative on Hunger and Poverty. He is also an affiliate of Temple University's Hope Center for College, Community, and Justice, which works to ensure students in Philadelphia and across the country can meet their basic needs.

Additionally, he was appointed by the U.S. Congress to serve on the National Commission on Hunger.

Our second witness is Dr. Walker, the Senior Hunger Nutrition Coordinator for the Georgia Department of Human Service. Dr. Walker leads the implementation of the Georgia State Plan to Address Senior Hunger, the first of its kind in the State. Dr. Walker will share her experiences with an innovative approach the State of Georgia is taking to reduce food insecurity among older Adults. Doctor, I want to thank you for being here today and on the prior day, and for making the effort you made to be here twice for our hearing.

Our third witness will be introduced by Ranking Member Scott.

Senator TIM SCOTT. Thank you, Mr. Chairman. It is my pleasure to introduce Tom Gilroy. Tom is an 18-year resident of South Carolina. He and his wife, Marilyn, wanted to spend more time closer to their grandparents and giving back to their community. They previously volunteered in developing countries on nutrition, education, and housing projects, and now focus on helping people in the community in the Charleston area.

They discovered East Cooper Community Outreach, or as we call it, ECCO, a community-based organization founded in the aftermath of Hurricane Hugo back in 1989. Tom and Marilyn are part of a team of over 300 volunteers who make ECCO so vital to our community. Tom volunteers at ECCO's food pantry where he interacts with clients from all walks of life. Many of them never expected to need ECCO's assistance. They are grateful for Tom, Marilyn, and all the volunteers and staff at ECCO.

Tom, we appreciate you taking the time to share your experience with us in raising awareness of how important volunteers and community-based organizations are to improving nutrition among seniors. Thank you for being here with us today, and we look forward to hearing your testimony.

The CHAIRMAN. Thank you, Ranking Member Scott, and our fourth witness is Elayne Masters from Gibsonia, Pennsylvania, Allegheny County, as I mentioned. Elayne is a nutrition advocate who recently was a representative at the White House Conference on Hunger, Nutrition, and Health, where she shared her experiences navigating food insecurity as both an older adult and a per-

son with an invisible disability. Elayne will share her experience as a participant in Federal nutrition programs.

Elayne, we want to thank you again for being here and making that trip, and I heard about the early train you took, I guess yesterday, right? Thanks very much.

We will start with our first witness statement, and I will ask our witnesses to try to stay within the five-minutes. Obviously, if you go 20 seconds over we are not going to use the gavel, but obviously if you get into the minute and a half range, one of us will grab this gavel probably. Thanks very much. We will start with Mr. Everett.

**STATEMENT OF JEREMY EVERETT, FOUNDER  
AND EXECUTIVE DIRECTOR, BAYLOR COLLABORATIVE  
ON HUNGER AND POVERTY, WACO, TEXAS**

Mr. EVERETT. Chairman Casey, Ranking Member Scott, and distinguished Committee members and staff members who made today possible, thank you for providing us the opportunity to engage with an issue that has far-reaching implications for our neighbors facing barriers associated with aging and disability status.

My name is Jeremy Everett, and I serve as the Executive Director of the Baylor University Collaborative on Hunger and Poverty. Our mission is to cultivate scalable solutions to end hunger. We do so through multisectoral collaboration, increasing access to public programs, and testing specialized interventions for populations disproportionately experiencing food insecurity.

My testimony centers on a challenge with solutions rooted in our mission. These solutions build on an investment of more than half a century of tested interventions provided for in the Older Americans Act and opportunities provided for in the farm bill. They also open the door for interagency collaboration that more comprehensively supports the nutritional needs of older adults and adults with disabilities.

According to the Urban Institute, since 2002, the number of older Americans has increased by almost 20 million, from 12.4 percent to 16.3 percent of our total population. Over five million older adults suffer from food insecurity. Additionally, data from the Department of Health and Human Services reveals that disability status, regardless of age, is the primary indicator of food insecurity at the household level.

Neither aging nor disability inherently make one predisposed to food insecurity. Instead, structural barriers like transportation access, siloed programming and resources have not kept pace with the demand. Our call to love our neighbors as ourselves compels us to identify and remove those barriers. The pandemic and its economic consequences have exacerbated challenges faced by this population to accessing adequate nutritious food.

We know that one of these challenges is that food and fuel prices are higher but paychecks for those on fixed incomes are not rising proportionately. To combat this, I suggest three solutions. The first are to cultivate coalitions and interagency cooperation. Our core assumption at the Baylor Collaborative is that no one organization or sector can end hunger alone, a sentiment echoed at the White House Hunger Summit.

The only plausible pathway forward to ending hunger in America is to create and sustain intergovernmental and multisectoral collaborations, so Chairman Casey and Ranking Member Scott, the Senior Nutrition Task Force Act will go a long way to ensuring that eligible older adults and adults with disabilities are enrolled in Federal nutrition programs.

The second solution is SNAP accessibility. Less than half of eligible adults ages 60 to 69 participate in SNAP, the most effective intervention we have at strengthening food security. Yet many older and disabled adults find the program to be inaccessible. Pandemic initiatives such as outreach, automatic enrollment, automatic recertification help overcome these barriers associated with living on a fixed income. Making these initiatives permanent can vastly improve food security for millions of Americans as well as promote a more streamlined approach that will contribute to the efficiency of running the program.

The third are specialized interventions. The pandemic helped demonstrate what additional funding and support programs can more innovatively address food insecurity in their communities. Many congregate meal programs began to offer meals in parks or partner with local restaurants. When you combine innovation with research, we are better able to accurately identify the problems of food insecurity and thus create interventions that can radically improve nutrition access.

The best way you can do this is to utilize key legislation to promote and expand pilot projects. We often forget that senior congregate meal programs and home-delivered meals through Meals on Wheels were once pilots that were proven to be incredibly successful interventions and scaled through the five decades of the Older Americans Act. Now we need to continue to invest in these vital interventions while testing out new ways to improve adequate access to nutritious food.

This is a winning issue for all of you. Strengthening food security for Americans is doable and continues to be one issue that people across ideological divides unite over. Political colors of red, blue, and purple fade into the background when it comes to figuring out how to ensure proper nutrition for the most vulnerable. They disappear altogether when we talk about doing so for older and disabled adults.

Thank you.

The CHAIRMAN. Mr. Everett, thanks very much for your testimony. Our next witness is Dr. Temitope Walker, and we appreciate her testimony and her return here.

**STATEMENT OF TEMITOPE WALKER, PH.D, SENIOR  
HUNGER NUTRITION COORDINATOR, GEORGIA DEPARTMENT  
OF HUMAN SERVICES, ATLANTA, GEORGIA**

Dr. WALKER. Chairman Casey, Ranking Member Scott, and members of the Committee, thank you for holding this hearing today. I am honored to provide my testimony about some of the tremendous work occurring across Georgia to address senior hunger.

I have over a decade of experience in evaluating, addressing, and raising awareness about the holistic needs of older adults. I came to my current role having obtained my doctorate in foods and nutri-

tion and a graduate certificate in gerontology from the University of Georgia. My dissertation project, titled “The impact of SNAP participation on food purchasing practices, diet quality, and food insecurity among low-income older adults” exposed me to the impact of critical support services and resources available to seniors.

I currently serve as Georgia’s first Senior Hunger and Nutrition Coordinator, as was stated. I manage the implementation of Georgia’s first-of-its-kind, standalone State plan to address senior hunger that was implemented in December 2017. As a subject matter expert in senior hunger, I work with many different partners, including 12 senior hunger coalitions, which are housed within our 12 Area Agencies on Aging to help provide training, raise awareness, and leverage State policies and initiatives to improve the food security of older Georgians. Our Area Agencies on Aging coordinate the delivery of Older Americans Act services.

Our division oversees non-Medicaid home and community-based services that help older Georgians, their caregivers live safe, healthy, and independent lives in their homes and communities. In 2020 and 2021, the division received an additional \$44 million in stimulus funding from the Consolidated Appropriations Act and the American Rescue Plan Act for home and community-based services and to promote vaccine access. This funded also included \$25 million for meals and \$17.5 million for supportive services. Many of the additional services provided were made possible through this supplemental funding.

Georgia is home to over two million older adults, accounting for 20 percent of the state’s population. The division serves meals to just over 30,000 individuals through the Older Americans Act Nutrition Program. Georgia has a high level of diversity among our older adults, as reflected in race, ethnicity, culture, and cuisine. Accepting this diversity as an opportunity, Georgia continues to serve as a model in best practices and in proper leveraging of partners across different sectors.

Though we do have high rates of food insecurity among our division meal recipients, these rates have been steadily declining. We are meeting our charge to target those in greatest economic and social need.

The story of seniors in Georgia and across the Nation is really about the factors that impact their lives. It is working, receiving Social Security benefits or no income at all. It is owning or renting a home, or homelessness. It is living alone or living with multiple generations under one roof. It is choosing which utility bills to pay first or whether to buy some or all of their medicine.

It is being a caregiver for their parents, children, grandchildren, or other relatives. It is finding the next food box giveaway or local pantry options. It is trying to find or maintain transportation for food, health, and connecting to others. It is their faith. It is the love of pets and taking care of them. It is adjusting to a place they did not grow up in and navigating in different languages. It is resilience of decades of getting by to make ends meet.

The Older Americans Act Nutrition Program and the farm bill programs such as SNAP, the Senior Farmers Market Nutrition Program, and the Commodity Supplemental Food Program play critical roles in addressing food insecurity for older adults. It is fit-

ting that the Committee is recognizing 50 years of the Older Americans Act Nutrition Program, which has been a critical support for our seniors.

Georgia's State Unit on Aging has worked to leverage these programs by partnering with our aging service network and other State agencies, assessing food insecurity using a validated, six-item food security survey to determine those who are most at risk of hunger, and meeting all the recommendations of the first State plan to addressing your hunger, including the creation of a Senior Hunger Interagency Council comprised of our system agencies that provide critical support services to our seniors, from SNAP to housing.

Here are some key observations from our work in Georgia. The solution to senior hunger should be a holistic one, including relevant programs, agencies, and stakeholders. The State plan broadens the diversity of stakeholders at the table, and there is no national model of interagency collaboration in data-sharing, service delivery, and program implementation for us to follow and leverage in State work. Therefore, the creation of our interagency council is a pioneering endeavor with lots of potential.

Leveraging partnerships across the various sectors is critical in assessing and implementing and evaluation nutrition and aging programs, initiatives, and policies. We are proud that Georgia has been at the forefront of many of the recommendations of the White House National Strategy on Hunger, Nutrition, and Health, and we look forward to being a part of that.

Thank you for the opportunity to speak before you today and share our experiences here in Georgia. Thank you.

The CHAIRMAN. Dr. Walker, thank you very much for your testimony and again, for coming back after the first hearing had to be postponed. Our next witness is Mr. Tom Gilroy.

**STATEMENT OF TOM GILROY, VOLUNTEER,  
EAST COOPER COMMUNITY OUTREACH,  
MOUNT PLEASANT, SOUTH CAROLINA**

Mr. GILROY. Good morning to the Senate Committee on Aging. Chairman Casey and Ranking Member Scott, I appreciate the opportunity to testify about my volunteer at the East Cooper Community Outreach, better known in the community as ECCO.

I am Tom Gilroy. I live in Mount Pleasant, South Carolina, and my wife Marilyn and I volunteer at the food pantry. I also serve on the development committee.

ECCO is a community-based organization that has been created out of the needs from Hurricane Hugo in September 1989, so we have been operating for over 30 years. We serve Charleston County, east of the Cooper River, and we also serve parts of Berkeley County. ECCO supports a growing need in our community of providing food, clothing, medical and dental care, as well as financial help for utilities, rents, and other short-term financial needs. ECCO provides skills to manage money and guidance to become as independent as possible.

Our food pantry allows clients to choose specific foods for their family from our real-time inventory. They receive monthly points based upon their family's styles. The choice is made either online



or by calling our office. We limit the number of specific food types to ensure more balanced nutritional meals. Also, once a month, ECCO hosts a free farmers market to provide local families with enough fresh fruits and vegetables for the entire household.

ECCO's funding comes 62 percent from individuals and local business contributions, 26 percent from private foundations as well as business and corporate grants, and six percent from county, State, and Federal funds. The remaining comes from churches and civic organizations. The USDA partnership provides ECCO with 83,000 pounds of food a year.

Our clients are 78 percent female, 57 percent are over the age of 55, and 14 percent over the age of 70. Twenty–3 percent of the households with children are led by grandparents.

ECCO has had an increase over this past year, significantly. We serve an additional 50 families in our food pantry monthly. Distribution of clothing has increased by 43 percent. New medical and dental clients also increased over the previous year by 30 percent, and our financial assistance has increased by nine percent. However, our food donations from our retail partners are down by 16 percent.

Contributing factors are simple. Most checks do not go as far as they used to. Due to rising costs of inflation, which translates to higher rents, groceries, clothing, and gas prices, our neighbors are turning to ECCO to help fill the gap.

The best part about volunteering are the people you meet and get to know as real folks. For example, I will call her Ms. Harrison, a 72-year-old woman who is in desperate need. She lived on a fixed income and she got by, but now she faces a new challenge when three teenage grandchildren have come to live with her and depend on her care. She told me she could not feed them if it was not for ECCO, and she gave me a big hug.

Helping real people face real problems really makes volunteering worthwhile. The reason I volunteer is the joy we all receive from meeting neighbors and standing beside them in difficult times in their lives. Our slogan, "Neighbors helping neighbors" sums it up for me.

I see ECCO as an organization that is committed to their mission, is well organized, ethical, and well managed. Our team of volunteers work together like a family. It helps and supports each other in caring for our clients.

Our plans for the upcoming year are to extend our reach into more rural communities that are north and west of Mount Pleasant. These communities have tremendous need and fewer resources for help. Thirty percent of our clients live in rural communities and depend on ECCO to make ends meet. These communities are food deserts. In addition, transportation and distance create access issues.

ECCO continues to serve as we see the needs arise, but it is only possible to meet those needs because of the support from our community. It is great to work with dedicated volunteers, and an organization committed to serving others is truly what being a neighbor is about.

Thank you so much for allowing me to share my experience.

The CHAIRMAN. Mr. Gilroy, thanks very much for your testimony. Our final witness for statement is Elayne Masters. Elayne, you may begin.

**STATEMENT OF ELAYNE MASTERS, NUTRITION  
ADVOCATE, ALLEGHENY COUNTY, GIBSONIA, PENNSYLVANIA**

Ms. MASTERS. Chairman Casey, Ranking Member Scott, and members of the Committee, thank you for inviting me to testify today and for hearing the stories of people like me as you work to address hunger and nutrition among the aging population. My name is Elayne Masters, and I am 65 years old. I was a self-employed writer/editor for 20 years and became a single mom when I divorced because of domestic violence. I live alone in Gibsonia, Pennsylvania, on the outskirts of Pittsburgh. My significant other and I spend as much time together as possible. My son and daughter live two hours away. My son and his wife are in Erie, and my daughter is heading to New Mexico for graduate school.

My disability is not obvious, but I have PCS, persistent concussive symptoms, resulting from a brain injury. Direct care workers support me in living independently by letting me do what I safely can and helping when necessary, because most people do not understand disabilities they cannot see, I campaign for reform so others with invisible disabilities can access programs and services necessary to live healthier, fuller, and more independent lives.

In 2009, the industry I worked in changed, and I found myself struggling to meet my budget. When I reached out for help from a partner organization of the Greater Pittsburgh Community Food Bank, they directed me to their food pantry. Surviving as a single mom meant managing a tight budget, so when business was slow I attended the pantry to supplement the groceries I purchased. I appreciated the pantry's community garden that provided fresh fruits and vegetables during the growing season.

As my business gained momentum, I aspired to break free from depending on social services. Yet every time I tried to manage on my own, another hiccup would occur in my life, and I would be back in the pantry line.

In February 2014, my mother became ill, and I spent the next two-plus years providing care for her in hospitals and in my home. I gave her a better quality of life than she would have received otherwise, and I have never regretted what I gave up for her.

Late on a November evening in 2015, I was exhausted and took a nose dive down my basement stairs. I bounced off of each side wall and landed on the top of my head, sustaining a traumatic brain injury. Many of my symptoms lingered and caused a total and permanent disability, qualifying me for Medicare, Medicaid, and the Medicaid home and community-based services waiver program.

In addition, I have Lyme disease and hypothyroidism. These conditions cause neuro-inflammation that results in brain fog, flooding, and fatigue. My sense of balance is impaired. I get confused, start stuttering, repeat myself, and miss important information in a conversation. Fatigue can shut me down for hours or days.

Eating healthy foods is critical for me to maintain, let alone improve, my health and to support my independence. I am grateful

for SNAP because I can choose my own foods. However, when I am buying more healthy proteins and vegetables, I run out of benefits by the third week of the month. Thankfully, I still have the food pantry to provide additional fresh and frozen meats, dairy, fruits, and vegetables.

I love growing vegetables in my backyard. Being able to buy the plants with SNAP is great, but I wish I could shop at locations like local garden nurseries. I would also love to be able to buy hot meals with SNAP when I do not have the stamina to cook. It seems silly that I can buy a cold roasted chicken that is dry when I reheated it instead of a hot, juicy one.

The Senior Farmers Market Voucher is one of my favorite programs because the produce is usually locally grown, organic, and fresh. Most of the markets that accept the voucher are in Pittsburgh, so my direct care workers take me since I am unable to drive in city traffic. It would be nice if the voucher amount could be increased and it could be used toward home-delivered community-supported agriculture, or CSA, produce boxes.

I used to receive the Senior Food Box once a month. It would help me if there were fewer processed foods, a little more variety, and quantities more suited to a one-person household. For example, I cannot possibly go through two large boxes of cereal each month. Also, the senior box itself is a bit heavy for me to carry.

Finally, home-delivered meals have been a godsend, especially after my most recent hospitalization. While I was convalescing, I could grab one out of the freezer and have a quick meal. I am encouraged to learn that the needs of older adults will receive more focus as new dietary guidelines are established so that more of us can benefit from the service.

All of these programs provide invaluable benefits to older Americans. I believe that the key to improving them is to offer more flexibility, more access to healthy foods, and more efforts to reduce barriers to access, like transportation, delivery options, and easier, simplified applications.

Thank you for the opportunity to share my story and for considering the needs of older adults.

The CHAIRMAN. Elayne, thanks so much for your testimony and for being willing to tell your story. That is one of the most significant parts of these hearings, when someone is able to, as you all have in one way or another, relate your own experiences.

I was going to start with questions for you, but in the interest of time I want to make sure that folks know that on a day like today we have Senators that are in and out of hearings. For example, this morning Senator Warnock was here with us earlier. Senator Rick Scott also was here earlier, and he had to go to another engagement, another hearing. Senator Rosen is here, and I am going to cede my time to her so she can ask her questions and get to where she has to get to.

Senator ROSEN. Thank you, Senator Casey, Chairman Casey, Ranking Member Scott. This hearing is so important. All the hearings in this Committee are so thoughtful and relevant and important. I appreciate both of you organizing them, and I really appreciate you all for being here, sharing your stories, talking about your work and the impact it has and the needs that are out there and

what it means. It is so important, just like the Chairman said, that we tell your stories and show your work, and help us put meaning behind the legislation that we do to support everyone around the country, and in this case seniors.

You know, the flexibilities in meal delivery, I think is really important because I have heard from seniors all across Nevada about the success of the pandemic-related flexibilities of the grab-and-go meals, the drive-through options. We had drive-through options at all—maybe not all but almost all of our senior centers, all that could, and it has been really an important way to ensure that seniors continue to receive those healthy meals that they need, and even their caregivers could be driving through with them, if they are unable to drive.

Moving forward, Nevada's senior centers are telling me they really want the ability to stay nimble so they can feed people. Nothing is more important than feeding people, right? We want to provide services so people can get them where they are.

Dr. Walker, can you speak to how Georgia has approached the meal delivery over the last few years, how you have seen the drive-through option play out in your State, and how I believe making these flexibilities, some of them permanent would go such a long way in serving our communities?

Dr. WALKER. Absolutely. Thank you for the question, Senator Rosen. Certainly in Georgia, with the pandemic, we definitely leveraged drive-through meal options for our seniors, and also even extended that option where we turned our transportation that would bring seniors to the senior centers when they were open to then be the sources by which we could get meals out.

Certainly the seniors have, in our senior centers as well as our Area Agencies on Aging, have said that absolutely, allowing for these flexibilities have been huge, and with all of our senior centers not being fully open, having this drive-through option is one that has definitely been of value and continues to be used still in Georgia.

Senator ROSEN. Thank you. I kind of want to build on that for the other witnesses because we have been able to use technology in nutrition. I co-sponsored the Expanding SNAP Options Act. It was included in the American Rescue Plan. It is going to increase those online purchasing options for the SNAP program, where you can have things delivered right to your door. Maybe you do not need the two boxes of cereal—one small box is fine—we can better use those resources, and I am pleased that through those efforts Nevada seniors and their families have access to 15 online SNAP retailers. Of course, we need to reduce more barriers because only 48 percent of eligible seniors enroll in the SNAP program, I think partially because of concerns over application process and unfamiliarity with technology.

Mr. Everett and then Dr. Walker, in the time we have left can both of you talk about the role that we think technology can play in getting some of these healthy, tailored to that person's household, options delivered right to their door?

Mr. EVERETT. Absolutely, Senator Rosen. I completely agree. I think it is a great question. When we have opportunities to strengthen accessibility and make SNAP a more user-friendly pro-

gram, people will use it. I think we have been able to see that. We certainly saw that during the pandemic, by increasing SNAP benefits. That made it more accessible for folks and made the process of going through the application process a more warranted process for them to go through, but purchasing online makes SNAP inherently more accessible, particularly for folks that are still a little bit nervous about going into a grocery store, with rising rates of the flu as well as COVID, so we know that our older adults certainly prefer this option.

Now, increasing and simplifying the way in which they engage technology is also critical, and so since Nevada is such a rural State in many respects, making sure that everybody has access to broadband, so all these things are ultimately interconnected when we are looking at SNAP accessibility for the older adult population.

Senator ROSEN. I could not agree more. Dr. Walker?

Dr. WALKER. Yes, I agree, Senator Rosen, that technology has been a big part of this. I want to, I guess, take this opportunity to highlight that because of the pandemic we had to figure out how we were going to leverage more of technology where we could, and so things like increasing access to tablets for our seniors has meant that they have begun, where they might not have been comfortable, both as staff and as senior directly, to be able to use this system to leverage technology in a sense to just reach out, to get nutrition education, and so now this step of now being able to access more ways to get your groceries online is one that seniors can be more receptive to.

That also opens up our opportunity to work with our community partners who have been great in-the-gap organizations for us, to be able to help seniors who cannot just easily navigate these services and be able to say, "Okay, what do you need? We will order it for you and get it there," and our being the pickup persons themselves, so this has been huge.

Senator ROSEN. Thank you very much. Thank you, Mr. Chairman. I really appreciate you yielding.

The CHAIRMAN. Thank you, Senator Rosen.

We will turn next to Ranking Member Scott.

Senator TIM SCOTT. Thank you, Mr. Chairman.

Mr. Gilroy, you said something that I thought was spot on, that the checks just do not go as far as they used to. I would love for you to expand upon that a little bit, but can you help us understand not just the numbers but the people who are affected by the impact of inflation and rising prices? I would love to hear your thoughts.

Mr. GILROY. You know, I think what we are seeing are people that are not on these programs for life but we are kind of filling a gap for them. You know, every statistic has a face, and I think that is the important piece to always consider.

I think of a gentleman, a 65-year-old retired construction worker, who was getting by but his refrigerator went out, and faced with the additional cost, it caused him to fall behind on his rent, fall behind on his utilities, and he came to us, and we were able to provide food, personal hygiene items, get his rent caught up, and pay his utilities off, and it just allowed him to get out of a tough spot and be able to get back into a normal life, and he is now not using

our services, and I think that is kind of our goal is to kind of be a stopgap, an area that we can help people that are facing short-term issues, and get them back on the road.

I think he is a perfect example, and there are several people that we deal with on a short-term basis that we provide a couple of bags of groceries, some cleaning supplies, and some help, and it gets them through the month.

Senator TIM SCOTT. Well, thank you, and one of the things that Ms. Masters spoke about as well is that stopgap, being able to use assistance in the fourth week of the month, since the three-weeks worked. That is a really important point that you made, Ms. Masters, as well as Mr. Gilroy.

I would love to ask you to maybe, Mr. Gilroy, reflect on—I missed the number. I think it was 23 percent of your grandparents are supporting grandkids in their households. That number seems about right to me. Maybe even a little higher in certain communities, but the truth is I would love for you to talk about the impact of that as well.

Mr. GILROY. Well, you know, I think the issue that we have is people living on fixed incomes are getting by. They have figured out how to do that, but then all of a sudden their life is disrupted by having additional people in the household and being responsible to care for them, and, you know, I go back to the woman that I had mentioned. I mean, she was getting by, but all of a sudden here are three teenagers. I cannot imagine three teenagers in the house and how much groceries they would eat.

Senator TIM SCOTT. Yes.

Mr. GILROY. She came to us and we were able to help them out, and I think there are a fair amount of people that we see that are facing similar issues, where life all of a sudden changes for them, and they do not know how to deal with it, and it is just an honor to work with ECCO to know that we are helping people out.

Senator TIM SCOTT. Thank you, Mr. Gilroy. I have one more question for you. I will say that it was two or three years ago, Mr. Chairman, when the number came out that about 48, 49 percent of Americans did not have more than \$500 in their savings account, so having been that American when I was a younger adult, realizing that when your tire goes, when you blow a tire, it is not just a bad day. It is a crisis. When your refrigerator goes out, it is not just an alarming situation. It is a crisis. When you have three young boys move into your house, let us pray. That might be more than a crisis. That is a challenge. I know how much I ate when I was a kid—and I know how much I eat now.

The truth is that so many of our nation's, the American families, when they have a single incident happen, it is not just uncomfortable or, gosh, I wish that would not have happened. It leads to a crisis, and then the domino effect that we sometimes do not really appreciate, when one thing goes down it is a multiplier effect, and it really hard to catch up.

Hearing about the organizations that help folks catch up and get back to plateau to a place where they could sustain themselves I think is a really important part of the consideration we should have, as Congress, moving forward as well.

Mr. Gilroy, the one question I did have for you, and I thought it was an interesting concept, the point system, so that you are making sure that the folks that are benefiting from the food programs are having a balanced diet. Will you just walk us through, in 30 seconds or so, how that point system works?

Mr. GILROY. Well, basically we have a navigator that does intake for a client and determines both how many people are in their household as well as any kind of health issues that they may have, and so they are assigned a certain amount of points, and the points then are given out on a monthly basis, and they are designed so they can order directly online what they want, which I think is a big step forward, that you get what you want, not what I want to give you.

Senator TIM SCOTT. Yes.

Mr. GILROY. I think that has a very positive impact for our clients, but we also design it so that you cannot just get all soda. You get so many of every different food category, so it requires you to look in order at a more balanced meal than just looking at snacks or items that might be different than that.

We also look at what their health issues might be, so if they are diabetic or have hypertension, we will design their selection. If you have hypertension you are not going to get salted green beans. You are only going to see low-salt green beans, and other items like that, so it is a simplified process to make it work, and do the best that we possibly can in both providing equality and food supply by the numbers of people and also provide some healthy patterns for our clients.

Senator TIM SCOTT. Thank you, sir. I love the point system and I do love the fact that you are taking into consideration the morbidities that individuals may have and the impact on the choices that they make.

The CHAIRMAN. Thank you, Ranking Member Scott.

I will turn next to Senator Blumenthal.

Senator BLUMENTHAL. Thanks so much, Mr. Chairman, and thanks for holding this hearing because food insecurity and nutritional food is so important, obviously not only to our seniors but to everybody, to children as well as seniors, and we know that, according to Feeding America, about 5.2 million adults aged 60 or older have been food insecure in 2020. In Connecticut, it is estimated that 6.6 percent of older adults are food insecure during that same year, 2020.

This problem is more invisible than apparent because that food insecurity is largely hidden in homes that are unvisited and places where people may not want to talk about it.

What I want to focus on is the sources of potential food to solve that problem because in America today 40 percent of all food goes to waste. Let me repeat—40 percent of all the food produced in America is unused. Often it goes to landfills where it contributes to contamination of our air and water. It consists of vegetables or produce that is discarded by supermarkets because it just does not look quite right, and so they want to get it off the shelves, even though it is perfectly good, because it has some dark marks or some bruises.

We have all eaten fruit that has some bruises. We have all eaten vegetables that may not be same-day delivery to the store. We have all eaten cheese that may have some mold on it. Cut away the mold. I do that quite a bit down in D.C., because I am here only three nights a week, generally.

The challenge for America, it seems to me, is how to make better use of food that is discarded by supermarkets, by restaurants, by people from their own refrigerators who are given a sell-by date which, for them, means that food is unusable after that date, when it perfectly good, but the supermarket wants you to think that you need to buy more of it.

I have introduced a measure called the Food Donation Improvement Act of 2021. This legislation would eliminate some of the legal roadblocks and obstacles that discourage food donations by restaurant, retailers, and others, create an opportunity for more nutritious food going to people who need it.

The challenge is not a simple one but it is solvable, and in many respects new technology gives us more information about what food is likely to go to waste within what period of time, on supermarket shelves or in restaurants, and there are some companies in Connecticut that are using that technology to advise sellers of food.

I would be interested to hear from anyone who wants to volunteer about your thoughts on that topic.

Mr. EVERETT. I am happy to speak to it, Senator. Thank you for your comment. You are right. Food waste is an enormous issue in the United States and around the world. We throw away or waste about 100 billion pounds of food, which, if you were to run the numbers, that is essentially enough to ensure that all food insecure people in the United States would have access to three meals a day, so that would effectively wipe out the problem if we were better able to utilize those resources.

Now some of that food, you know, it is not pound for pound in terms of what people will need for a whole, healthy diet, but it is a huge issue, and so we are not only creating higher rates of food insecurity because we are not better utilizing that food, we are also hurting the environment at the same time, so anything that we can do. One of the programs that our students run at Baylor University, where our collaborative is, is they recover the food from all of our cafeterias on the campus. They recover all of the food that is prepared but not served, so instead of it being thrown away they repurpose it for afterschool programs, for senior centers, for different types of interventions, and for students who may not otherwise have access to food.

That is a simple way that we are able to reduce thousands of pounds of food going into landfills, and we are putting it into places that can help reduce food insecurity, so I appreciate you highlighting that issue.

Senator BLUMENTHAL. Thank you. My time has expired. I thank the Chairman. Do we have another comment from one of the witnesses?

The CHAIRMAN. Dr. Walker?

Dr. WALKER. Yes, Senator Blumenthal. I would love to just say that, yes, we actually also have—and I guess this is the National



Organization of Campus Kitchens that has been helping to leverage that.

I will say, from our end, one of the elements in our State Plan to Address Senior Hunger includes food waste and reclamation, and though we are still in early stages, part of that is to make sure that we are looking at it from the senior themselves all the way up to organizations to kind of leverage that partnership.

I think knowledge is power, that oftentimes what goes to waste is really that we do not have those connections of people in between, so we are excited in Georgia to have organizations like Gooder that helps to be that bridge between this is where the food is and this is where it needs to go, as far as organizations, and then, of course, that making sure that in our Department of Natural Resources that we are providing the proper funding for those food waste supports is a critical part of that, so we can have sort either a State or Federal strategy to think about that, because knowledge is really the issue here, so that we can build that bridge, but I love that you are focusing on that. It is very important.

Senator BLUMENTHAL. Thank you.

The CHAIRMAN. Thank you, Senator Blumenthal.

We will turn next to Senator Braun.

Senator BRAUN. Thank you, Mr. Chairman.

Before I got to the Senate I ran a company for 37 years, and in the last probably 10 to 15 years of it, when health insurance costs were just going through the roof, we fixed that, number one, by making the system based upon good nutrition, good living, wellness, and it was a great investment. When you look at the community of older Americans it is even more important, especially if you have sown the seeds of good nutrition early on in life.

The other thing I have noticed, from serving on a school board, the State legislature, and even here, is that you have got to have the right mechanism to actually put these things into play.

My first question is for Mr. Everett. We have got an entity back home in Indiana called AgriNovus, and it is a prime example of letting the private sector, where they are going to probably have a little bit better feel for the lay of the land, and their mission has been to find out how you connect with the older American communities and be there through businesses, and maybe some of your local government, to reach out to them with not only news on what the best and latest is for nutrition but maybe some of the technology that you can even use to dispense it.

I think my question is going to be then, give me your opinion on how do we incentivize more of that private sector collaboration with local government, and maybe at the largest scale, State governments, to bring innovative, create new opportunities to tackle these food-related issues directly with the older American community?

Mr. EVERETT. Senator Braun, thank you for the question, and thank you for your leadership in the space to address hunger, and the way in which you helped lead the efforts with White House Hunger Conference. We are very grateful for all of your leadership in this particular space.

Senator BRAUN. You are welcome. Pleasure to do it.

Mr. EVERETT. Well, you know, I think what we talk about all the time is that we try to marry, at the collaborative research proximity and public policy, so when you think about that, if we misidentify the realities and the causes of food insecurity, then we are almost always going to develop solutions that do not work. Bryan Stevenson say you cannot understand a social problem from a distance. You have to have proximity to the problem.

I believe when you marry proximity, as you are talking about, people who are embedded in communities on a daily basis, and they are seeing this issue, they are either experiencing it themselves or they are organizations that are addressing it on the front line, if you marry that with research we are better able to accurately identify what are scalable solutions to address these issues.

I also believe that no one sector can end hunger alone. This is not just a Federal Government issue. This is not a local congregation issue. It is an all-of-the-above issue, so when you bring business together with government, nonprofit organizations, and faith communities, even universities, that is when we see transformative change happen.

I will say one thing, that when I served on the congressional Commission we saw that food insecurity looked very different in rural America than it did in urban America, and we did not have any targeted outreach, so our team worked with the private sector and with USDA to launch a program called Meals-to-You, where we mailed boxes of food to children who lived in remote America, so remote that we literally took seaplanes and mule teams and UPS trucks all over America to get food to kids when the shutdown happened.

The same type of innovation has to be leveraged for our senior adult population. With the rate in which they are growing, we have got to develop some targeted interventions, and it is going to take business being a leader in that process.

Senator BRAUN. Thank you. Very good.

Final question will be for Mr. Gilroy. Back in Indiana I talk to so many places that are in the business of trying to get food to those most in need, grappling with not only the high cost of food, the recent inflation, on getting what they need on their shelves, to get to the folks that need it, but probably as big an issue is how do you keep employees? Are you wrestling with that side of it when it has been difficult, especially as we have navigated through COVID, and we are out of that now. Are you seeing improvement? At ECCO, describe how you have managed through that, and are you seeing light at the end of the tunnel when it comes to costs of what you are trying to get out to folks in need, the supplies, and then how about staffing as well?

Mr. GILROY. Well, you know, cost is a big thing that we are facing every day, and we are always looking for access to more donations, to be perfectly honest, so we can buy food to feed people.

The other issue that we are seeing, we have an army of volunteers, and I think tapping into them is a huge godsend because we do not pay them anything, and they have time on their hands, and it works out very effectively to get them involved in a process and expand their role to fill slots that we are not able to fill. You know, getting people back to work has been very difficult, and it is nice

to be able to see the volunteers step up and take a role in providing that.

Senator BRAUN. Well, it is good to hear that that is occurring, because having stuff go up in cost is one thing. Not having the staff to be there to deliver the goods is another, so I thank you for your insight.

The CHAIRMAN. Thank you, Senator Braun.

I will pose some questions now. I wanted to start with—and I might have a little bit of extra time, but I wanted to start with Elayne Masters. Elayne, I want to thank you for your testimony and again for traveling here to be with us, as I thank all the witnesses for doing that.

I wanted to start by asking about your story that you provided by way of your testimony today. You highlighted the role that Federal nutrition programs play in meeting your nutritional needs. In your testimony you said, and I am quoting, “Eating healthy foods is critical for you to maintain, let alone improve your health and to support your independence.”

I understand that you appreciate the SNAP program, the Supplemental Nutrition Assistance Program, because you can choose your own foods, and access, as you call it, a greater variety of fresh foods. You also noted that you enjoy using your Senior Farmers Market Voucher because you can purchase locally grown fresh food.

I would ask you, can you share with the Committee why programs like SNAP or the Senior Farmers Market Nutrition Program, as well as the home-delivered meals program, why they are helpful to you?

Ms. MASTERS. Absolutely. I had resisted signing up for SNAP for years. I felt that as long as I was self-employed, I was working, I would leave those funds for someone more in need, but when I became disabled, not only did I have this invisible disability but I became part of the invisible poor. You would not know that I needed support, so to have programs like this available to me, in a period of time where I struggled, do I sign up for SNAP, do I not, there were a lot of processed foods, a lot of sugars, a lot of fats, a lot of high-sodium things that negatively impacted my health, so when I finally gave in and went on the SNAP program I could go and buy fresh produce. I could buy healthier proteins, and I could actually, after having done a lot of research about what my body needed, I could buy those things, and I did not have to worry about when is my next meal going to come, what is it going to look like, how is it going to hurt me or help me?

These programs have helped me to address my health needs, to feel, you know, just a sense of comfort and alleviation of the stress that is involved with dealing with those topics. It has enabled me to have more energy and to focus more on healing than how am I going to just survive.

The CHAIRMAN. That is very helpful, and it is not based upon some analysis you did. It is based upon your own life, and that is especially insightful.

I will come back, Elayne, to you in a moment.

I wanted to move to a question for both Mr. Everett and Dr. Walker. You highlighted in your testimony that Federal nutrition assistance programs are essential to reducing senior hunger. This

Committee is celebrating the impact of 50 years of the Older Americans Act Nutrition Program and the release of our annual report and the Committee fact sheet, as I mentioned.

We also know that our Nation's aging population is expected to grow exponentially, and that might be even an understatement, in the coming years, and the Federal nutrition programs must be both strengthened and protected, both improved and uplifted.

What have the Older Americans Act and USDA nutrition programs meant to older adults who need nutritional support?

Maybe we will start with Mr. Everett and then move to Dr. Walker.

Mr. EVERETT. Well, they are critical interventions, so we often cite that more than 50 percent of the eligible older adults for the SNAP program do not participate, but for those who do it is a lifeline, and so I think particularly when you are on a fixed income, I mean, when you are on a fixed income, and if you are a grandfamily, you can imagine what that is like for an individual who may have projected what they needed to retire on, but if they have a fixed income and now, all of a sudden, as Ranking Member Scott said, they are taking care of three teenage kids, it is not like they get a raise in order to do so, and so programs like SNAP, the senior meals program, the congregate meal programs, as well as Meals on Wheels programs are a lifeline to families who find themselves in those circumstances.

The CHAIRMAN. Dr. Walker?

Dr. WALKER. Well, Mr. Everett talked a lot about the farm bill so I will take this opportunity to add that element for the Older Americans Act services as well, to say that there has been a great marriage in the fact that when we get seniors on services for Older Americans Act services, they are able to better leverage our farm bill services as well, and so even though for us we have not instituted different visions, that has been a great catch in connecting our seniors once they make that first step. Just as Ms. Masters has stated, to make that choice to come forward, you start to learn about other services that are available, so that has been really huge is that oftentimes we find if you qualify for one program you likely qualify for others, so it has been huge to really provide a nice wraparound option for our seniors who are most in need.

The CHAIRMAN. Thank you, Doctor. My last question will be for Elayne Masters. Elayne, you shared in your testimony that you appreciate both fresh fruits and vegetables, and I understand you purchase plants to grow vegetables in your backyard with the SNAP benefits that you receive and that you participate in, as you mentioned earlier, the Senior Farmers Market Nutrition Program, and that a local food pantry has had a community garden to support participants in eating both healthy and fresh fruits and vegetables in the past.

Can you share more about how you currently access fresh foods and what more can be done to ensure that older adults and adults with disabilities have reliable access to these types of products?

Ms. MASTERS. Absolutely. Thank you for the question, Senator Casey.

The fact that I can grow some of my own foods, by being able to purchase plants with SNAP, is just a tremendous opportunity.

I can just pick something off the vine in my own backyard, but having the farm bill and being able to go to a farmers market where, you know, things have just been picked at the farms and brought to the market, allows me to have produce that is going to keep a little longer in my refrigerator, that I do not have to cook up all that day, so that is great.

The food banks supplement what I get at the grocery store, so having food bank items allows me to be a little more targeted in what I use with SNAP, so to be able to use SNAP at a farmers market, which we have at least one in Pittsburgh, where you can buy chips and buy fresh produce in addition to what you are using from your farm bill voucher, is just wonderful. Being able to shop at a variety of stores that do accept these benefits allows me to shop around, get the best price, get the best bang for my buck, if you will, for the produce and healthy proteins that I am buying.

You know, being able to shop online when I am having a rough day. Some days I am not able to get to the store, do not have a direct care worker available, and so to be able to shop online and have either things ready for pickup or delivery, it is a wonderful option.

You know, I think in terms of additional supports, as was mentioned by Dr. Walker and Mr. Everett, the cumbersome application process is difficult. Some of us just, you know, it may be due to stress or our age, but filling out applications can be tough and can be a barrier.

Having transportation options and delivery options is key. The produce is there. The food is there. If you cannot get to it, it really does not do you any good, so the role that deliveries can do, and possibly having, through the farm bill, a delivery option to get a CSA produce box, would be absolutely fantastic.

I really appreciate, Senator Casey, your work with developing nutrition guidelines for older adults. We have different needs, and we have different conditions, so that is going to be really essential in how we see food as medicine moving forward, so thank you all so much for this work.

The CHAIRMAN. Thanks very much. I will turn next to Ranking Member Scott for a question, or two.

Senator TIM SCOTT. Thank you very much. I appreciate that. It will likely be one question, but who really knows at this point.

One of the things that we talk a lot about is making sure that our senior are able to eat well, a very important part. One of the points, Mr. Everett, that I have come across and I think is incredibly important is that more than a third of older individuals suffer from loneliness, and some have suggested that loneliness is as dangerous as smoking 15 cigarettes a day.

I am not sure that we could not use an entire hearing on the negative consequences and impacts that loneliness is having on our seniors across the country. I would love to dig into the information, Dr. Walker, and perhaps be able to see the increasing levels of loneliness and the increasing levels of prescriptions for antidepressants in our seniors because of loneliness.

I think this is an incredibly important topic that we do not spend a lot of time on, and frankly, we probably do not even recognize the negative impact that loneliness is having on too many people in too

many places and perhaps preventable if we were able to do, not only as Members of Congress but just as family members and friends and community members, to stay in touch and engage with our seniors where they are, whether it is through Facetime or in person, but look for new ways for us to bridge the gap, where too many people are living alone, and that seems to be growing, Mr. Everett or Dr. Walker, in the time I have remaining.

Dr. WALKER. Thank you, Senator Scott, for the question. This is so timely to talk about social isolation. We actually just hired a team of two to come in with our Division of Aging Services and do a deep dive on social isolation. This is a two-year project to look at what services we offer and that expands out from our engagements in person, how critical it is to have our seniors come to our senior centers, because it is not just about the meal. That engagement with each other, with the staff, participating in the other programming is a critical part of addressing social isolation, but also looking at as we talk about the importance of technologies and accessing that way, what roles can we use for seniors who are online, using tablets and things like that, so this is an important topic, and so we are working on trying to address how can we bridge that.

Senator TIM SCOTT. I would love to see the followup to whatever the 2-year study produces please.

Dr. WALKER. Oh, absolutely. Absolutely.

Senator TIM SCOTT. Thank you, ma'am. Mr. Everett?

Mr. EVERETT. I appreciate the question. You know, I come from a Christian-faith tradition and so we think about Jesus saying, "I was hungry and you gave me food." Some of my brothers and sisters who come from the Hindu tradition have a passage of scripture that says, "To give food is to give life." If you think about that as a double meaning, most of the time when we are eating food we are eating with our friends and our family members, and so you think about the double conundrum of food insecurity is oftentimes you are experiencing that in social isolation.

When we think about interventions like Meals on Wheels, that is one of my favorite interventions that we have as a nation because you have, many times, volunteers in the local community providing hot meals every day to individuals who are living in isolation.

My grandparents were living with early stages of Alzheimer's. We were unaware as a family that they were missing meals on a regular basis. It was not until their doctor identified that they had been missing those meals, and we found out when they were not missing meals they were getting in a car and driving to the local Sonic where they would get a hot dog, so when they were eating, they did not eat food with a high nutritional value, so their church sprang into action and created a Meals on Wheels program, partnered with the local community Meals on Wheels, to be able to ensure that they would have access to food on a regular basis. That type of intervention was a lifesaving intervention for my grandparents and assured that latter stages of their lives were lives that were well lived.

The issue is that most Meals on Wheels programs around the country have a very long waiting list, and so I think when we talk

about seeing this growing population who are disproportionately experiencing high rates of food insecurity, one way that we can reduce social isolation as well as address hunger is to greater resource programs like Meals on Wheels so that we can get food to families who need it the most.

Senator TIM SCOTT. Thank you, Mr. Everett. I am a big fan of Matthew 25 myself as it relates to the good that we should do for our fellow citizens, and from the Jewish tradition, Tikkun Olam, to repair the world. I think one of the ways that we could think about that in a different way is through the prism of loneliness, especially as it impacts our seniors. Thank you.

The CHAIRMAN. Thank you, Ranking Member Scott. I have been told that Senator Gillibrand wants to ask a question or two virtually.

Senator GILLIBRAND. Yes. Thank you so much, Senator Casey.

Americans should not have to worry about where their next meal will come from. Yet in 2020, 6.8 percent, or 5.2 million older Americans were food insecure, and in my State of New York, an estimated 7.6 percent of older adults are food insecure. Older adults of racial and ethnic minorities and those who live below the poverty line are disproportionately impacted by food insecurity. Food insecurity can impair nutrition, increasing the likelihood of chronic health conditions among older adults and reducing capacity for active, healthy, and independent life.

I recently sent a bicameral, bipartisan letter that Senator Sanders and two Members of Congress co-led with me to appropriator requesting that the final Fiscal Year 2023 appropriations bill include \$1.93 billion in funding for older Americans, Older Americans Act programs, and the Older Americans Act Title III Senior Nutrition Services, which critically support the delivery of nutritious meals to older adults throughout the country.

Mr. Everett, thank you for sharing some of your work in promoting affordable and healthy food. How would strong OAA funding improve Baylor's Collaborative on Hunger and Poverty's three-fold strategy for cultivating solutions to end hunger? How can strong OAA funding bolster multisectoral cooperation?

Mr. EVERETT. Thank you, Senator. To begin with, I would say one way in which this is going to have a huge impact is families or senior adults who are grandfamilies. This was an issue that came up earlier, and I just want to say the importance of this particular intervention for grandfamilies, first of all.

If you think about the average individual at a household level, and the insurmountable issues that they are trying to overcome, this particular funding, if they do not have access to transportation, or limited access to transportation, this funding provides resources to get food directly to their front porches, through food box programs, through Meals on Wheels interventions, and so without those supports that is going to put an additional amount of stress on that household who is living on a fixed income, which is also going to put stress on those children who are being raised in those contexts. We know that healthy children need adequate access to food as well.

This particular funding package would increase resources to the individual on the local level, which would have downstream effect

not only on the positive impacts of health but the quality of life for children that they are oftentimes finding themselves raising.

Senator GILLIBRAND. Well, thank you very much.

In terms of barriers to healthy food access, a lot of older adults live with at least one chronic condition and take medications that often result in unique nutritional considerations. These conditions can create barriers in an individual's ability to access programs like SNAP and the Senior Farmers Markets and food banks.

Lack of transportation can also hinder access to healthy meals. Limited access to reliable transportation, especially in rural areas, further complicates the more than 20 percent of older adults who do not drive. Finally, home-delivered meal programs are challenged by long-distance costs and limited working age population in rural communities. To help bridge this gap, 84 percent of Area Agencies on Aging offer nutrition programs to better provide for older adults.

To Dr. Temitope Walker, based on your experience working with Georgia's 12 Area Agencies on Aging, how important is the role that the Area Agencies on Aging play in assisting older adults in accessing healthy and affordable food?

Dr. WALKER. The Area Agencies on Aging are truly the backbone of the work. They know their counties and what the needs are. In Georgia, for instance, we have an interesting mix of urban and rural spaces throughout the State. With 159 counties, there is a lot of diversity of need and things are spread out, and some things are very close, so the AAAs are a critical connection for us to be able to understand where those pockets of senior centers and also the other supportive placements of other organizations in those areas, so that allows for that partnership.

One of the great things for us is we have 12 senior hunger coalitions that are part of these AAAs, which allows us to invite non-profits, for-profits, seniors, our staff, senior centers, and staff from those Area Agencies on Aging to come together to actually understand what the gaps are, the resources and opportunities are in those different regions, so our work would not happen, really, without the work of those AAAs providing that groundwork on what is happening in those regions.

Senator GILLIBRAND. Thank you so much, and thank you, Mr. Chairman, for this hearing.

The CHAIRMAN. Thank you, Senator Gillibrand.

We will now move to closing, and I will have a closing statement and then I will turn to Ranking Member Scott.

We know that in today's hearing we heard powerful testimony about how Federal nutrition programs help to combat senior hunger, senior malnutrition, as well as food insecurity. We learned about some of the challenges that older adults face when they are trying to put food on the table. Our bipartisan Senior Nutrition Task Force Act will provide recommendations that enable the Federal Government to address senior hunger more holistically.

However, we can and we should do more. I am going to be introducing, as well, the Tools for Ensuring Access to Meals Act. This will be Senate Bill 5095, which will provide funding to Administration for Community Living to implement the recommendations of the task force that will be created in the other piece of legislation, the Task Force Act.



We must ensure that every senior is connected to nutritional programs and services. We know that continued bipartisan work by this Committee to address the nutrition needs of older adults can help build upon the 50 years of benefits provided by the Older Americans Act nutrition programs. With the right investments and the right coordination our Federal senior nutrition programs can promote health and build community among participants. Congress must continue to support programs like the Older Americans Act Nutrition Program, Senior Farmers Market Nutrition Program, senior food boxes, and, of course, SNAP.

We must also improve our efforts to streamline these programs and improve access. For example, many states, including my home State of Pennsylvania, participate in the Elderly Simplified Application Project, that goes by the acronym ESAP. This program makes it easier for older adults to apply for SNAP, because of this demonstration project and related efforts, an estimated 61 percent of eligible older Pennsylvanians are now enrolled in SNAP, which is higher than the national average. I would like that number to be 100, by the way, but 61 is better than about 47 nationally, those who are eligible and enrolled, so we still have work to do to make sure that every eligible senior is enrolled in SNAP.

We know, as well, that more has to be done on these programs and on these issues, and that robust and timely data will enable Congress to make more targeted efforts to enroll eligible older adults in nutrition programming.

I look forward to working with my colleagues on the Committee to further improve access to nutritious foods for older adults and to support their health and their independence.

Before I turn to Ranking Member Scott for his closing comments I want to thank Ranking Member Scott for his work as a Committee member, but more recently, the last two years in this Congress as the Ranking Member. It is hard to believe that two years have gone by that fast, but I want to thank Tim for his leadership, his work, his bipartisan work, and the work of his staff, who have done such great work working with our staff on this Committee.

Thank you to Ranking Member Scott, and I will now recognize him for his closing remarks.

Senator TIM SCOTT. Thank you, Chairman Casey, for your leadership on this Committee. Without any question, so many Americans around the country wonder if Congress is irrevocably broken. Does anything ever happen in a bipartisan fashion? I think if you are looking for a way to see that things are not broken and that things do happen on a bipartisan path, it is here on the Aging Committee. There is no doubt that your leadership has been invaluable here, and it is a testament to who you are and the State you represent, and frankly, to the land of opportunity that we call America.

We have so much that needs to be done and it is not blue or red. It is just red, white, and blue, and the more we focus on the American people, the more likely we are to find solutions that actually help the American people.

I am thankful to your staff for all the hard work that they have done over the last two years, and certainly my staff has led me to where we are today, and I am so thankful that we both have been

surrounded by such amazing professionals who are committed to the cause and who love America and love our seniors in this country.

Thank you to the witnesses for taking your time and bringing your expertise to the table. It certainly is a privilege to know that our country is going to be better off the more time we spend engaging with one another, the more likely we are to find solutions.

I certainly want to say to Mr. Gilroy, my witness from South Carolina, thank you for your hard work with ECCO, a community organization that has really helped so many families throughout South Carolina and certainly east of the Cooper, as you said.

I think the best days of America are certainly ahead of her. It will take all of us to make that a reality, but I am confident that if we focus on those issues that are impacting the American people, that most will find the way forward.

I do hope that in future Aging hearings that we do tackle the issue of loneliness in our seniors. I do hope that the day comes when we are having a serious conversation about how we deal with it, not necessarily on an equal par with food, nutrition, and the challenges that we have, but certainly a very close second to that reality.

Fifty years later we are still celebrating the Older Americans Act Nutrition Program because it has been so effective. I hope a few years from now we are celebrating something new in the area of loneliness for our seniors. The more I read, the more I research, the more I realize that we have something that is sitting right in front of us that is so obvious, that we need to tackle that with the same vigilance that we have tackled the issue of nutrition.

Thank you, Mr. Chairman. Happy Holidays. Merry Christmas. God bless.

The CHAIRMAN. Thank you, Ranking Member Scott. Thanks so much, and I want to thank our witnesses again today—Mr. Everett, Dr. Walker, Ms. Gilroy, and Ms. Masters, and I want to thank each of you for taking the time to be here to provide your expertise and your personal experiences.

For the record I am duty-bound to say if any Senators have additional questions for the witnesses or statements to be added the hearing record will be kept open for seven days, until December 23rd.

Thank you all for participating. Happy Holidays. This concludes our hearing.

[Whereupon, at 11:31 a.m., the Committee was adjourned.]

---

---

## **APPENDIX**

---

---



---

---

**Prepared Witness Statements**

---

---





## Baylor University

COLLABORATIVE ON HUNGER AND POVERTY

United States Special Committee on Aging  
December 15, 2022

**Testimony of Jeremy Everett, Founder and Executive Director of the Baylor Collaborative on Hunger and Poverty, for the Committee Hearing “Setting the Table: Promoting Healthy and Affordable Food for Older Americans.”**

Chairman Casey, Ranking Member Scott, and distinguished members of the committee, thank you for providing time and space to engage with such a crucial issue that has far-reaching implications for our neighbors who face barriers associated with aging and accessibility.

My name is Jeremy Everett, and I am the founder and Executive Director of the Baylor Collaborative on Hunger and Poverty (BCHP). At BCHP we utilize a threefold strategy for cultivating scalable solutions to end hunger: **We engage** in multi-sectoral collaboration, because no one sector is equipped to strengthen food security alone. **We test** original and innovative programs for populations that experience food insecurity at disproportionately high rates. And **we believe** publicly funded interventions are the key to scalability, so we work to increase access to federal nutrition programs. This hearing and my testimony, as well as those of other anti-hunger advocates, community organizers, and those who have experience living with food insecurity, center on a challenge that has solutions residing at the nexus of those three strategies. These solutions will build on the investment of more than a half-century of tested interventions provided for in the Older Americans Act, as well as the nutritional opportunities provided for in the Farm Bill. They also open the door for new avenues for assistance that foster interagency collaboration to more comprehensively support the nutritional needs of older adults and adults with disabilities.

### The Numbers

According to the [Urban Institute](#)<sup>i</sup>, since 2002, the number of older Americans has increased by almost 20 million, from 12.4% to 16.3% of the total population. By 2040 it is predicted that one in five Americans will be over the age of 65. Data from the Department of Health and Human Services’ [American Community Survey](#)<sup>ii</sup> reveals that almost half of Americans over the age of 75, and a quarter of those from 65 to 74, have a disability. These disabilities are both seen and unseen and can contribute to barriers in access to nutritional services. We also know that it isn’t just those in the aging population that experience disability. One out of every seven Americans ages 35-64 live with a disability.

Closer to our work at BCHP, food insecurity is a concern among both older and disabled Americans. According to a [Feeding America report](#)<sup>iii</sup> by BCHP’s Dr. Craig Gundersen, one in ten Americans between the ages of 60-69 are food insecure. This is notably a concern for grand families, households in which one or more grandparents take care of children, and of which 1 in 4 experience food insecurity. Additionally just over a quarter of all disabled Americans experience food insecurity. This makes disability status, regardless of age, the primary indicator of those who are at risk of going to bed hungry each night.

These numbers only provide a sketch of a larger, more complex picture. For one, in the same way that the effects of aging and disability don’t suddenly appear the moment someone receives their Medicare card or a new medical diagnosis, the challenges faced by older and disabled adults, including food insecurity, can

---

Baylor Collaborative on Hunger and Poverty

801 Washington Avenue • Suite 100 • Waco, TX 76701 • (254) 710-6900



## Baylor University

COLLABORATIVE ON HUNGER AND POVERTY

start small and build slowly. We may all know a loved one or community member who has experienced this when diagnosed with dementia, ALS, or MS. In the same way, this slow build up can occur with those experiencing hunger due to their disability and may lead many in these populations to be unaware that they are food insecure.

Research also shows that, as in almost every other area of our life as a nation, Black and Latino populations experience preventable negative consequences of aging and disability at far higher rates than their White counterparts. The aging Latino population is more than twice as likely, and the aging Black population almost four times as likely, to experience food insecurity than their White neighbors.

It is not an inherent condition of aging or disability that makes someone predisposed to food insecurity. Rather, there are structural barriers to accessing available resources that have been placed in their way. Our call to love our neighbor as ourselves compels us to not only identify, but to remove or adjust for those barriers. Some of these barriers may include decreased access to transportation to obtain food, complicated application processes, and a lack of awareness of publicly funded nutrition programs, including SNAP, which is the most effective tool we have as a nation to strengthen food security. There is also a concern that the unique dietary needs of older and disabled adults are often out of reach due to financial limitations.

Of course, there are also correlations between aging and experiencing a disability, and those correlations can increase the likelihood of food insecurity. I saw this firsthand when my grandparents, who were pillars of the community in Spring Hill, Louisiana, and still living in their home, began navigating the realities of living with Alzheimer's disease. They would forget to perform basic tasks associated with living, and one of those tasks was eating. It took a routine visit with their doctor, a family friend, for us to learn they were missing meals. And when they did remember to eat, they were driving to the local fast-food chain for a hot dog. All of this, from the irregular eating to the poor nutritional content of what they were eating, to getting behind the wheel of a vehicle when their minds were deteriorating, was unnerving for us as a family. This is a common experience for the over six million Americans who currently have a loved living with dementia. Thankfully, though, we were privileged to have had the resources to intervene. My aunts and uncles lived nearby and were able to make regular check-ins on my grandparents as well as sign them up for a local Meals-on-Wheels program that provided them hot food at regular, designated times throughout the week.<sup>iv</sup> But not every older or disabled American has equitable access to these resources—or the capacity to navigate them—through the challenges they experience.

### The People

Before I go further, let me note that this isn't a testimony of doom and gloom, and it certainly isn't designed to elicit pity for older and disabled Americans. Rather, I hope to bring awareness to the issues faced by these populations and remind each of us that we will all likely find ourselves in one, or both, of these categories at some point in our lives. There is also good news. The percentages of the older and non-older adult populations living with disabilities decreased in the 20 years leading up to the pandemic. This is likely due in part to advances in healthcare and reducing the stigma associated with mental health

---

Baylor Collaborative on Hunger and Poverty

801 Washington Avenue • Suite 100 • Waco, TX 76701 • (254) 710-6900





## Baylor University

COLLABORATIVE ON HUNGER AND POVERTY

and mental illness. With that said, any conversation about removing those barriers must center the voices of older and disabled Americans and focus on the fact that we aren't simply *helping* our neighbors in this population, but we *need* them to flourish if our country is going to flourish, and again, because we will all, at some point in our lives, find ourselves in their shoes.

### Solutions

Access to daily caloric needs and adequate nutrition is always a challenge for those on fixed incomes, which is the case for many older and disabled adults. But the issues the members of this committee have spent much of your time addressing over the past two years, the pandemic and its economic consequences, have exacerbated the challenges faced by this population to accessing adequate, nutritious food. This is due in large part to the ways in which you as legislators set aside partisan differences and provided the resources needed for Americans to eat, as well as simplified the processes for accessing those resources.

We know that one of these challenges is that food prices are higher but increases on paychecks for those with fixed-incomes come only once a year, if at all. This is a greater burden on older and disabled adults, who already earn less on average than their counterparts, than it is on the general population, for whom taking on added employment or decreasing their expenses in other areas to adjust for rising prices is an easier proposition.

I would like to suggest three specific recommendations for strengthening food security for older Americans and those living with a disability:

1. **Hunger Free Community Coalitions**—Congress saw value in cross-sector collaboration and invested in this concept, identified as public-private partnerships in Sec. 4021 of the 2018 Farm Bill. As I initially mentioned, our core assumption at BCHP is that no one organization or sector can end hunger alone. The only plausible pathway forward to ending hunger in America for households with a disability, for older Americans, or for the general food insecure public is to create and sustain public and private infrastructure through coalition-based efforts in local communities and an intergovernmental agency task force working in concert with national organizations with a common goal: end hunger for older and disabled Americans.
2. **SNAP Accessibility**—As I mentioned, SNAP has proven to be the one of the most effective tools we have at our disposal to strengthen food security in our country. Yet less than half of the adults aged 60-69 who are eligible for SNAP benefits participate in the program, compared to 86% of the eligible younger population.<sup>v</sup> Researchers and practitioners have noted that with an average SNAP benefit of around \$100 a month for older adults, complicated application and recertification procedures, and a lack of transportation options, many in these populations find the program to be too burdensome to participate in. We have also found that many older adults are simply not aware that they are eligible for SNAP, or they believe that if they access the program then they are taking resources away from someone else who “needs it more.”

---

Baylor Collaborative on Hunger and Poverty

801 Washington Avenue • Suite 100 • Waco, TX 76701 • (254) 710-6900



## Baylor University

COLLABORATIVE ON HUNGER AND POVERTY

We proved during the pandemic that these challenges can be overcome by actions such as automatic enrollment and recertification into SNAP and other nutrition assistance programs, as well as outreach to inform the public on resources that are available. To do this, funding for these programs will need to increase at the same level that these populations are growing. Simply put, if you are living on a fixed income because of age or disability, your income is not going to change. So permanent enrollment would simplify access to much needed food resources for low-income households and reduce bureaucratic red tape.

3. **Innovative pilots**—Congregate and home delivery meal programs like [Meals on Wheels](#) have proven to be effective interventions for strengthening food security and social connection among older and disabled adults. Yet those in rural areas experience greater barriers to accessing these programs than those in urban and suburban communities. During the 2020 shutdown, USDA asked BCHP to scale a demonstration project that we call “Meals-to-You” to address rural child hunger nationwide to ensure accessibility of the school nutrition programs to children living in remote areas. Through the program, we mailed two meals a day to 270,000 children in America’s most remote areas, using every traditional and innovative home-delivery method we had at our disposal. By the end of the summer, we served nearly 40 million boxes of food with our industry partners at McLane Global, Pepsico, and Chartwells.

We believe the lessons we have learned from our Meals-to-You (MTY) demonstration project can be utilized to address the needs of older and disabled adults. [An evaluation of MTY in 2020](#)<sup>vi</sup> found that the program reduced food insecurity levels among recipients at a rate of almost ten times that of the National School Lunch Program, which is the gold standard of addressing childhood food insecurity.

I believe the success of MTY can be attributed to our core assumption at BCHP, which, again, is that no one sector is equipped to end hunger alone. On any given day that MTY operates, our team is working with government entities like USDA and state agencies, industry and corporate leaders who serve as vendors, community organizations and those in the faith community who are doing outreach, program participants, and public and private mail carriers. Any effective intervention for older and disabled adults will include similar levels of collaboration between the public and private sector.

### The Good News

As Senators, each of you deal with a myriad of very complicated issues every day. The good news is that this is not one of them. But there is even better news, which is that fighting hunger has always been, and continues to be the one issue that people across ideological divides come together over. Over my many years organizing communities to strengthen food security among the most vulnerable, I have found that the political colors of red, blue, and purple fade into the background when it comes to figuring out how to ensure proper nutrition for the most vulnerable. They disappear altogether when we talk about doing so for older and disabled adults.

---

Baylor Collaborative on Hunger and Poverty

801 Washington Avenue • Suite 100 • Waco, TX 76701 • (254) 710-6900



## Baylor University

COLLABORATIVE ON HUNGER AND POVERTY

This is a winning issue for all of you. I thank you for the energy and will each of you have shown to ensure that our older and disabled populations have the nutrition assistance they need to thrive.

---

<sup>i</sup> “The US Population Is Aging.” *Urban Institute*, <https://www.urban.org/policy-centers/cross-center-initiatives/program-retirement-policy/projects/data-warehouse/what-future-holds/us-population-aging>.

<sup>ii</sup> *A Profile of Older Americans: 2017 - Administration for Community Living*. <https://acl.gov/sites/default/files/Aging%20and%20Disability%20in%20America/2017OlderAmericansProfile.pdf>.

<sup>iii</sup> *The State of Senior Hunger - Feeding America*. [https://www.feedingamerica.org/sites/default/files/2022-05/The%20State%20of%20Senior%20Hunger%20in%202020\\_Full%20Report%20w%20Cover.pdf](https://www.feedingamerica.org/sites/default/files/2022-05/The%20State%20of%20Senior%20Hunger%20in%202020_Full%20Report%20w%20Cover.pdf).

<sup>iv</sup> Everett, Jeremy K. *I Was Hungry: Cultivating Common Ground to End an American Crisis*. Brazos Press, a Division of Baker Publishing Group, 2019. Pages 48-49

<sup>v</sup> Cronquist, K., & Lauffer, S. (2019). *Characteristics of Supplemental Nutrition Assistance Program Households: Fiscal Year 2017*. Alexandria, VA: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support

<sup>vi</sup> Research Report Experiences and Impacts from the 2020 Meals-to-You Program. <https://www.urban.org/sites/default/files/publication/104940/experiences-and-impacts-from-the-2020-meals-to-you-program.pdf>.

**Written Testimony of Temitope Aiyejorun Walker, Ph.D.  
Senior Hunger & Nutrition Coordinator  
“Leveraging State-Level Access and Partnerships to Address Senior Hunger”  
United States Senate Special Committee on Aging  
Thursday, December 15, 2022, 10:00 am**

Chairman Casey, Ranking Member Scott, and Members of the Committee, thank you for holding this hearing today to address access to healthy and affordable food and to highlight some of the senior hunger work and initiatives as well as their impact on older adults. I am honored to provide my testimony today about some of the tremendous work occurring across Georgia.

**Summary of My Current Role, Connection, and Background in Aging**

I have over a decade of experience in evaluating, addressing, and raising awareness about the holistic needs of older adults. I came to my current role having obtained my doctorate in Foods and Nutrition, a graduate certificate in Gerontology, and taught an evidence-based program offered as one among the Older Americans Act (OAA) Wellness programs, Chronic Disease Self-Management Program (CDSMP) at the University of Georgia. My dissertation project titled, “The impact of SNAP participation on food purchasing practices, diet quality, and food insecurity among low-income older adults” exposed me to the impact of critical support services and resources available to older adults while giving me practical experience in public assistance attainment.

---

***Dissertation Work with SNAP-Eligible Older Adults (Completed in 2018)***

- The purpose of the study was to better understand the changes in food purchasing practices, nutrition, and health of SNAP (food stamp)-eligible older adults living in Georgia who transition to being SNAP recipients
  - Utilized in-depth interviews, interviewer-administered surveys, diet recall, food security assessments, grocery receipt collection, and grocery shopping observation
  - Utilized established SNAP application assistance program, Georgia CAFE
  - Recruitment from Northeast Georgia and Metro-Atlanta
  - The findings suggest that SNAP benefit receipt affects food purchasing practices of low-income older adults and that identifying changes in key food purchasing practices related to SNAP benefit receipt could inform strategies to maximize the impact of SNAP benefits on improving food security and nutrition of low-income older Americans (*Walker & Lee, 2020*).
- 

I was able to conduct this novel study because of the unique training I received as a student to provide SNAP application assistance to older adults and those receiving disability benefits that was offered at my graduate school. Within a year of my training and volunteer work, I received a graduate assistantship to serve as program coordinator for Georgia CAFE which is an acronym

that stands for Community Advocacy to Access Food Stamps for the Elderly and Disabled, the first-ever SNAP application assistance program targeted to low-income older Georgians.

---

***Georgia CAFE: A SNAP Advocacy Initiative (2012-2017) \****

- Provided SNAP application assistance to low-income older Georgians and those receiving disability benefits in approximately 30 urban and rural counties
- Provided community and professional advocate training face-to-face and online
- Provided community awareness and education via print and online brochures, conducting workshops, and community presentations about participation in SNAP
- Supported evidence-based policy advocacy which included provision of data analysis needed for the application and approval for Georgia's Standard Medical Expense Deduction for older adults and those receiving disability benefits in Georgia

*\*A University Led-Government-Community Partnership Supported by USDA SNAP Outreach Grant Funding*

---

I currently serve as Georgia's first Senior Hunger and Nutrition Coordinator. In my role, I manage the implementation of Georgia's first of its kind stand-alone State Plan to Address Senior Hunger implemented in December 2017. I work in concert with university, government, and community partners to help provide training, raise awareness, and support state policies and initiatives to improve the food security of older Georgians. Through my work implementing Georgia's State Plan, I assist in developing and offering technical assistance to the twelve Senior Hunger Coalitions which are housed within the twelve Area Agencies on Aging; attend and conduct meetings with the regional senior hunger coalitions; and monitor annual reports for resources identified, gaps in service delivery, and innovation and strategy development. I also serve as a subject matter expert in senior hunger in Georgia.

---

***Accomplishments of Georgia's first state plan to address senior hunger (December 2017)***

- Hired a Senior Hunger & Nutrition Coordinator (SFY19)
  - Developed 12 regional senior hunger coalitions (SFY19)
  - Established a Senior Hunger Interagency Council (SHIC) (SFY22)
  - Began coordinating data collection and analysis across agencies (SFY21)
  - Began developing and providing education and training (SFY19)
  - Expanded access to the National Foundation to End Senior Hunger's *What a Waste Program* (SFY20)
  - Began providing entrepreneurial mini-grants (SFY19)
  - Transitioned Standing Summit Committee to Senior Hunger Advisory Council (SFY22)
  - Developed State Senior Hunger Toolkit and launched on initiative website (SFY22)
-

The other critical connection that informs my testimony today is that I work within Georgia's State Unit on Aging which administers state and federal funding and supports the work of our twelve Area Agencies on Aging, which coordinate Older Americans Act services. Specifically, our division oversees non-Medicaid Home and Community-Based Services that includes a range of solutions to help older Georgians and their caregivers live safe, healthy, and independent lives in their homes and communities for as long as possible. In late 2020 and in 2021, the Division of Aging Services received an additional \$44 million in stimulus funding from the Consolidated Appropriations Act and the American Rescue Plan Act, for Home and Community-Based Services and to promote vaccine access. This funding also included \$25 million for meals and \$17.5 million for supportive services. Much work and effort has gone into ensuring our seniors receive the support they need throughout the pandemic and beyond. Many of the additional services provided were made possible through this supplemental funding.

#### Georgia's Division of Aging Services Addressing Food Insecurity

Here are some of the initiatives we are proud of in Georgia:

- Since 2012, the division has been assessing food insecurity among all clients receiving meals as a provision of the OAA. Through a 6-item assessment module, the division determines which older Georgians are most at risk and in need of nutritional services. (*Lee et al, 2011*).
- In State Fiscal Year 2022, 4.7 million meals were provided to older adults or adults with disabilities through the home-delivered and congregate meal programs.
- In December 2017, Georgia implemented the first State Plan to Address Senior Hunger in the nation. The plan addresses senior hunger through five focus areas: **Today's Seniors, Health Impact, Food Access, Food Waste and Reclamation, and Meeting the Community's Needs**. Following the meeting of all recommendations of the plan in 2022, work has now begun on the development of the next State Plan on Senior Hunger (*Georgia Department of Human Services Division of Aging Services, 2017*).
- An online SNAP Training Module for the Aging Services Network is currently in development through a federally funded partnership between the Divisions of Aging Services and Family and Children Services. This training module will include key information about SNAP for older adults and adults with disabilities. Those who take the training will be supported in offering workshops about SNAP to the seniors they serve and will receive information about application assistance services in their region.
- The division is fostering partnerships across government, university, private, and non-profit sectors to address research, resource, and funding gaps.

#### Demographics of Older Georgians are Similar and Unique in Comparison

As is the case nationally, Georgia's older adult population is growing rapidly. Georgia is home to just over 2 million older adults, accounting for 20 percent of the state population. The division serves meals to just over 30,000 clients through the OAA Nutrition Program. The percentage of

our older adults who are living with a disability, have obtained less than a high school diploma, and who may be living in poverty is comparable to the national percentages. Georgia has a high level of diversity among our older adults that is reflected in race, ethnicity, culture, and cuisine. Accepting this diversity as an opportunity, Georgia continues to serve as a model in best practices and what is possible with proper leveraging of partners across different sectors of the state.

---

#### **Georgia By the Numbers**

- ~2 million seniors live in GA.
- Georgia ranked 7<sup>th</sup> amongst states seniors are moving to.
- 20% of Georgia's population are seniors.
- 55.6% of Georgia's seniors are women.
- Over 75.5% of seniors receive social security.
- 10.7% of seniors live in poverty.
- 31% of seniors have a disability.
- 79.2% of seniors own a home.
- 38.6% of seniors live alone.
- 15.8% have less than a high school education.

---

However, I must recognize our high rates of food insecurity among our division clients though rates have been steadily declining, and we are meeting our charge to target those in greatest economic and/or social need. OAA client food insecurity rates fell from 17.0% (2018) to 14.5% (2019) to 11.7% (2020). But even in that, there is a story. The story of seniors in Georgia and across the nation is complex. It is about the factors that impact their lives.

- *It is working, receiving Social Security benefits, or no income at all.*
- *It is owning or renting a home; or it is homelessness.*
- *It is living alone; or living with multiple generations under one roof.*
- *It is choosing which utility bills to pay first; or whether to buy some or all their medicine.*
- *It is figuring out what health coverage will best meet their needs and is affordable.*
- *It is Alzheimer's and other Dementias, or other chronic health conditions.*
- *It is being a caregiver for their parents, their children, grandchildren, or relatives.*
- *It is reaching out to get the word on the next food box giveaway, or local pantry options.*
- *It is finally seeking assistance to apply for SNAP, no matter the stigma, the amount, or the steps needed.*
- *It is trying to find or maintain transportation for food, health, or connecting to others.*
- *It is a lack of broadband access or not being tech savvy.*
- *It is their faith.*
- *It is the love of pets and taking care of them.*
- *It is adjusting to a place they didn't grow up in and navigating in different languages.*
- *It is resilience of decades of getting by to make ends meet.*

### **Impact of the Older Americans Act (OAA) Nutrition Program and Farm Bill Programs to Address the Needs of Older Georgians**

Poverty and food insecurity are associated with lower purchases of food, low fruit and vegetable consumption, and lower diet quality (*Drewnowski & Specter, 2004*). The Older Americans Act Nutrition Program and the Farm Bill programs such as *SNAP, the Senior Farmers' Market Nutrition Program, and the Commodity Supplemental Food Program, also known as Senior Food Boxes*, play critical roles in addressing food insecurity for older adults. It is fitting that the Committee is recognizing 50 years of the Older Americans Act Nutrition Program which has been a critical support for our seniors.

Georgia has recognized the impact of these programs in helping to meet the needs of our nearly 30,000 meal recipient older adults. The State Unit on Aging has worked to leverage these programs to improve food security among our older adults by:

- Partnering with our aging services network and other state agencies to support access to Older Americans Act services and other key provisions of the Farm Bill.
- Assessing food insecurity among individuals receiving meals as a provision of the Older Americans Act to determine which older Georgians are most at risk and in need of nutrition services. Georgia has been doing this since 2012 (*Lee et al, 2011*).
- Linking research and aging services and policies has shown improved access to nutrition and aging services and strengthened their impact.
  - Georgia's Senior SNAP Initiative began in 2012 born out of the Georgia Food Stamp Workgroup (*Stakeholders in State Government and in Community*) to increase SNAP participation and raise the levels of nutrition among senior households. It also sought to improve efficiency and delivery of SNAP benefits to seniors as a demonstration project with a simplified SNAP application process.
  - Georgia successfully applied for and received approval to have a Standard Medical Expense Deduction in 2015 for the SNAP application process by mapping Georgia's state aging administrative data with CMS Medicare Data (*Lee, 2013*).
  - There was a protective impact of OAA Nutrition Program and SNAP on maintaining food security status among our division clients during the early pandemic period (*Lee et al, 2022*).

### **Key Observations in Our State's Work to Address Senior Hunger**

There are some key observations in our work in Georgia that have implications for the greater work happening across the nation to address senior hunger:



- Food insecurity and hunger among older adults is a multidimensional problem, and the solution should be a whole-person approach that includes all relevant programs, agencies, and stakeholders.
- The Georgia Senior Hunger State Plan uses exemplary approaches with focus areas, including *Today's Seniors*, *Health Impact of Senior Hunger*, *Food Access*, *Food Waste and Reclamation*, and *Meeting the Community's Needs* which broadens the diversity of stakeholders at the table.
- Interagency collaboration backed by adequate funding to identify eligibility for wrap-around services.
- Leveraging partnerships across government, university, private, and non-profit sectors is critical in assessing, implementing, and evaluating nutrition and aging programs, initiatives, and policies.
- The need is greater than the funding and resources of any one agency and thus the recommendation of creating an interagency council to focus on senior hunger from different state agency perspectives allows for information sharing and a pooling of resources.
- Some critical nutrition supports are outside the scope of OAA services (*i.e.*, *SNAP*, *Commodity Supplemental Food Program*, *Senior Farmers Market Nutrition Program*, *Housing*, *Transportation*, and *Healthcare*), and as such, they are not funded through the Older Americans Act. However, they remain critical in addressing food insecurity among older adults.
- Allowances for cross-agency referrals is critical to reducing the barriers older adults face when applying for services with similar documentation and eligibility requirements.
- Accounting for the cost of staffing and resources is essential to ensuring adequate funding to carry out critical aging services programs. Inclusion of administrative funding needs can support resource capacity of many programs.
- There is no national model of interagency collaboration in data sharing, service delivery, or program implementation for us to follow and leverage in state work. Therefore, the creation of our interagency council is a pioneering endeavor.

There are many promising practices in the recently published National Strategy to Address Hunger, Nutrition, and Health, which can guide states as they seek to better serve our older adults and improve healthy food access.

Thank you for the opportunity to speak before you today to share my experience in aging and nutrition and to share some of the successful work happening to address senior hunger in Georgia. I welcome any questions you may have for me.

**References**

Drewnowski A, Specter SE. (2004). Poverty and obesity: the role of energy density and energy costs. *Am Journal of Clinical Nutrition*, 79(1), 6-16.

Georgia Department of Human Services Division of Aging Services (2017). Georgia's Plan to Address Senior Hunger (<https://aging.georgia.gov/document/document/georgias-state-plan-address-senior-hunger/download>)

Horan, S. (March 2020). Where Retirees Are Moving-2020 Edition. SmartAsset analyzed data from the Census Bureau's 2018 1-year American Community Survey. Available from SmartAsset: <https://smartasset.com/financial-advisor/where-retirees-are-moving-2020>.

Lee JS, Johnson MA, Brown A, Nord M. (2011). Food security of older adults requesting Older Americans Act Nutrition Program in Georgia can be validly measured using a short form of the U.S. Household Food Security Survey Module. *J Nutr*. 2011 Jul;141(7):1362-8. doi: 10.3945/jn.111.139378. Epub 2011 May 11. PMID: 21562242.

Lee JS. (2013). Food insecurity and healthcare costs: Research strategies using local, state, and national data sources for older adults. *Adv Nutr*, 4(1), 42-50. Doi:10.3945/an.112.003194.

Lee JS, Bhargava V, Smith T, Walker TA. (2022). The effects of aging services and the supplemental nutrition assistance program on food insecurity among older Georgians: 2018–2020. *Applied Economic Perspectives and Policy*, 44(2): 635– 652.

United States Census Bureau. (2022). American Community Survey 5-year Estimates available at S0102: POPULATION 60 YEARS AND OVER.

Walker TA, Lee JS. (2020). Changes in key food purchasing practices of Supplemental Nutrition Assistance Program (SNAP)-eligible older adults following SNAP benefit receipt. *Trans Behav Med*. 2020 Dec 31;10(6):1286-1296. doi: 10.1093/tbm/ibaa029. PMID: 33421078.

**Tom Gilroy, ECCO Volunteer**  
**Written Testimony to the Senate Special Committee on Aging**  
**December 15, 2022**

Good morning to the Senate Committee on Aging, Chairman Casey, and Ranking Member Scott. I appreciate the opportunity to testify about my serving our community as a volunteer at East Cooper Community Outreach – better known in the community as ECCO. I am Tom Gilroy. I live in Mount Pleasant, South Carolina and my wife Marilyn and I volunteer in ECCO's Food Pantry each Thursday. I also serve on the Development Fundraising Committee.

ECCO was founded in 1989 by Monsignor James A. Carter, pastor of Christ Our King Catholic Church in Mount Pleasant, SC, in response to the devastation caused by Hurricane Hugo. The destruction caused by this category four hurricane exposed needs that many leaders in the community had not previously identified. Those needs included:

- Poverty
- Substandard housing
- Lack of access to health and dental care
- Hunger
- Threat of homelessness

The creation of ECCO answered this challenge to offer a permanent resource to provide hope and help to those in need.

Incorporated as a 501(c)3 organization in 1990, ECCO has fostered effective grassroots collaboration between neighbors in need of help and neighbors who have a passion to help the community around them.

While ECCO's beginnings quickly addressed housing damage, providing clothing, food and water, as well as providing financial assistance, ECCO has grown into a community-based organization that serves the whole person.

In the 2021-2022 fiscal year, over 2,000 families were served through ECCO's life-changing programs and services. At ECCO's main campus on 1145 Six Mile Road, and our satellite campus on 1111 Bowman Road, the organization provides the following services:

- Monthly food assistance
- Clothing closet
- Free medical & dental care
- Financial assistance for utilities, rent, mortgage and other short-term financial help for emergency situations
- Skill training like financial literacy and money management to help clients find stability and success.

**ECCO's Client profile**

- 78% female
- 57% are over 55 years of age – with 14% over 70 years of age
- 87 % are either divorced - separated – single or widowed
- Only 41% own their home
  - *The remaining clients rent, live with family/friends, heir's property, live in subsidized housing, or are homeless.*
- 57% rely on Medicaid or Medicare for their insurance
- 14% are disabled or live on social security
- 73% of ECCO clients live in Charleston County

ECCO serves men and women experiencing a wide array of challenges including financial distress. Our programs reach senior citizens, the disabled, unemployed or underemployed, veterans, families living in generational poverty, and those experiencing situational poverty.

We support those battling serious health conditions, fleeing domestic violence, or experiencing homelessness. All ECCO services are available to those who live or work East of the Cooper River in the 10 zip codes noted below, who are qualified by their income level.

Income qualifications are based on 250% of the Federal Poverty Guidelines. Last year, 2,852 local neighbors found help and hope at ECCO.

At this time, the average yearly household income of those ECCO is serving is \$15,094, while the median household income of the community is just over \$90,000. This is where ECCO's life-changing programs and services help to fill in the gap for struggling families.

Since 1989, food has always been ECCO's most requested and needed service. Our model and system allow clients to not only receive needed food, but choose specific food for their families. We believe the foods we eat are closely tied to our family and culture, and the Client-Choice food model makes that possible for the 500+ families we serve each month. In the Wellness Food Pantry, ECCO makes nutrition a priority. Twenty percent of the food that is distributed each month is fresh fruits and vegetables. Due to donations from the community, and retail partners like Costco, ECCO can also offer food to fit dietary needs like high blood pressure, diabetes, high cholesterol, gluten-free, and more. We firmly believe one's health is attached to the food they eat - and we make sure clients have the needed resources to make that possible.

Also, once a month ECCO hosts a free Farmer's Market to provide local families with enough fresh fruits and vegetables for the entire household and is open to anyone living in our community. This is made possible by food provided by the Lowcountry Food Bank and ECCO's USDA allotments.

**Our annual funding comes from:**

- 62% from individuals and local business contributions
- 26% From private foundations and business and corporate grants
- 6% from government funding
- USDA partnership provides ECCO 83,000 pounds of food

**At ECCO we have seen an increase in our utilization in the past year.**

- We serve an additional 50 families in our food pantry monthly – each family unit includes extended families in the household – average is 7 per household
  - However, food donations from our retail partners (Costco, Walmart, etc.) are down by 16%
- Distribution of clothing has increased by 43% over last year
- New medical & dental clients have also increased over the previous year by over 30%
- Financial assistance has increased by 9%

**Contributing factors to this increase are simple: most monthly checks don't go as far as they used to.**

Due to the rising cost of inflation which translates into **higher rents – groceries – clothing – and gas prices**. Our neighbors are turning to ECCO for help to help fill in the gap. This has significantly impacted our elderly and single family households.

The best part of volunteering is the people you meet and get to know as real folks. Such as – I will call her Ms. Harrison – a 72 year old who was in desperate need. She lives on a fixed income and although the pandemic was financially challenging, she remained healthy and made ends meet. Now she faces a new challenge after her 3 teenage grandchildren came to live with her, after being removed from their parents home. They now depend on her for care - for food, for clothing, for help. And inflation isn't making it any easier for her each day.

She told me she simply could not feed them or clothe them, if it was not for ECCO. And then she gave me a hug. Helping real people facing real problems really makes volunteering worthwhile.

The reason I volunteer is the joy we all receive from meeting neighbors and standing beside them in a difficult time in their life. Our slogan **neighbors helping neighbors** – sums it up for me.

I see ECCO as an organization that is committed to their mission and is well organized – ethical and managed well. Our volunteer team works together like a family that helps and supports each other.

Our plans for the coming year are to extend our reach into our more rural communities that have tremendous need and fewer resources for help. A staggering 30% of the clients we serve live in rural communities, and depend on ECCO to make ends meet. These communities are food deserts where food insecurity is more of a concern, without grocery stores nearby - neighbors are now relying on convenience stores and gas stations for their causing food supplies. In addition to these food deserts, transportation and distance create access issues. As part of our recent capital campaign, ECCO is planning on taking our services to these people, meeting their needs where they live and providing transportation for medical services.

ECCO continues to see needs arise, and every day they fight to find solutions. But it's only possible because of the support from our community. We can only help the community, with the support of the community.

**Elayne Masters**  
**Testimony before the U.S. Senate Special Committee on Aging**  
**“Setting the Table: Promoting Healthy and Affordable Food for Older Americans”**  
**December 15, 2022**

Chairman Casey, Ranking Member Scott, and Members of the Committee, thank you for inviting me to testify today and for hearing the stories of people like me as you work to address hunger and nutrition among the aging population. My name is Elayne Masters, and I am 65 years old. I was a self-employed writer/editor for twenty years and became a single mom when I divorced because of domestic violence. I live alone in Gibsonia, Pennsylvania on the outskirts of Pittsburgh. My significant other and I spend as much time together as possible. My son and his wife live two hours away, and my daughter is heading to New Mexico for graduate school. My disability isn't obvious, but I have PCS—persistent concussive symptoms—resulting from a brain injury. Direct care workers support me in living independently by letting me do what I safely can and helping when necessary. Because most people don't understand disabilities they can't see, I campaign for reform so others with invisible disabilities can access programs and services necessary to live healthier, fuller, and more independent lives.

In 2009, the industry I worked in changed, and I found myself struggling to meet my budget. When I reached out for help from a partner organization of the Greater Pittsburgh Community Food Bank, they directed me to their food pantry. Surviving as a single mom meant managing a tight budget, so when business was slow I attended the pantry to supplement the groceries I purchased. I appreciated the pantry's community garden that provided fresh fruits and vegetables during the growing season. As my business gained momentum, I aspired to break free from depending on social services. Yet, every time I tried to manage on my own, another hiccup would occur in my life, and I'd be back in the pantry line.

In February 2014 my mother became ill, and I spent the next two plus years providing care for her in hospitals and in my home. I gave her a better quality of life than she would have received otherwise, and I've never regretted giving up what I did. That said, caring for a family member can take a huge toll, and there is a significant need for additional supports for family caregivers. Even though I hired others to help, I was on call twenty-four/seven with no respite care. Late on a November evening in 2015, I was exhausted and took a nose dive down my basement stairs. I bounced off of each side wall and landed on the top of my head, sustaining a traumatic brain injury. Many of my symptoms lingered and caused a total and permanent disability, qualifying me for early Medicare, Medicaid, and the Medicaid home and community-based services waiver program. In addition, I have chronic Lyme disease and hypothyroidism. These conditions cause neuro-inflammation that results in brain fog, flooding, and fatigue. My brain stops processing information, and my sense of balance gets impaired. I get confused, start stuttering, repeat myself, and miss important information in a conversation. Fatigue can shut me down for hours or days.

During the two years between when I was concussed and when I was diagnosed with PCS and began therapy, I nearly lost everything. I was in desperate need for help but didn't know where to turn. Until then, I'd been the person to whom family and friends came to figure out how to manage difficult circumstances. Now I needed another

*me* to guide me in finding assistance, but I was on my own. I could barely read my mail let alone fill out applications or recall instructions. Through sheer determination and grace, I finally found the help I needed. This highlights the need for more comprehensive systems of support so folks know where to turn quickly when they are going through a traumatic time. The United Way has the right idea with their 211 line. Also, a team of case managers that would help people navigate the system could be the difference between survival or decline.

In the course of my journey, a few people and organizations changed the trajectory of my life. My first cognitive rehabilitation therapist (CRT) connected me with the Office of Vocational Rehabilitation (OVR), the Pennsylvania Head Injury Program (PHIP), and the home and community-based services (HCBS) waiver program. Through PHIP, my next CRT helped me reach out to the Area Agency on Aging (AAA) and Apprise. The AAA provided me with a large clock/calendar to help me remember tasks, replaced my water heater, and had mold removed from my basement. Their assistance was invaluable. A gentleman from Apprise went far above and beyond in helping me navigate my Medicaid spend-down and helped me make the shift to dual eligibility with Medicare and Medicaid. My CRT worked with me every step of the way as I transitioned from PHIP to the waiver program. I could never have managed any of this on my own.

Eating healthy foods is critical for me to maintain let alone improve my health and to support my independence. For example, eating more fruits and vegetables improved the numbers in my bloodwork and reduced my need for medication. I'm grateful for SNAP because I can choose my own foods. However, when I'm buying more vegetables and healthy proteins, I run out of benefits by the third week of the month. Thankfully, the food pantry continues to provide additional fresh and frozen meats, dairy, fruits, and vegetables.

I love to garden and grow vegetables in my backyard. Being able to buy the plants with SNAP is wonderful, but I wish I could shop at more locations, like local garden nurseries. I'd also love to be able to buy hot meals with SNAP when I don't have the stamina to cook. It seems silly that I can buy a *cold* roasted chicken that is dry when reheated instead of being able to bring home a hot, juicy chicken.

The Senior Farmers' Market Voucher is one of my favorite programs because the produce is usually locally grown, organic, and fresh. Most of the markets that accept the voucher are in Pittsburgh, so my direct care workers take me because I'm unable to drive in city traffic. It would be great if the voucher amount could be increased and they could be used toward home-delivered CSA produce boxes.

I used to receive the Senior Food Box once a month. Some of the food is helpful, but I wish there were fewer processed foods, a little more variety, and quantities more suited to a one-person household. For example, I can't possibly go through two large boxes of cereal each month. Also, the senior box itself is too heavy for me to carry.

Finally, home-delivered meals have been a "godsend," especially after my most recent hospitalization. While I was convalescing, I could grab one out of the freezer and have a quick meal. I'm encouraged to learn that the needs of older adults will receive more focus as new dietary guidelines are established so that more of us can benefit from the service. This echoes the commitment expressed at the White House Conference on Hunger, Nutrition, and Health (Pillar II) to "expand Medicare and Medicaid beneficiaries' access to 'food as medicine' interventions."

Not only do I have an invisible disability, but I'm also among a growing demographic: the invisible poor. Were I to walk into your office, you wouldn't know that the three-hundred dollar sweater I'm wearing cost four dollars at the thrift store and that I have enough to eat because of programs sponsored by the Older Americans Act or Farm Bill. Often people and organizations do not realize how desperately individuals in my position need assistance. And please don't assume that a person doesn't need help—whether it's filling out a SNAP application or meeting deadlines—based on outward appearances. Many federal nutrition programs have cumbersome application processes that can be difficult to navigate, and we would benefit from an extra hand or support.

Please consider a few other challenges for the aging population. Seniors who for a variety of reason do not qualify financially for services yet have unmet needs could benefit from OAA programs. After divorce or the death of a spouse, we are forced to make the difficult choice not to marry or live with a new partner because of the requirement to claim all household income when applying for benefits. Often the potential increase from a combined household income would disqualify a person from benefits yet would not make up for services lost. Pennsylvania certified elder-law attorney Tammy A. Weber notes in a Time magazine article that "more than 75% of her (married) clients" keep their finances separate even if they're married, so the party who was receiving services doesn't actually experience an increase in income but loses benefits none-the-less.<sup>1</sup> Yet according to the Office of the Assistant Secretary for Planning and Evaluation, "marriage is . . . associated with lower health care costs among older adults".<sup>2</sup> Perhaps you could revisit these qualifications and take into account these and other factors that affect older Americans.

All of the programs I've mentioned provide invaluable benefits to older Americans. I believe that the key to improving them is to offer more flexibility, more access to healthy foods, and more efforts to reduce barriers to access, like transportation, delivery options, and easier/simplified applications.

Thank you for the opportunity to share my story and for the work you do to help older adults like me access healthy and affordable food.

1. (<https://time.com/6099079/older-couples-great-relationships/>)

2. (<https://time.com/6099079/older-couples-great-relationships/>)



---

---

**Questions for the Record**

---

---



U.S. Senate Special Committee on Aging  
“Setting the Table: Promoting Healthy and Affordable Food for Older Americans”  
December 15, 2022  
Questions for the Record  
Dr. Temitope Walker

Senator Reverend Raphael Warnock

In 2020, communities in Georgia and across the nation witnessed the painful images of long lines at food banks as the COVID-19 pandemic sent food insecurity rates soaring. From food banks to local grocery stores, America’s network of affordable and accessible food was severely strained. The past two years have revealed to us significant gaps and inequalities in our programs that aim to expand access to affordable food, particularly for older Americans. I believe Congress must do more to address hunger in our communities.

Dr. Walker, I am grateful for your participation in this committee hearing, especially as a fellow Georgian. In your testimony you share numerous accomplishments in our great state to ensure that the 2 million seniors in Georgia have access to healthy and affordable food. I am grateful for your work to reduce hunger, and I’m glad to hear that food insecurity has steadily declined over the past few years.

Funding for programs under the Older Americans Act (OAA) is critical, which is why I proudly urged Senate appropriators to provide strong funding for the OAA’s Nutrition Program, Meals on Wheels, and other nutrition programs for seniors. In Georgia alone, 2.1 million people have access to this program.

---

Thank you, Senator Warnock, for the opportunity to address these questions with the assistance of my colleagues within the Georgia Department of Human Services with who I work to help further the mission of Stronger Families for a Stronger Georgia. I am sharing responses that include internal data and results of published work with external partners as well. Please see the responses below to the questions.

**Question:**

Why is funding for these programs so important to seniors in Georgia?

**Response:**

Utilization of OAA services is critical in providing access to nutrition programs and helping to support access to long-term care services and stemming early nursing home placement and

identifying resources to address increasing health care costs. As a result of a series of congressional COVID-19 relief packages, funding for the OAA Nutrition Program increased by 83% to \$1.66 billion for fiscal year 2020, which was further increased to \$1.87 billion in 2021 (Colello, Kirsten J., and Angela Napili. 2021. “Older Americans Act: Overview and Funding.” Congressional Research Service).

COVID-19 relief legislation increased the OAA Nutrition Programs funding by over 80% in 2020: an additional \$80 million for congregate meals (often given at senior centers) and \$640 million for home-delivered meals (many are familiar with one of the largest deliverers of this service, Meals on Wheels). In the most current round of COVID-19 relief legislation, distributed in 2021, additional congregate meals funding was nearly quadrupled to \$300 million, while additional funding for home delivered meals remained steady at \$618 million as referenced in Lee et al, 2022. (<https://onlinelibrary.wiley.com/doi/full/10.1002/aepp.13230#aepp13230-fig-0001>).

The increase in OAA funding during the COVID-19 pandemic appeared to show a protective effect against food insecurity based on the findings of our coordinated work with researchers from the University of Georgia in Athens, GA shown in our published work in the journal *Applied Economic Perspectives and Policy* in 2022. Using administrative data from Georgia covering January 2018–August 2020, we estimated the effect of services provided through the OAA and SNAP on food insecurity among older Georgians. Our sample included those who received services prior to and during the coronavirus disease 2019 (COVID-19) pandemic. For the entire sample period, we found home-delivered meals and other OAA services reduced food insecurity by 3% and 4%, respectively. During COVID-19, the effect of SNAP on reducing food insecurity significantly increased from 2.1% to 4.7%, while the loss of “traditional” congregate meals services increased food insecurity by 7%.

Lee, Jung Sun, Bhargava, Vibha, Smith, Travis A., and Walker, Temitope Aiyejorun. 2022. “The effects of aging services and the supplemental nutrition assistance program on food insecurity among older Georgians: 2018–2020.” *Applied Economic Perspectives and Policy* 44(2): 635–652. <https://doi.org/10.1002/aepp.13230>.

**Question:**

In what ways are these programs failing to meet the needs of Georgia seniors?

**Response:**

Your question speaks to a larger concern of mine and many others in aging services about what seniors know about what services are available to them. As a person who works within Georgia’s State Unit on Aging, I am keenly aware of what services are offered through the Older Americans Act (OAA) but that is not common knowledge. Through the aging provider network, we have been able to engage approximately 30,000 clients across the state to offer meal services, but we recognize that in reaching our most vulnerable seniors, that their needs go beyond the services we offer. Our seniors have the expectation of getting access to critical supports like transportation, housing, and healthcare through one source but that not the system we exist in.

Our services are reaching the most vulnerable but there is a need to support intentionality in interagency collaboration to connect seniors to services up to receipt of those services that fall outside of OAA services. And the reality is that we cannot do that with OAA service funding alone which is why partnership building is a critical part of our success.

A critical service of the Older Americans Act is the inclusion of the Aging and Disability Resource Connection (ADRC) which is a one-stop shop or “no wrong door” entry point staffed with counselors who help older adults and adults with disabilities navigate life changes and find resources to assist them with living a more self-sufficient life. Most of these services are provided through the statewide network of Area Agencies on Aging (AAAs). We are looking forward to continuing to introduce next level engagements where we’re able to link them to services as we currently do but be positioned to connect seniors to other services even outside of our division as federal agencies work to create those interagency connections to support greater access to supportive services and programs.

Here are the concerns shared in the annual reports of our regional senior hunger coalitions as it relates to challenges in addressing senior hunger:

- Staffing shortages (paid and volunteers) in the aging provider network have affected service delivery.
- Seniors need more housing options and access to support services that mirror some of the services that are offered in traditional senior centers such as evidence-based programs and congregate meals.
- Seniors may not have access or limited access to broadband and smart phones to leverage resources offered via these technologies.
- Seniors have varying access to transportation and in some cases live in food deserts.
- Seniors are not fully informed about what resources are available to them for various reasons.
- Seniors are more inclined to engage with and utilize services that are offered to them versus relying on Seniors to inquire and ask for assistance to obtain services.
- The farmers that help to give produce to our seniors need help in offsetting the cost of seed, diesel, fertilizer, and water which all impact food prices.
- Groceries stores continue to close in rural areas.

**Question:**

What resources or support should Congress provide to assist them?

**Response:**

As a state employee, I cannot advocate for services or funding, but I will say that seniors have benefited from the services and programs offered by the Older Americans Act as well as the Farm Bill. It is our continual desire within the aging services network to be well positioned to deliver the resources and services that are funded by Congress for the benefit of our seniors across the state and nation.

Based on the sampling of the responses shared in our annual report from our twelve regional

senior hunger coalitions in Georgia, there is a critical need to support interagency collaboration. The factors that impact risk of hunger for our seniors go well beyond a meal. There are service needs outside of what is offered through the Older Americans Act such as housing, transportation, healthcare access, and consistent access to food resources such as SNAP benefits. The Federal government provides the guidance for policies we implement, and we look to this guidance to help leverage partnerships across agencies that support our ability to better serve our seniors.

**Question:**

How are Georgia's Area Agencies on Aging working in public-private partnerships to provide nutrition services to our state's seniors?

**Response:**

All twelve of Georgia's Area Agencies on Aging provide services through public/private partnerships with health care providers, health care insurers, housing providers, grocers, and restaurants among others. Through these collaborations funding for farmers markets, produce from community gardens, mobile access to groceries, and expanded access to congregate meal sites, etc. have been possible.

There is an interest in better leveraging of public-private partnerships to address senior hunger and I am excited to see the commitments of the private sector to support the initiatives of the White House's Hunger, Nutrition, and Health Strategy that includes supporting Older Americans Act Services and Farm Bill programs and services.

**Question:**

Agriculture is a large industry in Georgia and is a significant contributor to the state economy. Can you elaborate on how you are working with this vital industry to help combat food insecurity?

**Response:**

In the current federal fiscal year for 2023, Georgia applied for and was awarded for the first time the USDA Farm to Food Bank grant (<https://www.fns.usda.gov/tefap/farm-to-food-bank-project-grants>) and are working in coordination with the Georgia Department of Agriculture to pass through funds to Feeding Georgia to support additional food assistance by reimbursing for allowable expenses in logistics and harvesting of agricultural products. The total grant award of federal funds is \$163,093.

In addition, Georgia law (O.C.G.A. 2-17-1 et seq.) designates the Georgia Department of Agriculture to operate the Georgia Grown Farm to Food Bank Program to combat agricultural waste and address fresh produce shortages and appropriated \$800,000 in state funds in HB911 (2022 Session) in line 678

(<https://www.legis.ga.gov/api/document/docs/default-source/senate-budget-office-document-library/appropriations/2023/fy-2023-hb-911-cc-bill-final.pdf>) to serve as the required state match to the federal program, in addition to additional state funding support to serve additional Georgians.

**Question:**

As you know, Georgia is one of the states that chose not to extend pandemic SNAP benefits. What has been the effect of this decision on Georgia's seniors? Has it had any effect on with their ability to access healthy and affordable food?

**Response:**

Georgia provided emergency allotments to households participating in the supplemental nutrition program under the Food and Nutrition Act of 2008 after requesting FNS approval in accordance with federal law found in Section 2302 of the Families First Coronavirus Response Act (Public Law 116-127), Georgia's Pandemic SNAP (P-SNAP) benefits expired after the transition month of May 2022 following the end of our state declaration of public health emergency in April 2022, as no additional COVID-19 waivers issued to Georgia were permitted to provide increased allotments under Federal law. (<https://www.congress.gov/116/plaws/publ127/PLAW-116publ127.pdf> Sec. 2302 and FNS guidance <https://www.fns.usda.gov/snap/covid-19-emergency-allotments-guidance>).

Georgia welcomes additional opportunities to provide increased nutrition benefits to our seniors. In that quest, Georgia is currently awaiting approvals of our submission for an updated and renewed Senior SNAP our Elderly Simplified Application Project (ESAP) offered since 2012, that we hope will provide additional support of our seniors to increase their access and availability of SNAP benefits.

As previously shared in press releases (<https://dfcs.georgia.gov/press-releases/2022-05-02/expiration-enhanced-p-snap-benefits>) the expiration of P-SNAP benefits equated to a minimum of \$95 to each SNAP household's monthly benefits. Based on our analysis of March 2022 customers, we had 137,962 cases with a client in the age group of 65 and over, where their average monthly benefit with P-SNAP was \$193 when the average monthly regular issuance was \$110. Furthermore, the number of Senior SNAP recipients that experienced a decrease in benefits from May 2022 to June 2022 in alignment with the timeline for the expiration of PSNAP emergency allotments of 101,026.

We recognize that there would at some point be a change in benefits for our seniors whenever the emergency allotments expired and that is why we are proud to have been working long before the pandemic to meet the needs of our seniors. We have supported the work of our state plan to address senior hunger since its implementation in December 2017 and have worked to support nutrition education, community and private partnerships, and the leveraging of supportive services for our seniors beyond SNAP.

The ability to access healthy and affordable food is affected by a complex mix of issues across the food system and includes household, community, region, state, and federal factors. However, we are working across agencies, with our public, university, and private partners to coordinate efforts to address issues of access.



---

---

**Statements for the Record**

---

---



## defeat **malnutrition** today

December 16, 2022

### **Statement for the Record: Setting the Table: Promoting Healthy and Affordable Food for Older Americans**

The 120+ organization Defeat Malnutrition Today Coalition commends Chairman Casey and Ranking Member Tim Scott for convening the hearing Setting the Table: Promoting Healthy and Affordable Food for Older Americans. At a time when one in two older adults either are malnourished or at risk of malnutrition, it is vital we work more to promote healthier food options and above all make them affordable and accessible.

Mr. Chairman, our Coalition was grateful to you and Senator Murray for having the GAO release its report in 2019 “Agencies Could Do More to Help Address the Nutritional Needs of Older Adults.” We hope its main recommendations can be more fully implemented in the year ahead, particularly that HHS develop a plan to include nutrition guidelines for older adults in the 2025 Dietary Guidelines for Americans and that HHS and USDA improve oversight of meal programs and provide additional information to meal providers to help them meet older adult nutritional needs.

We appreciate that this hearing will address some of these issues. We see the potential that your bill, the Senior Nutrition Task Force Act, which establishes an interagency task force to identify tools to combat hunger and malnutrition among older adults and adults with disabilities, can lead to a coordinated plan to improve food quality in federally funded nutrition programs.

A primary cause of malnutrition among older adults is the failure to consume adequate nutrients in the food they eat. That should not be the case when consuming food provided by federal programs. The federal government should lead the way in providing high quality, nutrient dense foods in all its nutrition programs.

As discussed in the hearing, barriers to healthy food access can be addressed when we partner with local organizations (e.g., Area Agencies on Aging, Community Based Organizations, Senior Centers) to reach seniors to educate them and assist them in taking part in federal nutrition programs. Malnutrition screening is already a part of the Older Americans Act nutrition programs, but

when a core problem such as malnutrition continues to negatively impact our population, especially our older adults, it is time to expand. We believe that federal nutrition programs should recognize the varied nutrition needs of the populations served and include medically tailored meals in programs and prescriptions for groceries and produce.

We commend the focus of this hearing, thank you.



**Statement for the Record**

**Submitted to the Special Committee on Aging**

**United States Senate**

**Hearing on**

**“Setting the Table: Promoting Healthy and Affordable Food for Older Americans”**

**December 15, 2022**

**Submitted by  
Meals on Wheels America  
1550 Crystal Drive, Suite 1004  
Arlington, VA 22202  
571-339-1622  
[www.mealsonwheelsamerica.org](http://www.mealsonwheelsamerica.org)**

Dear Chairman Casey, Ranking Member Scott, and Members of the Committee:

On behalf of Meals on Wheels America, the national network of community-based senior nutrition programs, and the individuals they serve, thank you for holding this timely and important hearing, “Setting the Table: Promoting Healthy and Affordable Food for Older Americans.” We are not only grateful for your leadership and commitment to addressing the needs of our nation’s older adults, but that you dedicated the final hearing of 2022 to nutrition security.

Meals on Wheels America is the national leadership organization representing nutrition programs committed to addressing senior hunger and isolation in virtually every community across the country. With the support of committed volunteers and staff members, local Meals on Wheels programs deliver nutritious meals in group and/or drive thru settings, as well as in individual homes, where they also provide friendly visits and social interaction, safety checks, and connections to other health and wellness services to older Americans in need.

These trusted, person-centered services, made possible through the federal funding and support authorized by the Older Americans Act (OAA), are designed to specifically meet the nutritional and social needs of high-risk, underserved seniors. While Meals on Wheels programs have been on the front lines for decades, combating the harmful effects of hunger, social isolation and loneliness among these older adults, never have their efforts been more essential than throughout the COVID-19 pandemic where they became daily lifelines for millions.

As recognized at the hearing, March of 2022 marked the 50<sup>th</sup> anniversary of the OAA Nutrition Program. As a network of providers, stakeholders, and partners, we celebrated the five decades of success and impact of community-based nutrition programs that are welcomed into the lives and homes of our nation’s seniors with every meal delivery. This year, the White House also convened a Conference on Hunger, Nutrition, and Health – the first of its kind in over 50 years – and our network helped advocate for, shape, and participate in this historic event. The powerful, comprehensive federal effort and corresponding National Strategy that was launched in tandem, with a bold goal of ending hunger and addressing diet related diseases by 2030, highlighted the urgency of solving these challenges, including for older Americans. Specifically, the National Strategy recognized the need for significantly more funding for services that address food insecurity, malnutrition and socialization, emphasized the critical role of federal nutrition programs in improving the health of all Americans, outlined both broad and specific actions for the federal government to take and issued calls to action for partners across all sectors.

The Committee hearing you led, along with the diversity of experiences and perspectives of the expert witnesses, helped build upon these vital issues and existing solutions. It is apparent as ever that there is still critical work to be done and great opportunity to comprehensively promote healthy and affordable food for older Americans. Again, we appreciate you holding this hearing, as well as the opportunity to submit this written testimony for the record. We will focus our statement on the senior nutrition network’s specific experience with providing food and nutrition support to older adults in their homes and communities, the challenges that exist in reaching more in need, and the actions Congress can take to make a meaningful difference in the lives of millions.

## FOOD, NUTITION AND HEALTHY AGING

Nutrition is an essential part of overall quality of life and to healthy aging. Access to healthy, affordable food and better nutrition are associated with improved health, lower risk of non-communicable diseases and longevity.

Age-related biological and physiological changes 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.<sup>1</sup> 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.

The reality of senior hunger today is sobering, and there are millions of older adults who need our help, but who we are not reaching today. In 2020, during the pandemic, over 9 million (12%) 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.<sup>2</sup> It has also been estimated that nearly half of all older adults may be at risk of becoming or is already malnourished.<sup>3</sup> For the millions of seniors who experience some degree of food insecurity, they are often forced to make difficult choices between eating properly or paying for utilities, rent and/or medication.<sup>4</sup> For others, hunger can result from an inability to shop for and/or safely cook or prepare meals, due to mobility or transportation challenges and proximity to grocery stores, among others barriers.

In addition, senior loneliness and isolation both carry significant risks of harm to the physical and mental health of older adults, especially the 18 million of whom live alone.<sup>5</sup> Before the pandemic, approximately one in three seniors felt lonely, and social isolation among older

<sup>1</sup> 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, [www.feedingamerica.org/research/senior-hunger-research/senior](http://www.feedingamerica.org/research/senior-hunger-research/senior)

<sup>2</sup> 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](https://www.census.gov/data/datasets/time-series/demo/cps/cps-supp_cps-repwgt/cps-food-security.html)

<sup>3</sup> 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, <https://pubmed.ncbi.nlm.nih.gov/20863332/>

<sup>4</sup> Ziliak and Gunderson, 2022, *The State of Senior Hunger in America in 2020*, report prepared for Feeding America, [www.feedingamerica.org/research/senior-hunger-research/senior](http://www.feedingamerica.org/research/senior-hunger-research/senior)

<sup>5</sup> U.S. Census Bureau, 2019, *American Community Survey (ACS)*, available from the Administration for Community Living's (ACL) AGing, Independence, and Disability Program Data Portal (AGID) Custom Tables, available at <https://agid.acl.gov/>

adults is associated with an extra \$6.7 billion in Medicare costs alone – similar expenditures to those with high blood pressure or arthritis.<sup>6,7</sup>

As greater awareness of the negative health effects of food insecurity and social isolation 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 are further compounded if one has physical limitations, transportation constraints, 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 barriers at disproportionately higher rates. Older adults who are racial or ethnic minorities; lesbian, gay, 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 a lack of sufficient 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 proven, cost-effective programs and interventions. This includes the OAA Nutrition Program and other federal safety net programs that allow individuals and families to live more safely, healthy and independently in their own homes and communities.

#### **THE CRITICAL ROLE OF FEDERAL NUTRITION PROGRAMS**

As demonstrated through witness testimony and responses at the hearing, there are already simple and impactful solutions to expanding healthy and affordable food to older adults: the OAA administered through the Administration for Community Living (ACL), as well as other successful nutrition assistance programs overseen by the U.S. Department of Agriculture (USDA).

As noted above, the OAA has improved the social and nutritional needs of older adults, saved lives, and provided peace of mind to family members and caregivers for over 50 years. This network has the experience and expertise to meet the unique needs of seniors and has leveraged public and private resources to create the infrastructure and cost-effective interventions that exist today. Congregate and home-delivered meals, two components of the essential services offered through the OAA, are targeted to adults 60 years of age and older in the greatest social and economic need. These include 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 not only reduce

<sup>6</sup> Oscar and Thayer, 2018, *Loneliness and Social Connections: A National Survey of Adults 45 and Older*, estimate calculated by Meals on Wheels America from special data file request from the AARP Research report, <https://www.aarp.org/research/topics/ife/info-2018/loneliness-social-connections.html>

<sup>7</sup> Flowers et al., 2017, *Medicare Spends More on Socially Isolated Older Adults*, AARP Public Policy Institute report, <https://www.aarp.org/ppi/info-2017/medicare-spends-more-on-socially-isolated-older-adults.html>



hunger, food insecurity and malnutrition, but to also address loneliness and isolation by promoting socialization for older adults as well as their overall health and well-being.

Older adults – including the 2.8 million receiving OAA congregate or home-delivered meals – also rely on several critical USDA nutrition assistance programs. The Supplemental Nutrition Assistance Program (SNAP), the Senior Farmers Market Nutrition Program (SFMNP), and the Commodity Supplemental Food Program (CSFP) are targeted programs that make healthy and affordable food more accessible for older adults. Recognizing that seniors may need the support from more than a single program or social service, many local Meals on Wheels programs provide a range of services that help connect and enroll seniors into additional programs from which they can benefit (e.g., SNAP, where less than half of the 10 million+ eligible seniors are receiving benefits).<sup>8</sup>

As the largest federal nutrition program, SNAP also contributes to the health and independence of seniors, a particularly important factor for the nearly 4 million elderly participants who live alone. Among older adults, SNAP participation has been associated with improved medication adherence, as well as decreased rates of hospitalization and institutionalization, which in turn saves significantly in terms of reduced healthcare costs.<sup>9, 10, 11</sup> Not only does SNAP provide seniors and their families the means for reliable and consistent nutrient intake, which has a direct effect on health status of participants, but the receipt of their monthly benefits also helps alleviate the burden of choosing between purchasing groceries or being able to afford rent, medication, heat and other monthly expenses.

As highlighted throughout much of the expert witnesses' testimonies, each federal nutrition program that exists to support seniors serves a purposeful and complementary role to the others. Increasing overall investments in these proven programs and the benefit levels, where applicable, are vital and time-sensitive steps needed to address the nutritional needs of older Americans and to end hunger and reduce diet related diseases by 2030.

#### **MORE THAN A MEAL™**

Rooted in its origins and over the past five decades, senior nutrition service providers 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

<sup>8</sup> United States Department of Agriculture (USDA), 2021, *Trends in Supplemental Nutrition Assistance Program Participation Rates: Fiscal Year 2016 to Fiscal Year 2019*, study and report by Mathematica, <https://www.fns.usda.gov/snap/trends-participation-rates-fy-2016-2019>

<sup>9</sup> Srinivasan & Pooler, "Cost-Related Medication Nonadherence for Older Adults Participating in SNAP, 2013-2015," *American Journal of Public Health* 108(2), 2018, <https://www.ncbi.nlm.nih.gov/pubmed/29267062>

<sup>10</sup> Samuel et al., 2018, "Does the Supplemental Nutrition Assistance Program Affect Hospital Utilization Among Older Adults? The Case of Maryland," *Population Health Management* 21(2), <https://www.ncbi.nlm.nih.gov/pubmed/28683219>

<sup>11</sup> Szanton et al., 2017, "Food assistance is associated with decreased nursing home admissions for Maryland's dually eligible older adults," *BMC Geriatrics* 17(1), <https://www.ncbi.nlm.nih.gov/pubmed/28738897>

Wheels or another community-based program provides. That is why the value of these services extends far beyond just the meal and the physical nourishment the food provides.

As the Committee knows well, the impact of these services on individuals' lives is powerful, and older adults who receive them have better health as a result. In addition to the firsthand accounts and testimony shared at the hearing, the 2019 National Survey of OAA Participants indicates:

- 8 out of 10 home-delivered meal participants say the meals help improve their health
- 8 out of 10 home-delivered meal participants say the meals help them eat healthier foods
- 9 out of 10 home-delivered meal participants say the meals help them stay in their own home
- Nearly 9 out of 10 home-delivered meal participants say the services help them feel more secure
- 8 out of 10 home-delivered meal participants say the services help them live independently

For congregate meal participants, 70.8% say the meals help them eat healthier foods, and the majority also report that participating in the program helps them feel more secure and allows them to stay in their own home.<sup>12</sup>

Additional research found that older adults receiving home-delivered meals experienced statistically significant improvements in health than their counterparts who did not receive services. A study group of individuals 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.<sup>13</sup> As is, medical costs associated with senior falls is about \$50 billion annually, costs associated with malnutrition exceeds \$51 billion annually.<sup>14,15</sup> Specifically, by being invited into the home, Meals on Wheels staff and volunteers offer impactful social connection and nutritional support that helps avoid preventable emergency room visits, hospital admissions and readmissions, extended stays in rehabilitation programs and premature institutionalization – ultimately reducing our nation's health care costs

As discussed during the hearing, human connection is an integral component of the Meals on Wheels delivery model and, as such, senior nutrition programs help increase social connections and reduce loneliness through consistent and meaningful interactions. For many Meals on Wheels participants, staff and volunteers may be the only individual(s) she or he sees

<sup>12</sup> ACL, 2019, *National Survey of OAA Participants*, available on ACL's AGID Custom Tables, available at <https://agid.acl.gov/>

<sup>13</sup> Thomas & Dosa, 2015, *More Than a Meal Pilot Research Study*, report prepared for Meals on Wheels America, available at [www.mealsonwheelsamerica.org/learn-more/research/more-than-a-meal/pilot-research-study](http://www.mealsonwheelsamerica.org/learn-more/research/more-than-a-meal/pilot-research-study)

<sup>14</sup> Thomas, K. S., Parikh, R. B., Zullo, A. R., & Dosa, D. (2018). Home-Delivered Meals and Risk of Self-Reported Falls: Results From a Randomized Trial. *Journal of Applied Gerontology*, 37(1), 41–57. <https://doi.org/10.1177/0733464816675421>

<sup>15</sup> Snider, J. T., Linthicum, M. T., Wu, Y., LaVallee, C., Lakdawalla, D. N., Hegazi, R., & Matarese, L. (2014). Economic Burden of Community-Based Disease-Associated Malnutrition in the United States. *Journal of Parenteral and Enteral Nutrition*, 38(2\_suppl), 77S-85S. <https://doi.org/10.1177/0148607114550000>

that day, providing critical occasions for socialization – which is imperative to older adults’ mental and behavioral health.

Additionally, many Meals on Wheels programs partner with entities such as food banks and pantries to further support older adults’ nutrition needs by providing CSFP Senior Food Boxes and helping to enroll them in SNAP and SFMNP. As the trajectory of our current aging services and healthcare systems move toward more person-centered models of care delivery, community-based organizations have the know-how and ability to support the health and social determinants of older adults and other vulnerable and/or underserved populations.

#### **STATE OF THE SENIOR NUTRITION NETWORK**

Meals on Wheels and congregate nutrition providers continue to be vital to our nation’s older adults and their access to healthy and affordable food. Accordingly, they have been highly sought out for the trusted nutrition and social connections they provide. Despite the incredible emergency response from the senior nutrition network and funding provided by Congress to quickly scale services during the height of the pandemic, challenges remain in addressing the elevated and sustained demand. A survey of Meals on Wheels America membership in November 2022 found that four out of five local programs (79%) are still delivering meals to more clients than before March 2020.<sup>16</sup> At the same time, we know that four out of five low income, food insecure older adults do not receive meals that they are eligible for and can benefit from receiving.<sup>17</sup> The gap between those struggling with hunger and those receiving nutritious meals through the OAA and other key federal programs will widen in states across the country, if not adequately resourced.

As is, federal funding for aging services was not keeping pace with increasing demand, rising costs and inflation for years prior to the pandemic and now programs are continuing to deliver life-saving services at unceasing high rates with ongoing and emerging challenges and uncertainties. Three out of four local programs (77%) have seen the all-in cost of a home-delivered meal increase in 2022. At this time, nearly all local Meals on Wheels programs (98%) reported one or more challenges to meeting the need in the community, such as funding to pay for meals, recruiting and retaining enough volunteers and staff, food prices, gas prices and supply chain issues. The majority (88%) have had to take – or anticipate taking – action due to insufficient funding, such as using organizational funds to subsidize clients who are not funded and unable to pay, tapping into reserves and/or adding seniors to a waiting list.<sup>18</sup>

In addition to these widespread cost increases, we have heard countless times from programs across the country who are facing similar barriers and concerns what these funding shortfalls mean for their programs and the older adults they serve. A few programs in different states recently shared the following regarding funding and their programs:

<sup>16</sup> Meals on Wheels America, November 2022, *Fall Member Pulse Survey*, report pending publication.

<sup>17</sup> U.S. Census Bureau, 2020, *Current Population Survey (CPS) December Food Security Supplement*, Meals on Wheels America dataset available at [https://www.census.gov/data/datasets/time-series/demo/cps/cps-supp\\_cps-repwgt/cps-food-security.html](https://www.census.gov/data/datasets/time-series/demo/cps/cps-supp_cps-repwgt/cps-food-security.html)

<sup>18</sup> See footnote 16

- *“Congress needs to increase funding because costs are spiraling, and we will have to serve fewer people with inadequate funding. We estimate we will serve **100,000+ fewer meals** due to inflation compared to a year ago.”—Meals on Wheels Orange County, CA*
- *“The pandemic has resulted in significant expense increases, including adding staff in the kitchen, successive years of annual increases in the minimum wage, which impacts kitchen staff and drivers as well as rising food, mileage and supply costs. **How are we going to fund our programs when we return to the “normal” funding streams, without emergency funds?**”—Meals on Wheels Berkshire County, MA*
- *“We have been able to avoid a waiting list **but if funding does not increase soon, we will have to implement that waiting list sooner rather than later.**”—Combined Community Action, Inc., TX*

Meals on Wheels providers have tirelessly demonstrated their ability to pivot their operations and continue to offer seniors critical support that goes well beyond the meal itself. However, in far too many communities, the resources to support these programs in meeting the need are simply not enough.

## RECOMMENDATIONS

Thanks to the support and action of Congress throughout the pandemic, the senior nutrition programs were able to scale up to meet the increased demand and need for home-delivered and other safe meal options. Emergency funding was necessary to address the significant needs presented by the pandemic; however, many programs are still faced with growing demand due to an aging population that is increasingly threatened by hunger, along with staggeringly high costs of food and other resources needed to operate.

The following recommendations aim to provide community-based senior nutrition programs with the resources they need to not only maintain operations, and also enable them to expand their capacity, further innovate, and form impactful partnerships with other sectors – such as healthcare – to meet the growing and changing needs of our nation’s diverse older adult population. These recommendations complement those put forth by expert witnesses at the hearing and would directly support older adults. As they are implemented, we urge focus on equity and anti-discrimination policies to ensure that anti-hunger and nutrition programs support older individuals of underserved communities. Specifically, we recommend the following:

1. **Properly fund community-based organizations supporting the health and wellbeing of older adults and increase benefit levels for existing federal programs that alleviate hunger and address nutrition security. This includes the OAA Nutrition Program, SNAP, CSFP, SFMNP, the Emergency Assistance Food Program (TEFAP), and federal block grants – the Social Services Block Grant (SSBG), the Community Services Block Grant (CSBG) and the Community Development Block Grant (CDBG).**
  - We support doubling funding for the OAA Nutrition Program and providing supplemental resources beyond annual appropriations for culturally necessary and

appropriate meals, medically tailored meals, fresh produce and locally sourced food options, which noted during the hearing are often more expensive.

**2. Establish home-delivered meals to be a fully reimbursable benefit through fee-for-service Medicare, Medicare Advantage and Medicaid.**

- We support funding and implementation of pilots in Medicare and Medicaid programs such as *H.R. 5370, the Medically Tailored Home Delivered Meals Demonstration Act of 2021* that would establish new Medicare pilot programs to provide nutritious, medically tailored meals directly to older adults in their homes and address the connection between diet and chronic disease.
- In addition, any federal medically tailored meals pilot or program should be inclusive of nutrition services provided by the OAA network, which has the experience and expertise of serving older adults and would help achieve the maximum number of eligible participants and equitably serve communities nationwide.

**3. Eliminate administrative barriers and ensure flexible senior nutrition service delivery models are allowed to continue.**

- We support the continuation of OAA nutrition-related flexibilities and funding transfer authority allowable under the COVID-19 Public Health Emergency. This authority supported effective nutrition interventions, such as Grab & Go and drive thru meals, and provided administrative relief for programs to scale-up or down services to reflect environmental conditions (e.g., rates of illness in a community, natural disasters, and supply chain challenges) and the needs of individual clients. These provisions have received considerable recognition and are overwhelmingly supported by local nutrition programs.

**4. Prioritize legislation addressing hunger and nutrition for older adults and people with disabilities, including efforts to foster better federal intra-agency collaboration.**

- We support implementation of bills like S.5096, the *Senior Nutrition Task Force Act of 2022* and S.5095, the *Tools for Ensuring Access to Meals Act* would establish and advance important steps in bringing together diverse agencies and stakeholders to strengthen federal nutrition programs and reduce food insecurity among older adults.

## CONCLUSION

Thank you again for convening this important hearing and for the Committee's work publishing the special report and state fact sheets to recognize the 50 years of service provided by the OAA Nutrition Program. We appreciate this opportunity to share our unique perspectives and experience on the pressing issue of access to healthy and affordable food and the importance of nutrition services like Meals on Wheels for millions of our nation's older adults. We would like to extend special appreciation to Chairman Casey, Ranking Member Scott and their staff for their leadership and commitment to bipartisan work that will benefit the health, nutrition, safety and economic security of seniors. We hope the insights shared in this statement are helpful to the Committee as it works to advance policies that support the nutrition and food security of older Americans in the 118<sup>th</sup> Congress. We look forward to future opportunities to work together to ensure that no senior is left behind, hungry and isolated, and that all seniors live nourished lives with independence and dignity.



**National Association of Nutrition and Aging Services Programs**  
 1612 K Street, NW Suite 200 - Washington, DC 20006  
 (202) 682-6899 - [www.nanasp.org](http://www.nanasp.org)

December 17, 2022

**Statement for the Hearing Record: “Setting the Table: Promoting Healthy and Affordable Food for Older Americans”**

The National Association of Nutrition and Aging Services Programs (NANASP) applauds Chairman Casey and Ranking Member Scott for convening this important hearing, “Setting the Table: Promoting Healthy and Affordable Food for Older Americans.”

This hearing comes at the end of a very important year for older adult nutrition interests. As the hearing notes, this is the fiftieth anniversary of the Older Americans Act nutrition program which has proven to be one of the most successful federal programs in history. It is also the year of the 2022 White House Conference on Hunger, Nutrition and Health, and we especially commend Sen. Braun for his leadership in calling for this conference.

This hearing sets the stage for 2023, another important year for older adult nutrition interests. Next year, we expect to see some of the important national strategy announced by the Biden Administration for the White House Conference begin to be implemented. We hope that can actually start this year with increased funding for the Older Americans Act nutrition program and here we salute Chairman Casey for his leadership. This program enhanced its already-established value during the pandemic. Despite the program having to go through its biggest conversion in history, becoming almost an entirely home delivered meal program in the early stages of the pandemic, it maintained its commitment to serving older adults. That in turn contributed to the health and well-being of those older adults. Yet, increased demand and the impact of inflation mandates that the program receive at least \$1.93 billion in federal fiscal year 2023 as called for by NANASP and Meals on Wheels America.

The focus of the hearing is the exact correct one. It is about making food healthier while also more affordable. In fact, we hope this can be a catalyst in the long overdue need to rearrange our food pricing policies. Having cheap and bad food be affordable and good food be unaffordable is a recipe for poor nutrition which can and does result in malnutrition. Today one in two older adults either are or are at risk of malnutrition.

The federal government should be leading the way in only providing healthy food with taxpayer dollars. To Chairman Casey’s credit, he and Sen. Patty Murray in 2019 commissioned a Government Accountability Office report which concluded that existing federal nutrition programs for older adults were not in fact providing foods to meet the varied nutritional needs

of older adults. The report also pointed out that the next set of Dietary Guidelines is to be focused on older adult nutritional needs, but that work is slow in starting. We also hope that your bipartisan bill we endorsed, the Senior Nutrition Task Force Act, which would establish an interagency task force to identify tools to combat hunger and malnutrition among older adults and adults with disabilities, will lead to a coordinated plan to improve food quality in federally funded nutrition programs.

This hearing is also a good forerunner to the expected consideration of the Farm Bill in 2023. Today, domestic nutrition programs comprise 80 percent of the Farm Bill. Many of them need updating and modernization. All of these programs need a new commitment to better quality food that is affordable to older adults.

NANASP looks forward to working with the Committee in 2023, a year when we will show in concrete terms how good nutrition is important to good health and how poor nutrition is a threat to good health.