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Testimony before the U.S. Senate Special Committee on Aging

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

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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.¹ Yet according to the Office of the Assistant Secretary for Planning and Evaluation, "marriage is . . . associated with lower health care costs among older adults".² 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./](https://time.com/6099079/older-couples-great-relationships/))

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