

STATEMENT FOR THE RECORD
SUBMITTED TO THE
NATIONAL COMMISSION ON HUNGER
PUBLIC HEARING
REGARDING ELDER NUTRITION
BY
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Good morning. My name is Rich Livingston and I am the State President for AARP Maine, representing 230,000 Mainers 50 and over. AARP is a nonprofit, nonpartisan organization, with a membership of nearly 38 million, that helps people turn their goals and dreams into real possibilities, strengthens communities and fights for the issues that matter most to families such as healthcare, employment and income security, retirement planning, affordable utilities and protection from financial abuse. We appreciate this opportunity to offer comments on the needs of older Mainers, including those facing nutritional risk and food insecurity aggravated by advancing age. As you know, older adults have unique health, economic and nutritional needs.

Today nearly six million older Americans experience hunger and this number will only increase as the aging population grows. Between 2006 and 2008, the percentage of poor and near-poor elderly struggling with hunger or lacking sufficient nutrition and food resources more than doubled – from 4.7 percent to 10.1 percent. It is projected that by 2025, this number will reach 12.6 million Americans over 50, or 14.9 percent of this population. Based on recent studies, more than 5 million, or 11.4 percent, of all seniors experienced some form of food insecurity in the mid-2000s, and the number is increasing.

Maine is the oldest state in the nation, and has the highest rate of very low food security among seniors in the country. Maine seniors are disproportionately impacted by limited access to adequate nutrition, and are the “hidden hungry” in our communities. The sharpest increase in food insecurity is among older Mainers who are experiencing any of the following; younger than 70, income just above the poverty line, living alone, have a disability, are divorced, unemployed, have grandchildren living in the home.

It is estimated by the US Department of Agriculture and the National Foundation to End Senior Hunger that between 8 and 14 percent of Maine seniors are food insecure. Feeding America predicts a 50 percent increase in the number of seniors facing hunger in Maine by 2025.

Older Mainers rely on the Supplemental Nutrition Assistance Program (SNAP), Commodity Supplemental Food Program (CSFP), Meals on Wheels and the emergency system of local food pantries to put food on the table. Many simply go without.

- The number of Maine seniors who rely on SNAP increased statewide by 32 percent in the past five years. Maine seniors now account for 12 percent of all SNAP recipients, yet 70 percent of older Mainers are eligible for and unenrolled in the program.
- 2,902 Maine seniors receive food from the CSFP statewide, which provides 30 pounds of basic food each month. An additional 1,200 are on a waiting list.
- The Area Agencies on Aging provide the Meals on Wheels program, delivering 528,907 meals to 5,047 Mainers over 60. In the spring a waiting list started for the second time in the program's history due to unexpected federal cuts. Additional state cuts were rejected by the legislature.
- Last year, the state's largest food bank provided 21 million pounds of food to food pantries in all 16 counties. The Senior Food Mobile visits low-income senior housing developments and other sites to deliver nutritious foods and provide on-site cooking demonstrations and recipes. Seniors also play a critical role in the distribution of food at local food pantries. Many- if not most- pantries statewide are run by older volunteers, and many volunteers are also recipients. The aging volunteer leadership of pantries

increases the fragility of the emergency food system in Maine, and may deter other older Mainers from accessing the pantry system due to the presence of their peers as pantry providers.

A unique grassroots solution to senior hunger in Maine is Friends of Aroostook (FOA). In one of the most rural and impoverished counties in the state, a generous philanthropist named Dale Flewelling has helped 200,000 pounds of fresh produce go from farm to seniors' tables. Local farmers donate or inexpensively lease acreage to Flewelling. He, along with a dedicated team of volunteers and staff, grows and harvests fruits and vegetables to donate to local pantries and Meals on Wheels. Friends of Aroostook is an incredible example of public-private partnership in a challenging area to provide services with very high need. A local farming equipment and supply company matches FOA's purchases dollar for dollar, and supplied a new greenhouse when the current structure was at capacity. The local sheriff's department and the Maine Department of Corrections provide meaningful community service for carefully screened, minimum security inmates to work on the farm. AARP Maine's support of this initiative cumulated in an award-winning documentary short, which in turn increases awareness of this creative solution to hunger in Maine.

Older Mainers are unable to access available programs due to a number of reasons. We are the most rural state in the region, and many older Mainers lack reliable transportation. Funding cuts at the state and federal levels for programs including SNAP, CFSP, LIHEAP and Meals on Wheels create lower program capacities, waiting lists and confusion. Eligibility for some programs are based on age and exclude those below 60, and others are based on income and

exclude those just above income limits but still in need of support. Programs such as SNAP have public, private and political negative connotations, and although SNAP is no longer a paper voucher system at the grocery store check-out, older Mainers remember this antiquated system and are therefore discouraged from applying even if they are eligible. Maine's multi-benefit online portal to apply for SNAP is a challenge for those without reliable internet access, technology, or technological literacy. Finally, there is a pervasive philosophical objection among older Mainers that prevent them from asking for or accepting assistance. Hence the "hidden hungry." We know that many older Mainers struggling with food insecurity hide their struggle from their community, their neighbors, and especially their children and family.

The financial insecurity of older Mainers directly contributes to food insecurity. Our housing stock is old, expensive to heat and renovate, and rents in this city in particular (Portland) is among the steepest increasing markets in the country. Health care costs are high, and lack of Medicaid expansion leaves Mainers who are below the poverty line and between 50 and 64 without health insurance options. The retirement income of older Mainers is often inadequate to meet all financial needs including food. We are ranked 40th in the country for average retirement savings. Fewer than half of Maine workers have an employer-provided retirement savings option and those not saving at work have an average of \$3,000 saved for retirement. Maine's average annual retirement income is \$12,000. One in three Maine seniors relies entirely on Social Security, a monthly income of \$1,100. Given this context of financial insecurity and an aging demographic, the dimensions of the senior hunger problem are clearly growing as solutions appear to evade the grasp of our policy reality.

AARP is most concerned that programs, authorities and partnerships that have already proven effective in meeting the needs of vulnerable older Americans be maintained and strengthened.

The senior nutrition program is the largest of the Older Americans Act (OAA) services, with more than 40% of the federal appropriation. As related to combating senior food insecurity and nutritional risk, AARP believes that better coordination of existing OAA nutrition programs with other federal, state and local programs holds great promise and merits the support of the Commission, the Administration and Congress.

I. Reinforcing Capacity for Delivery of Home and Community-Based Nutrition Services

Helping people to grow older in their communities with independence and dignity is a key part of AARP's mission. All too often, advancing age and increasing frailty threaten the ability of older persons to remain healthy, nutritionally secure and independent in their own homes. The fear of having to enter a nursing home due to vulnerabilities aggravated by nutritional risks and other aging-related circumstances weigh heavily on the minds of many older persons and their families.

AARP is open to potential new initiatives that complement existing caregiver and service programs with innovative and effective approaches to expanding nutrition program access through the existing and evolving network of home and community-based nutrition services. Newly adopted nutrition initiatives, however, often require additional funds be provided through the annual Older Americans Act (OAA) appropriations process. AARP urges that no OAA nutrition or other core services activities be sacrificed to pay for new programs. This would

require real commitment and creativity given federal budget constraints. In the past, OAA has not traditionally received significant new increases in funding.

Over the past two decades, states have made great strides in improving the nutrition options for nutritionally at-risk older persons, especially for those who want to remain in their own homes and communities for as long as possible. However, the great recession reduced funding availability and forced reductions or elimination of nutrition services in many instances for older Americans. Advocates in states across the country and here in Maine worked to preserve access to vital nutrition services for older adults in these tough economic times and to prevent or minimize the potential harmful impacts that cuts in services or benefits could have on these individuals. Successful state delivery strategies that AARP could support may include:

- better coordination of federal and state nutrition program funding (e.g., state-only funded programs, USDA nutrition programs, and public-private nutrition initiatives) with the existing network of OAA nutrition programs and other OAA home and community-based services;
- streamlining administrative operations that will permit designation of central points of coordination for nutrition services for seniors; and
- adopting nutrition assessment and eligibility management practices that allow targeting of resources to the persons most in need, especially those traditionally underserved. Aging and Disability Resource Centers (ADRCs) might be a source of help in providing individuals and their families with one-stop nutrition information and other assistance to enhance coordination of the range of home and community services.

AARP also believes, however, that it is preferable to retain the current separation between the assessment of eligibility and the actual provision of nutrition services, so that the agency that conducts eligibility assessments does not have a financial interest in the type and amount of services authorized. Any potential and actual conflicts of interest by agencies authorizing or providing services should be avoided to ensure that older adults receive the services they need. The use of existing authorities under the OAA could also be explored to enhance nutrition and other community-based services under the Older Americans Act. Some examples could be the use of volunteers, support for innovative and proven intergenerational programs, and partnerships with National and State Title V Grantees to increase opportunities for Senior Community Service Employment Program enrollees to participate in the delivery of nutrition services.

The aging network should consider where it can add real value and provide assistance to older adults at nutritional risk or experiencing food insecurity by leveraging partnerships and exploring new opportunities to coordinate with federal, state, local or public-private programs and initiatives, especially if there is evidence-based data to support such efforts.

II. Targeting of OAA Nutrition Services

Administration of the programs and services provided under the OAA is more critical in these days of austere budgets than ever before. It is important to direct resources to areas that achieve the most impact while aiming to meet the goals of the Act. Toward this end, the AARP supports uniform data collection procedures and definitions that permit evaluation of program effectiveness, especially regarding gaps in service to rural, frail, low income and minority older

persons. This is critical for addressing those elders who are food insecure and nutritionally at risk.

Years of studies show pockets of under-service to certain older populations by the programs of the Act. The Administration on Aging (AoA) has improved its ability to collect participant data in recent years. However, there are not adequate measures of the unmet need for services.

Broadening the rigor and scope of data collection for Title III nutrition programs could help demonstrate their impact on special populations and should be pursued. Toward that end, AARP continues to be concerned about the potentially harmful effect of mandatory cost sharing because of its undetermined impact on food insecure and nutritionally at-risk elders in target communities.

For many years, AARP has advocated targeting OAA services to persons with the greatest social and economic need and, in particular, to low-income, older minorities. AARP continues to strongly support retention of the targeting provisions of the Act. The flexible nature of the OAA programs is one of its strengths because it helps to garner broad public and political support.

However, historically there have been problems in achieving adequate service delivery to older minority individuals. It is critical that new participation data collected by AoA be disseminated, so that the adequacy of current nutrition service delivery to rural and older minorities can be evaluated. By tracking results, it is possible to ensure that more funding goes to those programs that achieve the best results with the targeted populations. Better tracking would also enhance ability to assess delivery of nutrition services to other underserved target populations, such as rural elders, and enable more effective allocation of OAA nutrition dollars.

Conclusion

AARP thanks the Commission for holding this important hearing in Maine and for acknowledging the concerns of older Americans. AARP welcomes every opportunity to work with the Commission and others to preserve essential programs and services. We believe our approach will more effectively help coordinate federal resources through core OAA programs and initiatives that permit state and local flexibility while meeting the needs of an expanding aging America that must live on a fixed budget for the foreseeable future.