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Older Americans Act Reauthorization – Nutrition Stakeholders Meeting
Senate Health, Education, Labor & Pensions Committee
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On behalf of NCOA, I greatly appreciate the opportunity to talk with you today about Older Americans Act (OAA) reauthorization and nutrition services.

NCOA (www.NCOA.org) is a nonprofit service and advocacy organization headquartered in Washington, DC. NCOA's mission is to improve the lives of millions of older adults, especially those who are vulnerable and disadvantaged. NCOA is a national voice for older Americans and the community organizations that serve them. We bring together nonprofit organizations, businesses, and government to develop creative solutions that improve the lives of all older adults. NCOA works with thousands of organizations across the country to help seniors find jobs and benefits, improve their health, live independently, and remain active in their communities.

With the population of older individuals expected to grow exponentially in the coming years, the Aging Services Network (ASN) faces incredible challenges associated with the influx of older individuals into OAA programs. During this Congress, the OAA should be strengthened through reauthorization, which provides an important opportunity to modernize and improve services by supporting efficiencies and innovations, reassessing the Act's successes and limitations, and addressing its ability to effectively serve older Americans in need.

NCOA supports the nutrition recommendations agreed upon by the Leadership Council of Aging Organizations (LCAO), including:

- Improve data collection, particularly measures of unmet need, such as waiting lists;
- Look and provide support for best practices. In our view, this should include a focus on evidence-based programs that delay the onset of adverse health conditions;
- Encourage and provide incentives for nutrition programs to offer participants full access to fresh fruits and vegetables; and

- Where appropriate and financially feasible, offer meal options based on cultural, ethnic, and religious preferences.

With regard to the first recommendation concerning data collection, it is important to make this information publicly available, and to recall the testimony before the Senate HELP Primary Health and Aging Subcommittee by the Government Accountability Office which stated:

> "[D]ata – such as on need and unmet need for services – could help agencies better target limited resources and more efficiently serve their target populations but agencies often do not have this information…AoA does not provide standardized definitions or measurement procedures for need and unmet need that all states are required to use….[N]o agencies that we spoke with fully estimate the number of older adults with need and unmet need in their service area. Such information could help providers to make informed decisions about serving those most in need as the number of older adults increases and resource constraints are likely to continue." [Page 10]

With regard to transfers between congregate and home-delivered meals programs, NCOA supports the LCAO recommendation to: "Enhance current flexibility in the allocation of Senior Nutrition Program funding in local communities while preserving the integrity of the separate congregate and home-delivered meal programs." NCOA strongly believes that the programs should remain separate. A primary concern is that collapsing the programs risks significant reductions in funding for congregate programs. This would be a highly undesirable outcome.

Congregate sites take people out of isolated settings where they often suffer from loneliness and depression due to lack of interaction. These sites provide opportunities for seniors to build relationships and participate in educational, health promotion, disease prevention, and other supportive activities and programs. Senior centers have been serving congregate meals for over 50 years and provide access points to linking seniors to a broad range of community-based services. We should not reduce incentives for seniors to get out of their homes. They should be encouraged to go to settings where they can remain socially and physically active, stay engaged in their communities, and access services to help keep them healthy and independent.

In the reauthorization debate over ten years ago, one problematic issue that delayed progress and caused controversy was cost sharing. A balanced compromise was reached to permit cost sharing for certain programs, but continue the successful process for voluntary contributions within the nutrition programs. We strongly support maintaining the current process, which provides for local

flexibility, and hope that this issue does not need to be debated once again. Cost sharing for nutrition programs would, in our view, create a serious risk of significantly reducing access to essential nutrition programs for those in greatest need. Any consideration given to broadening cost sharing should be deferred pending thorough evaluation of the impact this would have on underserved and low income seniors.

It is estimated that over 90% of seniors have one or more nutrition-related chronic condition, such as heart disease, diabetes, or high blood pressure. Improving the ability of programs to respond to the nutritional needs of older adults with chronic conditions should reduce the significant health costs incurred in treating this population.

We are also interested in exploring ways for AoA's National Nutrition Resource Center to better enable a research translation component to lead research into evidence-based practice. This might be done, for example, through collaborations with healthy aging and nutrition researchers, such as the CDC's Healthy and Aging Research Network and USDA's Human Nutrition Research Center on Aging, which is affiliated with Tufts University School of Nutrition Science and Policy.

Nutrition education is vital to enabling people to make their own decisions and understand the role of diet in their overall health condition. Currently, the nutrition program consists of a basic nutrition status screening and brief nutrition education handouts. We are interested in exploring ways that the program can incorporate more comprehensive interactive nutrition assessment and counseling.

In our view, it would also be worthwhile to explore and discuss specific ways in which the Act might better recognize the critical role of transportation in the provision of nutrition services.

A final question that we believe merits some discussion is whether some recognition could be given to programs that serve a disproportionate number of low-income seniors. For example, consideration might be given to providing greater state flexibility to enhance resources for particular geographic regions based on a measure of need.

Thank you again for this opportunity to share our views. We look forward to working with you and other members of the committee on important nutrition and other issues of concern to vulnerable older Americans.