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DefeatMalnutrition.Today**

**Subcommittee on Labor, Health and Human Services, and Education, and Related  
Agencies**

**Department of Health and Human Services**

Chairman Blunt, Ranking Member Murray;

I thank you for the opportunity to offer testimony in support of the Department of Health and Human Services' proposed increase of \$13.8 million for Older Americans Act Title III(C) senior nutrition programs within the Administration for Community Living. This testimony is on behalf of DefeatMalnutrition.Today, a coalition of 36 community, healthy aging, nutrition, advocacy, health care professional, faith-based, and private sector stakeholders and organizations who share the goals of achieving the recognition of malnutrition as a key indicator and vital sign of adult health and working to achieve a greater focus on malnutrition screening and intervention through regulatory and/or legislative change across the nation's health care system.

Older Americans Act congregate and home-delivered meals programs are provided in every state and congressional district in this nation. Approximately 2.4 million seniors in 2014 received these services.

In FY 2016, Older Americans Act Title III(C) programs received appropriations in the amount of \$835 million. Though we are thankful that this represents an increase from FY 2015, unfortunately, this does not keep pace with the rising cost of food, inflation, and the growing numbers of older adults. In fact, the number of older adults receiving meals is shrinking even as the need grows.

The additional \$13.8 million in funding for congregate and home-delivered meals will help to counteract inflation and provide more than 1.3 million additional meals. This does not keep up with the growing demand for services, but it would at least prevent further reductions in services.

Studies have found that 50 percent of all persons age 85 and over need help with instrumental activities of daily living, including obtaining and preparing food. Older Americans Act nutrition programs address these concerns. These meal recipients are thus able to remain independent in their homes and communities and are not forced into hospitals or nursing homes due to an inability to maintain a proper diet.

Investing in these programs is cost-effective because many common chronic conditions such as hypertension, heart disease, diabetes, and osteoporosis can be effectively prevented and treated with proper nutrition. The Academy of Nutrition and Dietetics estimates that 87 percent of older adults have or are at risk of hypertension, high cholesterol, diabetes, or some combination of all of these. These seniors need healthy, nutritious meals that may be medically tailored for various

conditions, access to lifestyle programs, and nutrition education and counseling to avoid serious medical care.

Older adults who are not receiving proper meals can also become malnourished and undernourished. This makes it harder for them to recover from surgery and disease, makes it more difficult for their wounds to heal, increases their risk for infections and falls, and decreases their strength that they need to take care of themselves. Malnourished older adults are more likely to have poor health outcomes and to be readmitted to the hospital—their health costs can be 300 percent greater than those who are not malnourished on entry to the health care system.

Keeping older adults well-nourished is essential to keeping them in the community—and studies have consistently found that the highest rates of malnutrition in older adults are found in those who live in care settings as opposed to community-based settings. A Kaiser study found 38 percent prevalence of malnutrition among older adults in their communities, as compared to 91 percent in rehabilitation facilities, 86 percent in hospitals, and 67 percent among those in nursing homes. While direct cause and effect has not entirely been established, it also seems that older adults in the community who are well-nourished are less likely to need to move to these care settings in the first place. We would also note that there is a great need here for tools for providers and practitioners to support the discovery and reduction of senior malnutrition, whether older adults are in care settings or not—38 percent is still an extremely high number of malnourished community-dwelling older adults, considering that fewer than five percent of older adults live in nursing homes.

Access to Older Americans Act meals is essential to keeping these older adults out of costly nursing facilities and hospitals. On average, a senior can be fed for a year for about \$1,300. (And, on average, only 37% of this funding comes from the federal government; the rest of the funding for Older Americans Act meals comes from local, state and private sources, making this nutrition program a true public-private partnership.) The cost of feeding a senior for a year is approximately the same as the cost of one day's stay in a hospital or less than the cost of 10 days in a nursing home. The cost savings to Medicare and Medicaid that this creates cannot be over-emphasized. One study estimates that for every dollar invested in the Older Americans Act nutrition programs, Medicaid saves \$50.

Further, these services are designed to target those in the “greatest social and economic need,” according to the Older Americans Act. According to ACL’s studies, approximately two-thirds of home-delivered meal recipients have annual incomes of \$20,000 or less. Sixty-two percent of these recipients report that these meals represent at least half their food intake each day. And yet, the Government Accountability Office found that only about nine percent of low-income older adults are even receiving meal services. For a small investment, more at-risk older adults could receive nutritious meals.

For over forty years, the Older Americans Act nutrition programs have been serving older adults who are frail, isolated, and in great need of assistance. With more than 10,000 seniors turning 65 every day, now is the time to provide an even greater investment in these proven and cost-effective programs.

Thank you for your past and future support.