

Comments for the 2022 White House Conference on Hunger, Nutrition, and Health

7-15-22

Organization: USAging and Defeat Malnutrition Today (DMT)

Venue: In person Convening held July 12, 2022

Participants: 100+ aging network-researchers, Area Agencies on Aging, lived experience, leaders in the aging field

Panelists: Sandy Markwood, CEO, USAging

Ramsey Alwin, CEO, National Council on Aging

Larry Curley, CEO, the National Indian Council on Aging

Tim Conroy, National VP, Government and Healthcare Partnerships, Mom's Meals

Discussion Focus and overall themes:

addresses the unique nutritional needs of older adults. Sometimes the solution is not to add, it is to strengthen current programs and connect them to those in need

“we don’t need to build something, referrals to us work and people should use us” Linda Miller

The answer isn’t always more funding, open up requirements to allow more flexibility and more access

Why This is Important: The 2022 White House Conference on Hunger, Nutrition, and Health identified: “We’re especially interested in actions that will help eliminate disparities and support the diverse range of individuals and communities that are impacted by hunger and diet-related diseases, including communities of color, rural communities, people with disabilities, **older adults**, LGBTQI+ people, military families, and military veterans.”

Background:

In today's society Americans are living longer. Between 1969 and 2019, life expectancy for the total population in the United States increased by almost 10 years to [78.8](#) years in 2019. Those aged 65+ now represent 16% of the population, more than [one in every seven](#) Americans. With improvements in health and mortality over the past 40 years or so, the older adult population is getting older too. Today the "oldest old" population or those aged 85+ (6.6 million) is more than 6 times larger than in 1969 ([1.3 million](#)). We also have larger numbers of older adults who are divorced or never married, without children, and living outside of families. In 2020, more than 22 million older adults lived alone (about 27%), one in six had no children, and [1.5 million lived](#) in nursing homes.

Challenges in the years to come

Today's older adults are [living longer, but not necessarily healthier lives](#). Older adults are the fastest growing segment of the population, and they also have the [greatest prevalence of chronic conditions](#). The number of Americans aged 65+ is projected to nearly double from 52 million in 2018 to 95 million by 2060, and the 65+ age group's share of the total population will rise to 23%.

Of those aged 65+, 62% had more than one chronic condition in 2016. Although the risk of developing chronic conditions increases with age, research has shown that poor nutrition is a contributor and a healthy diet can help prevent, delay, or assist in managing many chronic conditions. The oldest old (85+) are more frail, with 85% having at least one chronic condition and almost [50% needing assistance](#) with daily activities of living. An increased percent of the population aged 65+ in the years to come means an increased percent in the number of Americans living with chronic diseases and disabilities—unless policies and programs are developed now to better support healthy aging.

The older adult population of the future will also be more racially and ethnically diverse. Between 2018 and 2060 the share of the older population that is non-Hispanic white is projected to drop [from 77% to 55%](#). Without policies and programs put in place to help reduce health disparities, the increasingly diverse population of older adults in the future will continue to be challenged by increased rates of chronic disease.

Nutrition needs change with each stage in life and are influenced by health and ability too. The nutrition needs of older adults in their 60s are different from those who are in their 90s and different still from those who have multiple chronic conditions or disabilities.

2022 White House Conference on Hunger, Nutrition, and Health: Pillars and Questions

The USAging/ DMT Convening focused on 2 pillars.

Pillar 1. Food Access and Affordability: End hunger for all,

Pillar 2. Integrate nutrition and health: Prioritize the role of nutrition and food security in overall health

Notes from the panelist:

"The topics of the White House conference are fundamental to the work we do in the aging network" -Sandy Markwood, CEO

"We have a unique responsibility to share the lived experiences of older adults and capture practical solutions" -Tim Conroy, VP

"Indian country is an intergenerational community. Maybe we should rethink programs like SNAP and add that piece....Public law allows tribes to consolidate programs, why not take that model and apply it to nutrition programs" -Larry Curley

"If an Indian entered a Nathan Hot Dog contest-he would win because of all the hunger back at the reservation." -Larry Curley, CEO

These topics are Fundamental to the work we do
Certain groups experience hunger and

Senior centers are great spots for physical activity, but rural lack access

Address ability for all to age well

Tim

We have a unique responsibility to share the lived experiences of older adults and capture practical solutions

Promote collaboration at the local level

Arp and cares funding, it led to innovation. How do we maintain. Empowering states to take a leadership role on how to address hunger in their state. (Federal funding)

State examples of collaboration

-identify efficiencies in current funding for food insecurity (I.e. Medicare/Medicaid/aging network)

Modernize policies and pathways towards hunger solution. Waiver programs aren't super flexible or thorough on SDOH

Consistent language across federal agencies

Pathway to sustainable funding. What's going to replace ARPA and CARES.

15 opportunities to get services, but older adults might only know about 2

Mandate person centered nutrition you're addressing cultural diversity, health equity, a dignity issue

CA and NY-Medicare for medically tailored meals, programs need a path to reimbursement to start it, in Lieu of service?

Iowa Georgia Michigan

State level down, targeting communities in need

Dhs hunger coalition

Dhs maternal health

Collaboration -all of us working together, challenging each other to maintain our message of addressing unique needs of

If an Indian entered a Nathan Hot Dog contest-he would win because of all the hunger back at the reservation.

There's 574 Indian tribes. We're still here

5300 older Indians. Increased significantly from 2010 census.

2010 census 5.2 million to 9.7 million. Comparing with other racial groups, 51% of Indians marry outside their race. So we're a very loving group.

Study 13 rez in Washington. Only 22% of the convenience stores on the rez had healthy food, and it's more expensive than super markwts

Indian country is an intergenerational community. We have fought so hard to have our own programs for older adults that focus on that

it took 15 years for that to be included and lost 15 years of wisdom.

Their traditions and history are important

Maybe we should rethink programs like SNAP and add the intergenerational piece....Public law 102477 dept of interior allows tribes to consolidate programs, why not take that model and apply it to nutrition programs and call it the family tribal nutrition act

From the audience:

Restaurant partners, especially in rural areas are really popular...there's a waitlist in Iowa. More funding/marketing to reduce stigma

Crow nation-go to the BIPOC communities and see how these groups have been solving it forever. Make this led by people who experience it

Farm to senior program-funding not enough, its effective, popular, and seniors...this was expanded under ARPA. Tie this to the ERS cost savings. Increase F&V to \$90 because that's what the thrifty basket says you need to spend to eat enough fruits and vegetables -It's a first come first serve because it's sooo popular

Innovation: Farm to table at select AAA.

- look at waste in grocery stores
- subsidize famers to grow F&V
- bring federal agencies together: housing, SNAP, etc so they can coordinate a response to the SDOH behind hunger
- Make RD available to all, -Medicare advantage-MNT for all members, no referral needed
- Give people money who need it
- SNAP easier application. "it's a ridiculous application to fill out, only to receive \$15 a month..Dare I say when you turn 60 you automatically receive SNAP"
- There is a RD requirement in the OAA nutrition program, but they haven't increased the reimbursement. How are we supposed to retain professionals if we don't pay them?

"Can we link interest in marketing to enrollment. When someone interacts with our SNAP marketing, we automatically link them to a CBO who calls them to enroll

Cultural:

- "Dignity of choice"
- not enough diverse healthy food "mass produced, scalable food isn't dignified" and people think this is all they deserve, a charity. Or they just don't sign up for MOWA
- example of dignity of choice-mobile pantry for homebound seniors. Treated as humans, not living EBT cards

Culturally relevant foods, innovation should not just be meal boxes and education, example is food sovereignty program (NCOA) we need to have innovation buying THINGS. Example we bought a plow and water vat-this is sustainable, allows tribe to use old practices and plow will be used for 30 years

From email:

Idea: Require our HRSA Workforce Development Grants such as Geriatric Workforce Enhancement Program to include training as delineated in the NOFO on prioritizing the role of nutrition and food security in overall health, including disease prevention and management of older adults.

I am guessing that physicians and other healthcare providers from American College of Lifestyle Medicine and Physician' Committee on Responsible Medicine are included in making statements. These organizations are full of researchers who are also healthcare providers who believe in the pillars of lifestyle medicine which include nutrition and exercise.

There are a ton of meta-analyses and systematic review on the impact of nutrition and exercise on chronic disease. Reach to Michael Gregor or Dean Ornish or Dexter Shurney or Robert Friedlander for presentations.

Also, each and every National College/American Association on for _____ (Ex. American College of Cardiologists) include in their clinical guidelines the importance of nutrition as one of the first treatment strategies.

If you need any other additional information, please do not hastate to reach back. Thank you so much, Pam Yankeelov

Pamela A. Yankeelov, Ph.D.

She/her/hers

Director of Research

UofL Trager Institute

Republic Bank Foundation Optimal Aging Clinic

Here is my suggestion—

True up the standards. All of them. Starting with the federal poverty line. So that the numbers are based on current costs This will make more people eligible for programs

Then correct the utility and housing standards. Remove the caps and use actual data.

Lastly correct the food cost standards used to create allotments of food stamp benefits. I don't remember these allotments ever being "trued" up for current costs of healthy foods.

I believe changing the standards will result in correcting a lot of the issues.

Thank you for your time

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Mary Jo Fletchall

Benefits Counselor

Young at Heart Resources

Based on the DMT Convening, the following responses to the 2022 White House Conference on Hunger, Nutrition, and Health Questions are provided.

1. How has hunger or diet-related disease impacted you, your family, or your community?

2. What specific actions should the U.S. Federal government, including the Executive Branch and Congress, take to achieve each pillar? What are the opportunities and barriers to achieving the actions? Actions should include specific policy and/or programmatic ideas and changes as well as funding needs.

Recommended US Federal Government Actions

3. What specific actions should local, state, territory and Tribal governments; private companies; nonprofit and community groups; and others take to achieve each pillar?

Recommended Action for Private Companies, Nonprofit Community Groups

4. What are opportunities for public- and private-sector partners to work together to achieve each pillar?

Recommended Action for Public-Private Partnership

5. What are innovative, successful activities already happening at the local, state, territory, and Tribal levels that could inform actions at the Federal level?