INSIDE THIS EDITION

VOLUME I • 2012

SENIORITY — Perspectives On Nutrition, Healthcare, and Wellness

SENIORITY

Perspectives on Nutrition. Healthcare. Wellness.

Volume I, 2012

Published by the Meals On Wheels Research Foundation

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MEALS ON WHEELS
Research Foundation

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THE MEALS ON WHEELS RESEARCH FOUNDATION

Formed in 1995, the Meals On Wheels Research Foundation (MOWRF) is the only research entity of its kind focused exclusively on the areas of senior hunger and senior nutrition in the United States. MOWRF seeks to support the Meals On Wheels Association of America's (MOWAA) vision of ending senior hunger by 2020 through the sponsorship and promotion of research that increases understanding and awareness of the issue. Ending senior hunger is within our reach.

RESEARCH INITIATIVES

The Meals On Wheels Research Foundation is currently focused on two key research initiatives.

SENIOR HUNGER IN AMERICA: AN ANNUAL REPORT

The Senior Hunger in America: An Annual Report will be the definitive research by which to measure, examine and evaluate the trends related to senior hunger from year to year. It will be an annual report to the nation on the state of Senior Hunger in America. The report will examine trends and outcomes of a changing demographic with findings disaggregated by ethnicity, gender, region and other variables, and it will identify those states where the problem is most acute. Senior Hunger in America will bring national attention and awareness to the progress we are making, or failing to make, as a nation, to end senior hunger. The specific information it provides will equip local Meals On Wheels programs and national policymakers alike with information to better address this critical problem.

SENIORITY — PERSPECTIVES ON NUTRITION, HEALTHCARE, AND WELLNESS

Seniority is a journal that offers unique and critical perspectives on nutrition, healthcare, and wellness issues affecting individuals 60 and older. *Seniority* aims to fill a significant gap in practical, evidence-based insights related to these issues. The publication seeks to bridge the gap between theory and practice and be a definitive resource to a diverse audience interested in these topics.

INVESTMENT OPPORTUNITIES

Funding to support the Meals On Wheels Research Foundation and its initiatives is an investment. It is a social investment with returns that includes supporting the development of a body of knowledge that is critical to building a sustainable solution to ending senior hunger. Simply put, your investment will enable seniors in need – our teachers, our farmers, our veterans, our neighbors, our friends, those who helped build this country – to live out their lives with improved health, independence and dignity.

There are many ways that you can invest, from supporting research activities on a topic of interest to supporting one of our research initiatives as a whole. We would welcome the opportunity to work with you to develop an investment and engagement opportunity that is right for you.

FOREWORD

Enid A. Borden

This volume of *Seniority – Perspectives on Nutrition, Healthcare, and Wellness* is the first issue of what will be a regularly published journal of the Meals On Wheels Research Foundation. The Foundation is committed to exploring the causes, the economic, social and health consequences and the policy implications of an aging population's nutrition needs, as well as the amelioration of senior hunger on a global scale. This journal will be a forum for open discussion and dialogue about these salient issues. Our contributors will come from many walks of life and from a variety of different and differing viewpoints. Some will be researchers, academics and so-called subject matter experts; others will be practitioners, the proverbial "boots on the ground" who run the nutrition programs and deliver the services. Individuals from each of these backgrounds and positions are and will be represented in *Seniority*.

The overriding objective of such a journal is to provide a serious and safe medium for the examination and consideration of ideas and the formulation of possible solutions to the worldwide epidemic that is senior hunger and malnutrition. In this first volume we lay out the framework of the discussion of senior nutrition and the basic dynamics of senior hunger as it exists in America today. There is a primer on the United States government's response to senior nutrition and its proffering of the Older Americans Act as one such answer, or part of the answer. We hear from one of the foremost authorities in the United States on the economic impact of the threat of senior hunger and its devastating effects. There is an article on the role technology might play now and in the future in the fight against senior hunger. Framing the context for all of these articles, Ted Fishman's thoughtful piece provides an overview of the enormity of this unprecedented phenomenon of rapid global aging and the necessity of endeavoring to understand it and formulate strategies to deal with it in advance of the inevitable arrival of an aged world.

This first *Seniority* is indeed a compelling issue that is fraught with huge global ramifications for many years to come. We are pleased to share this journal with you, and we hope that you will correspond with us. We want to know your thoughts and hear your ideas – because aging and nutrition are universal issues. To encourage dialogue and cross-disciplinary exchanges, in future issues we intend to include a "Talk Back" section as part of the on-line version of *Seniority*, where we hope to gather and share your thoughts, ideas, policy suggestions, and feedback– about the contents of the journal or any other matter pertinent to the global issue of senior nutrition and senior hunger. This on-line presence will represent our effort to begin an immediate interaction with you, our readers.

We wish to thank the Board of Directors, Board of Trustees, and Advisors of the Meals On Wheels Research Foundation whose wisdom, insights and determination have allowed us to garner some top-notch thinkers and policymakers to contribute their time and talents to making this journal a reality. We intend to forge ahead and continue to identify experts and engage contributors willing to join our endeavor to shed light on the subject of senior nutrition, healthcare, wellness and hunger.

Our thanks and gratitude to Thom Reilly and the Caesar's Foundation and Sandy Campbell, Chair of the Meals On Wheels Research Foundation, for their generous financial support for this Journal.

Enid A. Borden
Chief Executive Officer
Meals On Wheels Research Foundation

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WHAT'S OLD IS NEW: GLOBAL AGING, AMERICA'S ELDERLY AND LIFE AT HOME

By Ted C. Fishman

Every day the balance of the world's population shifts a little more in ways that make humankind older. This vast demographic shift, call it global aging, is an unprecedented change that affects nearly every country in the world. But global aging shifts more than the age mix of our planet; it shifts money, jobs and people around, too. And so, though global aging is a worldwide phenomenon, every aging place—the United States included—grows older at its own rate and adjusts to its change in idiosyncratic ways. Global aging is undeniably one of the world's greatest success stories. Ever since humans have been talking to the heavens or mixing herbs in bowls, we have been striving for better, healthier and longer lives. We have marshaled our best intelligence to wring out this miracle. But global aging also has made whole countries, communities and large classes of people—especially among the very old—vulnerable. Now we need all our intelligence, and heart, to make the most of the miracle we have achieved.

OLD IS NEW

One way to see how a place is aging is to look at which segments of its population grow in proportion to the rest. To understand how the Earth's population is growing older, divide the world in two groups split by the current median age of 29. The group younger than 29 is shrinking as a percentage of the world's population, and the group older is growing. In fact, nearly every age group over 29 is growing, percentage-wise, faster than every age group below. That means, of course, that the median will not hover around 29 for long. It will edge upward. The dividing line moves to a higher age every year. That is one of the unique features

of modern life. By 2050, the median age of the world's citizens will have moved up to 39. Median ages vary widely from country to country and region to region. Median ages in the youngest countries of Africa are decades apart from median ages in the oldest countries in Europe. Yet, it is still true that in nearly every place in the world the median age is climbing. In the U.S., our median age is around 36.5 years old but it will head up close to 40 by midcentury.

When median ages shift upward, so does the population's "elder share." The elder share is the proportion of the whole population that is made up of people in latter life. Elder shares are useful measures because they give a good general picture of the size and relationship between the age groups that tend to be dependent (children and the elderly) and those that tend to be productive (those between traditional ages for school and retirement). Elder shares also vary from place to place. In the countries in the European Union over the century from 1960 to 2060, for example, the proportion of citizens over 65 in demographically youngest EU countries, such as Ireland, will have doubled. But in the oldest EU countries, such as Germany, the proportion of persons over 65 years old will have grown six fold.

In the U.S. in 1950, about one out of every 12 Americans was over 65 . Today, that proportion is close to one in eight. By 2050, the proportion will grow to one in five. Before the U.S. gets to midcentury, however, the upward shift in the age structure will also have dramatic effects on the American workforce. Between now and 2030, the U.S. will likely gain around 16 million workers, but the growing age cohort of workers between ages 55 and 64 will account for two-thirds of that growth.

One obvious reason populations are aging is that people live longer, on average, than in the past. Robert Fogel, the Nobel Prize-winning economic historian at the University of Chicago, describes just how new today's longer lifespans are. He notes that for 7,000 generations of human existence, people lived roughly as long as the people in nearly all of those 7,000 generations. Only in the last 120 years have people started to enjoy the expansion of the human lifetime. In the developed countries—in Western Europe and North America, and in Japan—where people now live longest, the average human lifespan has lengthened between 1.5 and 2.5 years with each passing decade. People who live past 85 today are the fastest growing group in the world's population, but in 1900 living past 60 beat the odds.

THE INGREDIENTS IN LONGER LIFE

There is no secret ingredient to longer life. Public health efforts that, among other things, give people access to clean water, safe food, and have helped eradicate infectious diseases (largely through vaccination programs) may be the most potent life-extenders of all. Literacy is also great medicine. Literacy gives people access to health-related information on everything from a medicine bottle to a soup can to a woman's magazine. Improvements in diet and the availability of antibiotics keep us going longer, too. So do medical advances that attack or ward off specific diseases. And so does living among other people who are healthier because they have these benefits, too. Living among more durably healthy people is a more durably healthy way to live.

While it is clear that all these factors prolong lives, there is still much mystery as to exactly how we extend our streak, and for how long. Some say we will hit a limit soon, and people will routinely make it to 100 or 125, but no more. Others see radical leaps in medical technology that can help people live to 1,000 or beyond.

THE STRANGENESS OF BLAME

As much as people crave longer, healthy lives for themselves, there is a tendency to blame a wide realm of public problems on the fact that others are living so darn long. Public discussion of age-related financial supports often advances two, contradictory kinds of blame. Workers and retirees who have strong pensions are frequently labeled greedy or unreasonable for advocating and achieving strong supports for their groups. At the same time, those who outlive their money are blamed for not being foresighted or frugal enough. Yet both behaviors take place in a drama that has never played before and with a second act that few predicted and third and fourth acts that have yet to be written.

THE WORLD IS AGED BY SHRINKING FAMILIES

The lengthening lifespan is not the only reason the world's population is growing older. Nearly everywhere in the world, birthrates are lower than they have been in generations past. Seventy-five countries around the world have birthrates that are very near, at or below the replacement rate of 2.1 children per woman. Only one of the high-income industrialized economies, Israel, is much above that replacement rate. The United States is not. Our population would not stay demographically younger

than our peer economies if we did not receive a large and steady influx of young immigrants. Even in many parts of the world that are rightly seen as flush with youth, fertility rates have dropped far below what they were a generation or two ago. In the early 1970s, the fertility rate in Latin America was 5.1 children per woman; today it is 2.3. In South Asia and Sub-Saharan Africa in the early 1970s they were 5.4 and 6.7 respectively, but today they are 2.7 and 5.2. The fact that women nearly everywhere tend to have fewer children than their mothers or grandmothers does not mean the world's population is in reverse. The United Nation's Population Division's latest estimates predict the world, now home to around 7 billion people, will likely top 10 billion people before the end of the century. The vast majority of that population growth will occur in Africa. But nearly everywhere—including Africa—will grow older.

MIGRATION AND THE AGE OF A PLACE

Dropping fertility rates are not the only ways places get older. Migration can change the age mix of a place, too. In the United States, the oldest communities in the country are old either because large numbers of young people have left—such as in shrinking industrial cities of the Midwest and the Northeast—or because older people have moved in—such as in the Sunbelt communities in Florida and Arizona that attract large numbers of retirees. In both cases, older people tend to get separated from the family supports they might have otherwise had in communities that did not undergo either a large outflow or inflow of residents.

AGING SUBURBS

One of the novel realities of aging in America today is unfolding in our suburbs, especially those that expanded quickly while the baby boomers were growing up. These towns were once the picture of youthful community. Now they are among the most quickly aging communities in the country.[1] The very same factors that made them nice places to bring up families, make them places where people want to age. Thus, many suburban homes built for growing families are still occupied by the parents who bought them. Many thrive still. Others grow isolated and challenged in communities where homes are far apart, cars are nearly a necessity and networks of friends and family are diminished or gone.

Change in an aging world comes from all directions, yet by looking at how some places age, one can soon see how the drivers of demographic change alter social relationships on every scale, from the household all the way up to the global. One feature of accelerated commerce and communication may be that it also speeds up how quickly the age structure of a place changes.

Strangely, the places that are youngest often get wrapped up so completely in the combination of trends that age them that they transform to older places with remarkable speed. The speed of change that occurs in older suburbs in the U.S. can sweep whole countries up just as quickly. And swift demographic changes beyond our borders can, in turn, propel far-reaching consequences for Americans at home. When populations age, they do not just grow older, they create imbalances that cause myriad social and economic arrangements to shift around. The effects of demographic change are so vast that even distant changes alter our fortunes over our, longer and longer, lifetimes.

Change in an aging world comes from all directions

GLOBAL AGING BEGINS LOCALLY, GROWS GLOBALLY AND THEN COMES BACK HOME

Here is one version of how global aging becomes local. It begins with momentous but speedy demographic changes in Japan, Mexico and China, then lands in the homes of new neighbors down the street.

In the 1950s, Japan was among the world's youngest countries; now it is the oldest. Japan has one of the world's lowest birth rates, and its people famously enjoy very long lifespans. But Japan neither accepts large numbers of young immigrants from other countries nor sends its own young people in large numbers abroad to live. At first blush, the island nation's demographic destiny might seem to be mostly its own making and to be mostly self-contained.

In youthful Mexico, half of the population today is younger than 26. Yet, by 2050, the median age in Mexico will have risen to 46. By then, Mexico will likely be an older country, demographically, than the United States

1 Frey, William, *The Uneven Aging and 'Younging' of America: State and Metropolitan, Trends in the 2010 Census*, Brookings Institution, June 2011 http://www.brookings.edu/~/media/research/files/papers/2011/6/28%20census%20age%20frey/0628_census_aging_frey.pdf

and nearly in line with Japan. Yet, few would argue that Mexico's demographic destiny is self-contained. The social trends that push Mexico's median age up are already having profound consequences for the older population north of the border. On one hand, the large numbers of young Mexican migrants who have moved into the U.S. have slowed the rate at which the U.S. population ages. On the other hand, Mexican migrants have been coming to the U.S. in large numbers for many years (and have been growing older here), and often they bring their older parents to the U.S., too. Recent Census Bureau figures note that the elderly Hispanic population (most of it Mexican-American) in the U.S. will grow from 2.9 million in 2010 to 17.5 million by 2050.

Immigration changes the status of older people both in the regions people migrate from and the regions they migrate to. The aging of Japan and Mexico, for instance, is inextricable from the kind of industrial organization and internal migration both countries went through in order to adapt their economies to the requirements of foreign markets they aimed to produce for, especially in the United States and other high-income countries. To compete best in the global economy, both countries moved tens of millions of people from the countryside, where worker's productivity was low, to cities and industries where their productivity, and eventually their incomes, would soar.

ENTER CHINA: ONCE IRRESISTIBLE TO AN OLDER WORLD BUT NOW AGES QUICKLY

Then, along came China. Over the last three decades, since its turn toward a market economy—and the adoption of the one-child-per-family policy began— is the home of the greatest demographic shift in the history of humankind. Reform put people in motion. Two hundred and fifty million young, working- age Chinese have moved to China's growing urban industrial centers so far, and the Chinese government expects that as many as 300 million more people will leave the countryside for an urban life in the decades to come. Chinese cities became, in effect, the places where the rest of the industrialized world could shop for young workers unburdened by the expenses of a mature workforce. Factories, supply chains, whole industries and up to $2 trillion of foreign capital mobilized to create and take advantage of this bargain. The new Chinese economy offered a kind of global age arbitrage where young workers could be deployed to replace older ones. Replace them, that is, at vastly lower wages and free from the social insurance costs and tax burdens that weighed on firms in countries where workers were older, better paid, worked fewer hours and were better insured.

This bonanza of new young workers hit some categories of older workers in the U.S. especially hard. It helped dash millions of industrial jobs; estimates range widely with the low side beginning around 3 million. It suppressed wages in any category of work that could be moved into the hands of younger workers abroad. The availability of low-cost foreign workers also accelerated the automation of American factories, which often deployed machines to compete with low-cost Chinese labor. (In many cases, the robot technology on the American shop floor was imported from Japan. Japan, which had long been cautious about moving production to China, leads the world in robotics, in part, because its industries anticipated the aging of Japan's workforce and sought ways to replace older workers with machines instead of immigrants.)

Ironically, China, which grew on the strength of its youthful labor force, is now one of the most rapidly aging countries in the world. Its labor force will shrink as it ages, and Chinese officials now predict that in the next decade or two, China, where the median age is rising and workers now expect higher wages, pensions and health care, will ship 85 million jobs abroad to countries with younger workforces. If the past is prologue, the countries that receive those jobs will see their populations age ever faster, too.

SOCIAL CHANGE ABROAD CHANGES THE AGING POPULATION AT HOME

Now the global story shifts to the people aging down the street. In addition to having profound effects on the lifetime earnings and retirement savings of American workers, China's success, and the rising economic and educational fortunes of its citizens, have allowed more immigrants from China to work in the U.S. and to bring their family members here. Under current U.S. immigration policy, "family reunification" accounts for roughly half of all documented immigrants. Older relatives now make up about one quarter of all documented immigrants into the U.S. In 1960, the foreign-born Chinese population in the U.S. stood at about 100,000, but by 2010 it had grown to 1.8 million. Today, Chinese are the second largest group of immigrants in the U.S., after those from Mexico. Rising incomes in China have allowed an increasing number of Chinese to make the move here. What is more, new immigrants from China are more likely to be over 65 than not; most are less than proficient in English.

By 2050 the immigrant senior population will grow nearly four-fold.

IMMIGRANT ELDERLY NEED SERVICES, BUT LACK ACCESS

The older Chinese immigrants are emblematic of a growing group of American elderly, the immigrants who must connect to services and social life in a language other than English. In the regions of the U.S. where immigrants cluster, the elderly immigrant population is growing, proportionally, much faster than the groups of older native-born Americans. In an April, 2012 analysis of census data for California, the Associated Press found that "overall Asians and Hispanics are the fastest growing groups in the state, but the rise in adults 55 years and older in those groups is particularly pronounced. [The increase] is partly due to the aging of immigrants who came to the U.S. for jobs or to seek refuge from war. Another reason is that some established immigrants are bringing parents from their native country…growth in the 55-plus population between 2000 and 2010 for Asians was 74 percent and for Hispanics 73 percent. That compares with only an 18 percent growth rate for whites and 34 percent for blacks."[2] One of every three seniors in California is foreign-born. In the United States overall, one-third of the growth of the country's population over 65 was due to the addition of foreign-born seniors to the native population.[3] Among the recent older immigrants, 70 percent speak little English, few drive and large numbers are prone to depression.[4]

The Census Bureau estimates that by 2050 the immigrant senior population will grow nearly four-fold, to 16 million people. And while older immigrants had the resources to get to the U.S., they are often poor by American standards after they settle. Sixteen percent of foreign-born elderly were poor in 2009, versus 12 percent for their native-born peers; 24 percent were near poor. And, cultural stereotypes for filial loyalty notwithstanding, foreign-born elderly, including those from China[5], often find their families do not provide the support they counted on. A study of Korean elderly immigrants found that older parents were often overcome

2 Wozniack, Gosia, Older Asian, Hispanic populations grow in Calif., Associated Press, Apr 19, 2012. http://news.yahoo.com/older-asian-hispanic-populations-grow-calif-155451300--finance.html

3 Kandel, William A., The U.S. Foreign-Born Population: Trends and Selected Characteristics, Analyst in Immigration Policy , Congressional Research Service, January 18, 2011, http://nnaac.org/wp-content/uploads/2011/09/U.S.-Foreign-Born-Population-Cong-Research-Ser-2011.pdf

4 Brown, Patricia Leigh, *Invisible Immigrants, Old and Left With 'Nobody to Talk To'*, New York Times, August 30, 2009, http://www.nytimes.com/2009/08/31/us/31elder.html?_r=1&em=&pagewanted=all

5 Lam, R.E., Paca;a, L.T., and Smith, S.L., *Factors Related to Depressive Symptoms in An Elderly Chinese American Sample*, Clinical Gerontologist, vol. 17, no. 4, 1997, pp.57-69, http://www.tandfonline.com/doi/abs/10.1300/J018v17n04_06#preview

by shame at having to be supported by their adult children, and moved out of the children's homes and otherwise distanced, and thus isolated, themselves. [6]

GLOBAL AGING UNDERGIRDS MANY BIG ISSUES WE FACE

That is one, admittedly sweeping, story about how pervasive the impact of global aging is on all of us. There are so many others. Pick an issue of the day: health care, Social Security, the geopolitical and economic positioning of the United States, family values, the fortunes of home-owners and stock investors, just to cite a few, and the shift in the age structure of the population is likely to be having a profound impact on what bedevils us. In the United States, we are largely unprepared for this change as individuals, family members and citizens. That's understandable. After all, this is an unprecedented change and we are the first generation in human history to be witness to an aging world. But to address our challenges we need to understand them.

HIDDEN IN PLAIN SIGHT: BIG TRENDS DRIVING NEW NEEDS

For Americans, there are several related trends that make the new reality of our longer lives, smaller families and growing elder share tough to navigate.

Americans tend to live longer than we planned or expected. When Americans are asked, for example, to estimate the average lifespan of a 65 year old (65 year olds can expect, on average, to live another 20 years), around nine out of ten respondents underestimated the remaining years, usually coming up about 5 years short.[7] Government statisticians may be even more off the mark. The MacArthur Research Network on an Aging Society recently surveyed the assumptions of a wide range of government programs that serve the elderly and found that by 2050 Americans will likely be living 3.1 to 7.9 years longer than most programs project.[8] Longer lives leave people more vulnerable to outliving their money. It also means that more Americans will survive to very old age, a period when people are especially vulnerable to isolation.

About half of all Americans have found it hard to save enough for the longer lives we live. Only half of the Americans who retire today do so with more than $25,000 in savings. High unemployment and poverty are part of the story. So are years of stagnant real wages across the economy. So are changes in the ways employers provide for workers' retirements, which have vastly weakened the role of defined benefits plans. And so is misfortune. Before the 2007-2008 recession and stock market reversal, the median point for retirement savings was twice as high, but still a frighteningly low $50,000. With dwindling supports and smaller families, the absence of meaningful retirement savings is a recipe for mass dependency with little to depend on. In November 2011, the Census Bureau released a new measure for poverty that takes a comprehensive view of the income, including public supports, and expenses, including health care, of older Americans. Using the new measure, it found 15.9 percent of Americans aged 65 and older are poor, 75 percent higher than the proportion estimated by the previous measure.

Hard times compound another all-too-common American failing: financial illiteracy. Americans have been poor savers, in part because we tend to have a very weak grasp of how our money or the economy works. People who are moderately financially literate and able to plan for retirement, enter retirement with three times more money than those who are not. Yet, half of Americans cannot answer two simple questions about interest rates and inflation.

Late-career workers are newly vulnerable. For Americans in their 50s and 60s, the last decades of work too often do not allow for the kind of "catch-up" savings that can pave the wave for a secure retirement. While the unemployment rate for workers 50 and older is lower than for younger workers, they are historically high for that age group. What is more, older workers who lose their jobs have the longest periods of unemployment among all workers, which is to say they are overrepresented among the long-term unemployed. And there are far more unemployed older workers than ever. In 2007, older unemployed numbered 1.3 million, but their ranks are nearer 3.2 million today. Late career unemployment leaves older Americans far more vulnerable to poverty as they age. Ironically, in an aging workforce, historically high numbers of unemployed older workers can coexist with historically high numbers of older working people. We can celebrate those who want to work later in life and can, but must not let their numbers obscure the dual reality of millions of older workers who cannot find their way to a job. Or block us from

6 Lee, YM, Holm K, *Family Relationships and Depression among Elderly Korean Immigrants*, Nursing 2011; 2011, http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3169852/

7 http://www.businesswire.com/news/home/20030630005071/en/Study-Finds-Americans-Underestimate-Life-Expectancy-Amount

8 http://www.agingsocietynetwork.org/system/files/aging-society-millbank-research-press-release-12-14-09.doc

seeing the reduced circumstances of those who eventually do find work, but spent down their savings over a long period of searching, or who eventually find work only because they ultimately, out of desperation, accept payment and benefits substantially below their former compensation. About fifty percent of older workers who regain employment earn only 80 percent or less than they did at the jobs they lost.

Strained social safety nets, such as health care plans, Social Security and pensions are almost certainly destined to provide less over time. The age at which Americans are eligible for full Social Security benefits is climbing by two years to 67. That amounts to a benefit cut for future recipients. Even so, the most recent projections on when the funds the U.S. government has in trust for Social Security and Medicare will be depleted now reflect greater risks to future recipients than ever. Without major changes, Social Security will be fully funded only through 2035 and Medicare through 2024.[9]

Many big pension funds find they are under funded. People are living longer, and thus requiring more years of benefits than the plans had calculated, and neither the money being paid in nor the investment returns on the money in trust to pay are keeping up.

State and local government pensions in the U.S. currently face around a $4.4 trillion shortfall, the gap between what they will have pledged to pay beneficiaries and the actual money that is, and will be, on hand when the bills come due. The private sector is challenged, too. The pension consultancy Millman, Inc. reports that in March 2012, the deficit between the assets of the 100 biggest U.S. company pensions and projected liabilities total around $227 billion. Pensions' balances shift dramatically with the tides of the financial markets, showing that large institutional investors suffer some of the same vagaries of fate and vulnerability to miscalculation as individual savers. According to Millman, in 2011, for example, pension liabilities versus 2010 overwhelmed the 5.9% investment return for the 100 biggest corporate pension funds, which had expected a 7.8% average return. Prior to 2000, actual returns tended to exceed expected returns.

The shift in the way Americans tend to provide for their retirements has had a big impact on financial security, too. Once, most American workers with employer-sponsored retirement plans (40 percent of workers have none) were covered by traditional pensions. No more. Around two-thirds of private sector employees with retirement plans through their employers are now covered by defined contributions plans, such as 401(k)s, that allow employees to direct their investments. Defined benefit plans have failed to facilitate retirement accounts that broadly provide real financial security. [10]

THE CHANGE IN FAMILY STRUCTURE THREATENS TO ISOLATE MANY MORE ELDERLY IN THE FUTURE.

There are many possible explanations for why longer lives are linked to smaller families. Both, for instance, seem driven by better health care and public health, by the spread of education, by the rise of the modern city and the technology-driven economy and by the emancipation of women. In America, women now have fewer than two children, a new low. One out of five American women just past the age of 40 has no children. Well-educated, high-income people are likely to live longer than others and likely have even fewer children, too. There is a tendency to think that society can turn to the family to provide support for older people as other financial safety nets weaken. After all, throughout history, families have supported their own when fortunes reverse. Certainly, many families will continue to do so. In the future the family will look very little like the families of the past. In the United States and other developed countries people live in societies where families with two children are the most common of all, and the family with one child and the adult with no children is routine.

In the future the family will look very little like the families of the past.

Another growing trend in America that has yet to fully play out is the rising percentage of older adults who are, and will be, divorced. Older adults deserve to be as free as anyone to end unworkable marriages, but we have yet to adjust to how higher divorce rates among older adults put a larger group at risk for poverty and isolation. In covering recent research at Ohio's Bowling Green State University on later-life divorce,

9 Faler, Brian, *Social Security Fund To Run Out In 2035, Trustees Say*, Bloomberg, Apr 23, 2012, http://www.bloomberg.com/news/2012-04-23/social-security-fund-to-run-out-in-2035-trustees-say.html

10 See: the Demos 2010 Report, The Failure of the 401(k), by Robert Hiltonsmith, http://www.demos.org/sites/default/files/publications/TheFailureOfThe401(k)_Demos.pdf

Rachel Swarns of the *New York Times* wrote: " [A] growing number of men and women in their 50s and 60s who are opting out of marriage and venturing into old age on their own….Over the past 20 years, the divorce rate among baby boomers has surged by more than 50 percent, even as divorce rates over all have stabilized nationally. At the same time, more adults are remaining single. The shift is changing the traditional portrait of older Americans: About a third of adults ages 46 through 64 were divorced, separated or had never been married in 2010, compared with 13 percent in 1970…Sociologists expect those numbers to rise sharply in coming decades as younger people, who have far lower rates of marriage than their elders, move into middle age… The elderly, who have traditionally relied on spouses for their care, will increasingly struggle to fend for themselves. And federal and local governments will have to shoulder much of the cost of their care. Unmarried baby boomers are five times more likely to live in poverty than their married counterparts." When, at age 85 or 95, or 100, an American turns to the family for help, who will that family be? An adult child in his or her seventies? The children who never existed? We are on the cusp of population change in which it will not be at all unusual for a child born in the U.S. to have no brothers or sisters, no cousins and no uncles and aunts. Who will they turn to?

Big social trends delivered us to an era in which the demographic balance of our communities and world is unlike that at any other time in human history. We are unlikely to reverse the changes that got us here. Who would vote for shorter life spans, a mass return of urbanites to subsistence agriculture, less education and opportunity for children, poorer public health or a reversal of economic progress of women? Those who would wish away the changes that reshape our demographic lot risk missing what the new era demands. That we find new ways to care for one another. That we work at the top of intelligence and the fullness of our hearts to be each others' family.

TED FISHMAN

Ted Fishman is a seasoned financial and economic journalist whose work has appeared in T*he New York Times Magazine*, *Money*, *Harper's*, *Esquire*, *USA TODAY*, and *GQ*. He is featured frequently on many of the world's premiere broadcast news outlets. A Princeton graduate, Fishman is also a former floor trader and member of the Chicago Mercantile Exchange, where he ran his own derivatives arbitrage firm. Mr. Fishman is also the author of several books, including *Shock of Gray*, which reveals the astonishing and interconnected effects of global aging, and why nations, cultures and crucial human relationships are changing.

THE REALITIES OF SENIOR HUNGER IN RURAL AMERICA

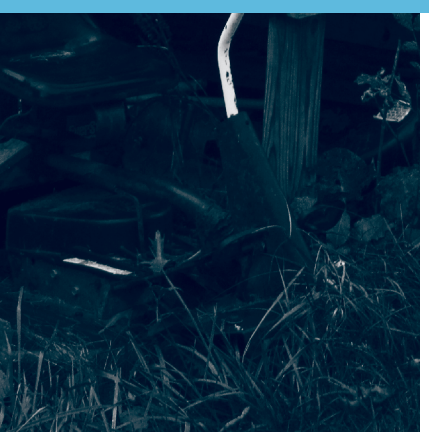
By Barrie Hardin

The year is 1952. You live on a farm with your spouse, children and extended family all within a mile's reach. You grow and raise most of your food. You make a trip to town on Saturday to purchase staples, if you are lucky, in the one vehicle your family owns. If you get sick, you call and the doctor comes to you. Life is simple and compact.

Fast forward 60 years. Your spouse and extended family are deceased. Your children are grown, living and working in another state. You are still living on the farm with a social security check of $600.00 a month. There is no pension check or an IRA. You can no longer manage a garden and the closest grocery store is 20 miles away. You have no car so you depend on neighbors and friends for transportation. If you get sick, you must go to the doctor's office in the nearest town or to the closest hospital that is at least an hour away.

This is the typical life of a senior in rural southeast Arkansas. Things that you and I take for granted every day are not an option. Mom and Pop grocery stores are few and far between. In our ten-county service area, there are only six Walmart stores and only five of these offer groceries. For many the only food option is the closest convenience store with few fresh or healthy offerings and high prices. When you begin adding up the costs of the basic necessities – housing, utilities and medicine – there is not a lot left over for food.

But this is home and being here means more to an older person than anything else. This is where our agency steps in, as one of over 600 "area agencies on aging" designated under the Older Americans Act. The Area Agency is part of the national Aging Network that includes the federal



Administration on Aging, state units on aging and area agencies nationwide.

Our agency plans, develops, provides and evaluates services to rural seniors in our 10-county service area that covers over 7,000 square miles, of which 85% is considered rural. The largest populated city is Pine Bluff with a population of 50,000. From there it drops to several cities at 9,000 but most fall below 3,000. With seven of our ten counties classified as part of the Mississippi Delta region, southeast Arkansas is a socio-economically depressed region. Farming is the predominate industry, followed by timber and paper production.

Delivering meals to the homebound has been a part of our agency's mission since we began in 1979. And today it is still one of the most frequently requested services we provide.

We are currently serving 1,700 older persons with a combination of hot and frozen meals totaling over 338,000 annually while traveling over 575,000 miles. But with the declining government funding and increasing inflationary costs, it becomes more of a challenge to serve all the requests. Because of high fuel costs and long distances to reach many seniors, we are not able to deliver hot meals to persons living more than 10 miles from a senior center. These individuals must settle for a box of five frozen meals delivered one day each week. While this reduces our delivery costs, it also reduces the contact these seniors have with anyone outside of their home.

...being put on a waiting list is not an option for most people.

Without adequate funding, the only other option is to offer to be placed on the waiting list. With time spent waiting for a meal anywhere from 6 months to a year, being put on a waiting list is not an option for most people. Because they often don't want to ask for help, by the time they contact our agency their needs are immediate. They can't wait a year for help.

Making a home visit when someone requests a meal can be very humbling. During a recent visit with an 85 year old man who lives alone in a one bedroom apartment in a rural part of the county, he began by apologizing for asking for the meal, although his need is very evident. He must pay a neighbor to take him to the grocery store that is 25 miles away. The week before the visit, his electricity was out for two days due to a problem with the service provider, and the community where he lives is under a continual boil order because of water treatment issues.
Yet he doesn't believe he needs a meal.

At another home, an 84 year old woman recently had to go from a walker to a wheelchair in a home that was not built to accommodate this type of equipment. She is unable to cook for herself and must depend on her son and daughter-in-law to provide her with meals and trips to the grocery store. As they both work, she must fend for herself during the day.

And the list goes on and on. Since October of 2011, over 50 names have been added to our waiting list for Meals On Wheels, many with similar or worse situations.

During my 32 years with the agency I have seen many clients transition from congregate meals to Meals On Wheels. And I see no change in this trend anytime soon. Everyone wants to live at home for as long as possible. With Meals On Wheels as a key part of the nutrition component, I see our programs playing an important role in sustaining seniors in their own homes for years to come. However, nutrition programs like ours are no longer considered the "hot new service." They have taken a back seat to all the programs designed to reduce medical costs, lower hospital re-admissions and reduce the deficit. In reality, our programs are an inexpensive way to provide adequate nutrition to help older individuals remain independent and healthy. And proper nutrition plays a pivotal role in maintaining good health.

The challenge we are faced with today is how to reach those in need with little or no increases in funding. In the urban areas, the opportunities for obtaining local support are much greater than in the rural communities. Organized fund-raising campaigns such as United Way do

not exist. The saying, “It takes money to make money” is especially true in rural communities. Establishing and sustaining donor campaigns requires funds on the front end. With every available dollar going to provide services, we must resort to nickel and dime activities such as bake sales, rummage sales, etc.

Thanks to organizations like Meals On Wheels Association of America that has been able to put a face with the need to end senior hunger, advocating for more public and private support. And we in turn must continue to work with each community, asking for the resources and compassion to step up to the plate and help us help these rural seniors.

Life circumstances have placed these people in rural southeast Arkansas and it is our goal to help them stay there as long as possible.

BARRIE HARDIN

Barrie is a native of Pine Bluff, AR, and has worked for the Area Agency on Aging for the past 33 years in various positions. Her background with the Agency includes development and management of senior center, meals on wheels and transportation programs, long-range service planning, grant-writing, publicity, fundraising and marketing. She has a master of education degree from the University of Arkansas, is a graduate of Leadership Pine Bluff and is a past Area Contributing Editor for Aging Arkansas.

LEVERAGING TECHNOLOGY TO IMPROVE SENIOR NUTRITION

By David A. Lindeman

As the digital age rapidly advances, it is becoming increasingly apparent that information and communication technologies can play a major role in improving the nutritional health and well-being of older adults. Technology offers the means to increase access to and improve the efficacy of senior nutrition programs. In addition, it also offers new opportunities for the broader integration of senior nutrition into the health and social service continuum, as well as opportunities for older adults to take greater control of their own diet and nutrition. This paper presents several examples of how technology is contributing to the improvement of nutrition for older adults, the barriers to its use and specific strategies to maximize the benefits of technology. It also addresses the potential benefits that emerging information and communication technologies such as the Internet, mobile technology and social networking are likely to contribute to improving senior nutrition.

Technology has already proven to be an important tool in helping home-delivered and congregate nutrition providers improve their programs, enabling senior nutrition programs to become more efficient, eliminate program silos and effectively reach more older adults. Specifically, technology can support senior nutrition programs by improving the efficiency of food delivery, monitoring food consumption, identifying client preferences, increasing staff efficiency and providing the means to conduct robust data analyses. Examples of the expanded role of technology in improving senior nutrition program logistics include the introduction of automated systems for tracking participation of older adults and volunteers in nutrition programs; online, web-based systems for reporting program utilization; and real-time tracking systems that permit staff to monitor/track food consumption. In addition, advances

in mobile health and other technology platforms have enhanced communications between and among nutrition program staff, older adults and family caregivers. Technology also offers the means for senior nutrition program staff and other health and social service providers to better coordinate and manage the care of older adults in such areas as medication management and the electronic transfer of benefits and benefit enrollment.

Information and communication technologies are also being used to support senior nutrition programs through improved identification, assessment and tracking of older adults in need of nutritional support; improved staff training; and better utilization of program data. For example, passive wellness monitoring sensors are being used to track the preparation, delivery and consumption of meals on a real-time basis for individuals who are at risk of malnutrition. Online training programs that employ webinars and video conferencing provide an increasingly cost-effective solution to training the workforce in senior nutrition programs. Technology enables staff to harness the power of data analytics to improve program evaluation and performance improvement activities; better target nutrition resources through techniques such as community asset mapping; and capture key data needed to support program funding.

Recent advances in information technology, such as the Internet, broadband, mobile technology and social networking, offer very intriguing configurations and opportunities for the future. The Internet already provides large quantities of information to older adults regarding nutrition education, but it often is not channeled or optimized to their needs. As mobile technology, including smart phones and tablets, becomes ubiquitous, providers, family caregivers and older adults will be able to benefit from text messaging, e-mail, and apps for improved communication and nutrition education. The development of health and nutrition apps provides a new mechanism for empowering seniors, particularly boomers, to take greater control of their health and diet. Remote monitoring and sensor technology advances are introducing exciting possibilities for monitoring the diet and physical activity of older adults. With the exponential expansion of social networking, an entire new arena of innovative techniques can be envisioned for the provision of nutrition education, peer support for older adults and linking stakeholders engaged in the delivery of senior nutrition.

Despite these benefits, there are a number of barriers to using technology in support of senior nutrition programs. Chief among these barriers are the financial and program resources needed to improve staff training, overcome worker and older adult resistance to technology and address the technical challenges posed by technology. There are a number of strategies and principles that can overcome these barriers and lead to faster and more seamless adoption of technology-based solutions. For senior nutrition programs to successfully integrate technology solutions, these applications must be simple and intuitive to use by both older adults and program staff. Technology must also provide direct benefits to key stakeholders, such as making it easy for staff to meet program reporting requirements. Technology-enabled nutrition programs must be designed to fit to local norms, needs and resources; be customizable in order to address the diverse needs of both older adults and nutrition providers; and work seamlessly with technologies used by other programs.

> ***...applications must be simple and intuitive to use by both older adults and program staff.***

There are several steps that can be taken to increase the impact and pace of adoption of emerging information and communication

technologies that contribute to the improvement of senior nutrition. First, to better understand the spectrum of ways technology is being applied in senior nutrition programs, a comprehensive review of technology applications in congregate and home-delivered nutrition programs should be conducted. Second, best practices of technology-enabled programs need to be identified, integrated with other information and decision-support tools and subsequently widely disseminated. Finally, technology-enabled programs and processes need to be rigorously evaluated to determine if they are efficacious and cost effective.

...technologies will play an ever greater role in improving the nutrition and health of older adults...

Information and communication technologies will play an ever greater role in improving the nutrition and health of older adults as they become increasingly accessible and affordable. However, it is always important to note that technology is not a solution in and of itself t – it is a tool that assists providers in diagnosing and monitoring nutrition problems, improving provider/client communications and enhancing program efficiency and efficacy. It is also a tool that can empower older adults to better manage their own nutrition and health. Ultimately, how successful technology is in significantly improving the nutrition and health of seniors will be dependent upon the degree it is accepted by both providers and older adults, is taken to scale and is able to demonstrate improved health outcomes.

DAVID A. LINDEMAN, PH.D.

David Lindeman is the Director of the Center for Technology and Aging and Co-Director of the Center for Innovation and Technology in Public Health at the Public Health Institute. The goal of the Center for Technology and Aging is to identify and disseminate information on best practices in the development, adoption, and scaling of technologies that improve the well-being of older adults. The Center serves as a national resource for health care providers and policymakers. Dr. Lindeman has worked in the field of aging and long-term care for 30 years as a health services researcher and administrator. He has extensive experience in interdisciplinary research, innovative community-based and residential programs for older adults, health care technology, and long-term care public policy.

FACED WITH AUSTERITY, MEALS ON WHEELS PROGRAMS MUST FOCUS ON CORE MISSIONS, RAISE PRIVATE FUNDS, FIND EFFICIENCIES AND INNOVATE

By Ashley C. McCumber

If you were to sit today in a focus group of Executive Directors of nutrition providers serving homebound seniors in the United States, you would most certainly hear that they are struggling to meet a growing need in a time when government funding is, at best, stagnant. This is true at Meals On Wheels of San Francisco (MOWSF). Since 2007, MOWSF has experienced more than 42% growth during a period of time when government support as a percentage of our program budget has grown by only 1%. This is a trend that will not abate. In the short term, "flat funding is the new up" and all non-profits serving seniors must refine how they spend their resources, find efficiency linked back to core values and uncover unique ways to meet increased demand.

ONE CITY'S CHALLENGES

San Francisco is not unlike other urban centers — we are experiencing a rapid growth of our senior population, with the greatest percentage growth deriving from seniors who are 85 and older. In fact, San Francisco has the highest percentage of people over 60 in California (19% today and expected to grow to almost 23% by 2020) and the lowest percentage of minors at 14%.[1] Complicating this picture is a growing disparity in income and a shortage of affordable housing. Only 38% of San Francisco

1 City of San Francisco Department of Aging and Adult Services/Office on Aging, Assessment of the Needs of San Francisco Seniors and Adults with Disabilities, Part 1: Demographic Profile, (City/County of San Francisco - April 12, 2012) page 7.

baby boomers own their home as compared to 70% nationwide.[2] The Bay Area is one of the most affluent areas in the country, but many of San Francisco's 154,730 seniors live on fixed incomes.[3] Of the 2,700 clients MOWSF served last year, 67% lived on SSI alone or about $850/month. California's Elder Economic Security Index recognizes that the federal poverty index is outdated and not reflective of differences in cost of living across the country. According to the federal poverty index, a single senior is considered to be living in poverty if annual income is less than $10,326. The Elder Index for a senior renter in San Francisco is $27,282.[4]

These three factors—the devolution of government funding, the explosion of sheer number of seniors, and the growing economic disparities—have created a perfect storm for our communities and senior nutrition programs. In San Francisco, these are complicated by other factors that are driving seniors to need home-delivered meals services. Our topography, while beautiful, adds to barriers that seniors face in leaving their homes. There is a major shortage of appropriate housing for low-income seniors, forcing many to live in single room occupancy hotels (SRO's) without private kitchen facilities or elevators.

Needless to say, the conditions we are confronted with are daunting, but as mission-centered organizations we cannot simply say that there's nothing we can do. At MOWSF we have reinvigorated our efforts to make us a stronger organization and to develop metrics and strategies that help us meet the need and deepen our mission.

2 City of San Francisco Department of Aging and Adult Services/Office on Aging, Assessment of the Needs of San Francisco Seniors and Adults with Disabilities, Part 1: Demographic Profile, (City/County of San Francisco - April 12, 2012) page 9.

3 US Census 1990, 2000, 2010; CA Department of Finance projections, 2007 & 2011)

4 Basic costs include food, housing, medical care, transportation, and other necessary spending. For more information, see the Insight Center for Community Economic Development:(http://www.insightcced.org/communities/cfess/eesiDetail.html?ref=39)

MEALS ON WHEELS OF SAN FRANCISCO'S RESPONSE TO GROWING NEED

There are three key tactics that MOWSF uses to address the dramatic increase in clients and meals served in a time when public support stagnated—defining our core mission and metrics and applying resources appropriately, finding creative paths to serve more seniors and building private resources essential to meet demand.

BACK TO MISSION

Meals On Wheels of San Francisco (MOWSF) has always focused its mission on homebound seniors by providing nourishing meals and support services to prevent their premature institutionalization. But as an agency, we needed to refine the metrics or standards on which we operate and where resources would be deployed. Through planning, we determined that the following key metrics would drive our operations and fundraising—wait time for service, quality nutrition, quality relationships for clients, and safety in the home. The first metric, wait time, states that no senior should wait longer than 30 days to receive our services from the time of inquiry and that MOWSF would maintain the capacity to provide emergency starts within 3 to 5 business days. Establishing and implementing this one metric has driven our growth in service. Before this metric was established, the average wait time citywide in San Francisco was 70 days and today the average wait time citywide is 29 days.[5] Internally, MOWSF today shows an average wait time of 23 days and 98% compliance on emergency starts. So there has been a direct relationship between MOWSF's efforts and the reduction of the citywide waiting list.

We have accomplished the wait time metric without a dramatic or proportional increase in staffing. In 2007 we had 21 full-time paid drivers and today we have 23. Through the redeployment of our resources, we have been able to increase our weekly clients served from 1,200 to 1,800 without a corresponding increase in delivery personnel. Routes are

5 City of San Francisco Department of Aging and Adult Services/Office on Aging, Assessment of the Needs of San Francisco Seniors and Adults with Disabilities, Part 2: Service Analysis, (City/County of San Francisco—April 12, 2012), page 11.

constantly reviewed and reorganized and we have added volunteers into the mix by allowing volunteers to become driver assistants (on average, we now have 10 active delivery assistants), thus adding capacity to each delivery route when needed.

In the other areas established as metrics, we apply resources to improve when available. For example, we work to improve menus without more cost and add value when funds are available, adding seasonal fresh fruits and vegetables, including expanded use of Food Bank products and donations. In the quality relationships area, we worked to grow the number of volunteers matched with clients as friendly visitors, friendly shoppers, and client needs volunteers by almost 800%. Last fiscal year, over 180 volunteers worked directly with clients (up from 25 in 2007), reducing the isolation that can contribute to poor health outcomes. Our next major initiative will be to transform the use of technology to improve client service and enhance organizational management, planning and responsiveness.

LOOKING FOR NEW WAYS TO MEET DEMAND

But efficiency can only take you so far in growing service. We also need to look at new models to provide nutrition to homebound seniors in a way that meets their needs. One key example of how we have expanded the number of seniors served without bringing them onto our full service is through a grocery bag delivery program in partnership with the San Francisco Food Bank. Now in year two, MOWSF has indentified 70 seniors who wish to prepare their own food, but need additional groceries and cannot go out to the food distribution sites. Each week the San Francisco Food Bank delivers 35 pounds of groceries (carefully selected and balanced) to MOWSF, and our volunteers deliver the groceries to the identified seniors. We consider these clients pre-HDM (home-delivered meals) clients. Eventually these clients may need full meal services, but for now this creates a bridge for them. It also is a prime example of how two hunger agencies can work together to expand their capacity to serve their communities, particularly a frail and isolated population. We all need to look at new models like this if we hope to respond to the wave that confronts us.

We also need to look at new models...

PRIVATE RESOURCES MUST LEAD THE WAY

In many ways, San Francisco is one of the most progressive and generous cities in the country. First, San Francisco tax payers fund a variety of human services from local taxes. This is particularly unique as it relates to senior services, which in many counties receive no local support and exist only on federal and state program pass-through funds. According to the City's Office on Aging, as much as 62% of dollars for senior nutrition derive from the general fund of San Francisco. That being said, it is just not sufficient to meet the need. MOWSF's model is one that matches every public dollar with one dollar or more of private dollars from individuals, corporations, and foundations. In 2007, 60% of MOWSF annual budget derived from contracts with the City of San Francisco and 40% was privately raised. Today, that ratio is inversed—60% is now privately raised.

The two areas that have led the way are major gifts from individuals—through events and direct solicitation—and foundation support, which has expanded by 300% as many foundations created safety-net grant programs to respond to the economic downturn. This has been a trend that has allowed MOWSF to stay in front of need, but there are still too few donors supporting senior causes and even fewer corporate partners who place seniors in their giving profiles. Even though we are all touched by the challenges of aging, we need a broader agenda and collaborative approach to stem the tide of need that confronts us over the next decades.

Most important, we must continue to fight for public funding, especially related to the reauthorization of Older Americans Act. While we all need to grow private resources, it's not enough to say to government, let's maintain or protect funding; we must insist that our elected officials expand government support to meet the boomer wave. As we know, it's the right and humane thing to do and the smart and most cost effective solution to costs associated with an aging population.

ASHLEY C. MCCUMBER

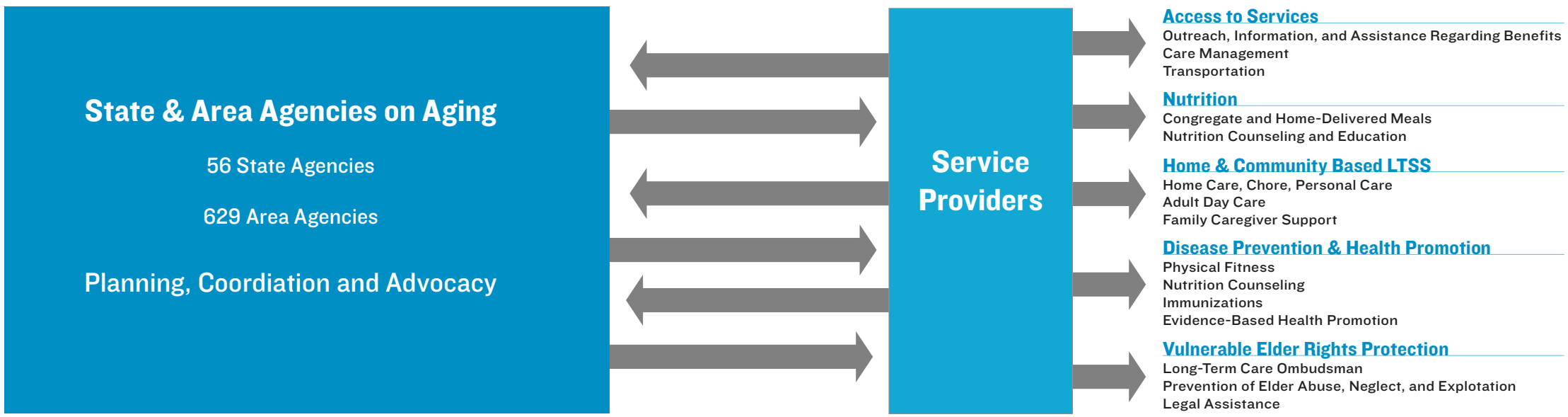
Ashley C. McCumber has been CEO of Meals On Wheels of San Francisco (MOWSF) since 2007. As CEO he oversees a $7 million operation that serves over 2,750 homebound clients in the City/County of San Francisco. MOWSF is the only two meals a day program for homebound in San Francisco and currently delivers over 1 million meals per year. Prior to joining MOWSF, Mr. McCumber was the President/Chief Executive Officer of United South End Settlements (USES) in Boston, Massachusetts, joining that Agency in 2002. Along with 27 years of non-profit and community leadership experience, Mr. McCumber has extensive expertise in fundraising, community relations, non-profit management, and arts and event administration.

OLDER AMERICANS ACT NUTRITION SERVICES PROGRAM: SERVING AN AT-RISK AND INCREASING OLDER POPULATION

By Carol V. O'Shaughnessy

The purpose of the Older Americans Act is to help people age 60 and older maintain maximum independence in their homes and communities with appropriate supportive services. Enacted in 1965, the Act represented a turning point in financing and delivering community services to the elderly. Before then, federal and state governments played a limited role in providing social services to older people. Today, the "aging services network" provides a framework for the delivery of a range of services for older people funded not only by the Act but also by other federal programs, and is comprised of 56 state agencies on aging, 629 area agencies on aging, 246 Indian Tribal and Native Hawaiian organizations, nearly 20,000 service provider organizations, and hundreds of thousands of volunteers. These agencies are responsible for the planning, development, and coordination of a wide array of social, nutrition, and health-support services within each state (Figure 1).

FIGURE I. MAJOR SERVICES AUTHORIZED BY THE OLDER AMERICANS ACT - AGING SERVICES NETWORK



Prepared by the National Health Policy Forum.

Enacted in 1972, the elderly nutrition program, the oldest—and perhaps most well-known Older Americans Act service—has as its purpose to reduce hunger and food insecurity among older people, promote their socialization, and delay the onset of adverse health conditions that result from poor nutritional health or sedentary behavior. The program provides meals in congregate settings, such as senior centers and churches (the "congregate meals" program), and meals to frail older people in their own homes (the "home-delivered meals" program). Indirectly, the program acts as income support for many poor and near-poor older people by providing food that they would otherwise purchase (in groceries or at restaurants). It also can offer nutrition counseling and education, though access to these services is quite limited. Meals offered to older people must comply with the U.S. Department of Agriculture's "Dietary Guidelines for Americans."[1]

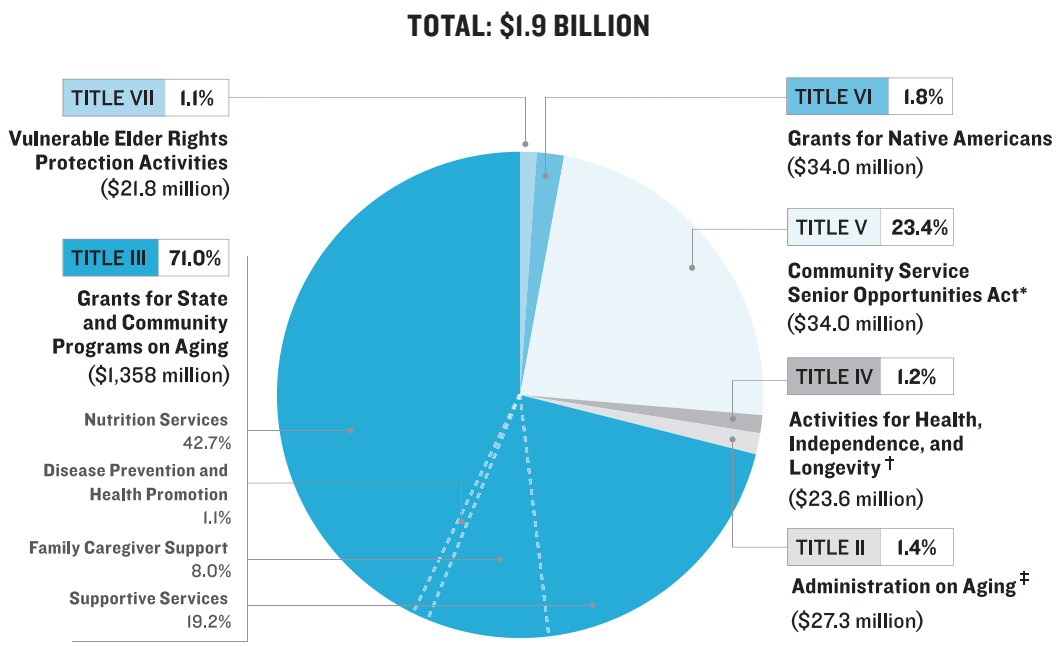
1 Congregate and home-delivered meals must comply with the U.S. Department of Agriculture's "Dietary Guidelines for Americans" and provide the minimum dietary intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences.

FUNDING AND MEALS PROVIDED

The nutrition program represents about 43 percent of the Act's total FY 2012 funding (Figure 2). In FY 2010, about 2.6 million people received 242 million meals; 60 percent of meals were served to frail older people living at home, and 40 percent were served in congregate settings.[2] In recent years, growth in the number of home-delivered meals has outpaced congregate meals. A number of reasons account for this trend, including efforts by states to transfer funds from their federal congregate services allotments to home-delivered services (as allowed by federal law), state initiatives to expand services to frail older people living at home, and successful leveraging of nonfederal funds for home-delivered meals services. In some cases, due to state or local budget reductions, home-delivered meals programs have been preserved at the expense of congregate meals programs.

2 Administration on Aging, National Aging Program Information System (NAPIS). "2010 Reports." http://www.aoa.gov/AoARoot/Program_Results/SPR/2010/Index.aspx

FIGURE 2. OLDER AMERICANS ACT, FY 2012 FUNDING



* *Also referred to as the Senior Community Service Employment Program.*

† *Includes AoA funding for the Senior Medicare Patrol Program (also supported by Health Care Fraud and Abuse Control funds), AoA discretionary funding for ADRCs (also supported by funds appropriated by the Patient Protection and Affordable Care Act (PPACA)), the national Alzheimer's call center; multigenerational civic engagement activities, legal assistance support activities, various national aging centers, and other aging network support activities. P.L. 112-74 did not appropriate funding for Program Innovations for FY 2012.*

‡ *Includes AoA funds for national resource centers for elder abuse prevention and the long-term care ombudsman program, the national eldercare locator; the pension information and counseling program, and AoA program administration.*

Note: Funds shown are after the across-the-board rescission for FY 2012 was applied. Percent does not add due to rounding. Chart does not include funds administered by AoA but funded by other legislation in 2012: $2.5 million for the Lifespan Respite Care Program, $4 million for the Alzheimer's Disease Supportive Services Program under the Public Health Service (PHS) Act, $10 million for ADRCs appropriated by PPACA, $10 million for the Chronic Disease Self-Management Program (CDSMP) under the PHS Act, and $3 million for the National Clearinghouse for Long-Term Care Information under PPACA.

Source: Prepared by the National Health Policy Forum, based on e-mail communications with AoA staff, and phone conversations with DOL staff, February 2012.

RECIPIENTS

Compared with the overall U.S. population age 60 and over, Older Americans Act nutrition participants are older, more likely to live alone and have incomes below or near poverty. Participants are also very likely to suffer from multiple chronic conditions, with home-delivered meals recipients frequently experiencing three or more limitations in activities of daily living (ADLs).[3]

UNMET NEED FOR NUTRITION SERVICES

Until recently data on the unmet need for nutrition services generally have been elusive. However, a 2011 report by the Government Accountability Office (GAO) shed some light on the issue of unmet need. It found that about 9 percent of low-income older adults received Older Americans Act meals services but many more were likely to need them due to financial constraints or other difficulties. About 89 percent of low-income older adults who were considered food insecure did not receive either congregate or home-delivered meals. The report also indicated almost 90 percent of older people who were limited in two or more ADLs did not receive home-delivered meals. A number of factors may contribute to non-receipt of needed services. Some older people may not know these services exist or that they might be eligible, and, especially in the case of home-delivered meals, agency budgets do not allow expansion of services to meet identified needs.[4]

3 AoA Research Briefs done by Mathematica Policy Research, Inc.: Norma Altshuler and Jody Schimmel, "Aging in Place: Do Older Americans Act Title III Services Reach Those Most Likely to Enter Nursing Homes?" Research Brief No. 1, July 2010, www.aoa.gov/aoaroot/program_results/docs/2010/AoA_1_NursingHomes_041311.pdf; and Rebecca Kleinman and Leslie Foster, "Multiple Chronic Conditions Among OAA Title III Program Participants," July 2011, www.aoa.gov/AoARoot/Program_Results/docs/2011/AoA4_Chronic_508.pdf.

4 U.S. Government Accountability Office (GAO), "Older Americans Act: More Should Be Done to Measure the Extent of Unmet Need for Services," GAO-11-237, February

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While national data on waiting lists for nutrition services do not exist, recent surveys of state and area agencies on aging have indicated that the requests for these services have increased in some areas. Even with increased requests, the national economic downturn has caused many aging service providers to reduce services.[5] For example, GAO found that since the beginning of the economic downturn almost 80 percent of local aging service providers have experienced increased requests for home-delivered meals.[6]

EVALUATION

The most recent major evaluation of the nutrition program is dated. Completed in 1996 by Mathematica, the evaluation found that the program was an important part of participants' overall nutrition, and that meals consumed were the primary source of daily nutrients. Participants were more likely than the general older population to have health and functional limitations that placed them at nutrition risk.[7] The Administration on Community Living (ACL, formerly the Administration on Aging, AoA), the federal agency that administers the nutrition program, has another national evaluation underway (also being conducted by Mathematica) that will include a participant outcome study, a cost analysis of meal services, and a review of program administration by state and area agencies and local service providers.[8] The evaluation is not expected to be completed for several years.

NATIONAL RESOURCE CENTER ON NUTRITION AND AGING

ACL has recently awarded funds to establish a National Resource Center on Nutrition and Aging, which is tasked with building the capacity of the aging services network to provide nutrition services for both current and future older adult populations. The Center, operated by the Meals On Wheels Association of America, will provide training and technical assistance to the aging services network and its nutrition providers related to scientific, clinical, and programmatic evidence to improve and support nutrition services for a growing elderly population.[9]

2011, available at www.gao.gov/new.items/d11237.pdf.

5 Jenna Walls et al., "Weathering the Storm: The Impact of the Great Recession on Long-Term Services and Supports," AARP Public Policy Institute, January 2011, available at www.nasuad.org/documentation/nasuad_materials/weathering_the_storm/weathering_the_storm.pdf.

6 GAO, "Older Americans Act: More Should Be Done to Measure the Extent of Unmet Need for Services."

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NUTRITION SERVICES IN A CHANGING SERVICE DELIVERY ENVIRONMENT

Since inception of the Older Americans Act program, federal appropriations for the congregate meals program have exceeded those for home-delivered meals program. However, given demand by frail homebound older people, states have increasingly transferred congregate nutrition services funds to bolster support for home-delivered nutrition services. As a result, some communities have seen downsizing of their congregate programs. Other communities are developing innovative ways to modernize their congregate nutrition programs, for example, by placing nutrition sites in fitness and wellness centers for people of all ages. Nutrition administrators may need to seek ways to attract private sources of support by improving meal quality, choice, and types, and by diversifying socialization activities at congregate sites, as well as partnering with non-traditional community service providers. In addition, some observers indicate that the baby boom population may demand improvements or modernization of services. For example, senior centers that offer nutrition services, may need to develop additional, privately supported programs that appeal to broad cross sections of older people in order to attract and sustain the interest and support of baby boomers who are able to pay for services. As with other aging services, an important goal will be to develop sustainable sources of revenue to meet expected increased demand.

CAROL V. O'SHAUGHNESSY

Carol V. O'Shaughnessy is a principal research associate with the National Health Policy Forum at George Washington University. Her work focuses on aging services and home and community-based long-term care. Prior to joining the Forum, Ms. O'Shaughnessy was a specialist in social legislation at the Congressional Research Service (CRS). In that capacity, Ms. O'Shaughnessy assisted Committees and Members of Congress on a wide range of issues related to services for older people, including legislation on the Older Americans Act and Medicaid home and community-based services. Ms. O'Shaughnessy received her undergraduate degree from Dunbarton College and her master's degree in medical sociology from the Catholic University of America.

FOOD IS AT THE CORE OF OUR LIVES

By Nadine Sahyoun

It is universally recognized that good nutrition is essential for proper physical, psychological and social functioning. We cannot produce all the nutrients our bodies need and must obtain them from the food we eat. If we don't get what we need from our food, our bodies suffer the consequences and over time fail in some way. Why then is good nutrition not given its proper due? Is it because we don't see emaciated people in the U.S? Foods with high caloric content are abundantly available but when we speak of nutrition, we mean quality food containing the appropriate amounts of vitamins and minerals necessary to keep us healthy. Food is at the core of our lives and compared to medications and hospital care, quality food is relatively inexpensive and essential, yet often neglected.

There is a large body of knowledge informing us of the nutrients and types of food that we need throughout the lifecycle. At birth we need a certain type of nutrition and as we progress through life, this need changes to adjust to what we are going through in terms of growth and development. Overall, older adults need fewer calories than younger people yet their nutrient needs are the same or higher, which means that it is crucial for older adults to eat nutrient dense foods. For example, as people get older, there is an increased need for calcium, vitamin D and vitamin B6. Additionally, about 10-30% of the population ages 50 and older have changes in stomach acidity which decreases the availability of vitamin B12 for absorption. Although vitamin B12 recommendation is the same for younger and older adults, it is recommended that individuals over age 50 obtain that vitamin by eating foods fortified with it, such as cereals, or from dietary supplements because vitamin B12 is better absorbed when not bound to protein in food. Deficiency in vitamin B12 may lead to heart disease and cognitive dysfunction, devastating health conditions.

Yet such valuable information is not always communicated to older adults. Funding for nutrition education generally and for older adults particularly is limited; thus knowledge of the nutrition needs of older adults sits on a shelf waiting to be disseminated. Under the new health care law, the Patient Protection and Affordable Care Act, there will be more of an emphasis towards prevention services. Hopefully, some of the funding will be directed towards nutrition education for older adults because studies show that primary and secondary prevention interventions can be effective among this population. As an example, the American Heart Association subcommittee on Exercise, Cardiac Rehabilitation and Prevention reported that secondary interventions to modify risk factors in older patients with coronary heart disease were as effective as in younger adults and that older adults were more compliant with recommended behavioral changes.[1] This is the kind of information that needs wider dissemination.

Knowing about nutrition needs may not necessarily translate into action among older adults. Other barriers prevent people from following a healthy diet besides lack of knowledge or lack of interest to do so. These barriers include low socioeconomic status, functional changes such as inability to shop and cook, lack of appetite, social isolation, lack of transportation and disabilities. These conditions may lead to food insecurity, defined as limited access to sufficient, safe and nutritious food to meet dietary needs and food preferences due to physical and economic conditions.[2] A recent report indicated that 14.8 % of older adults experienced food insecurity in 2010.[3] We know that the presence of hunger and food insecurity among older adults affects everyone in a community. Not only is it an ethical and moral issue but hunger and food insecurity can lead to deterioration of health, onset of chronic disease, hospitalization and institutionalization. This, in turn, places a heavy financial burden on society.

1 Williams MA, Fleg JL, Ades PA et al.; American Heart Association Council on Clinical Cardiology Subcommittee on Exercise, Cardiac Rehabilitation, and Prevention. Secondary prevention of coronary heart disease in the elderly (with emphasis on patients > or =75 years of age): an American Heart Association scientific statement from the Council on Clinical Cardiology Subcommittee on Exercise, Cardiac Rehabilitation, and Prevention. Circulation 2002; 105:1735-43.

2 UNHCR's Strategic Plan for Nutrition and Food Security 2008 – 2012, UNHCR, 2008. http://www.unhcr.org/4885998c2.pdf Accessed May 9, 2012

3 Ziliak J, Gundersen C. Senior Hunger in America 2010: An Annual Report. Special Report by the University of Kentucky Center for Poverty Research for the Meals On Wheels Research Foundation. http://www.mowrf.org/the2010annualreport.pdf Accessed May 9, 2012

To provide the best health care possible for older adults, there is a need to utilize all resources available in the community within the continuum of care. One of the nutrition services available includes the Older American Act Nutrition Program (OAANP). It offers a range of nutrition services through the aging network's estimated 4,000 nutrition service providers. Nutrition screening, assessment, education and counseling are available to help older participants meet their health and nutrition needs. OAANP also provides meals in a variety of group settings and in homes of homebound older adults. Meals served under the program must provide at least one-third of the recommended dietary allowances. These congregate meal programs provide older people with positive social contacts with other seniors. Home-delivered meals are also essential for older adults who are unable to leave their homes due to an acute or chronic condition. OAANP is a safety net for individuals who need help during a difficult period in their lives. It is, therefore, of concern that funding for this program is not increasing to meet the demand from this population. Older adults are not only increasing in number but more of them are remaining in the community. Additionally, hospital stays are shorter than ever and people need assistance not only with nutritious meals but also information on good nutrition upon returning home. The number of nutrition sites reporting waiting lists is rising. Considering limited funding for the program, targeting the neediest in the communities has become essential.

Another program, not fully utilized by older adults is the Supplemental Nutrition Assistance Program (SNAP, formerly food stamps). Older

adults have relatively low SNAP participation rates; only 35 percent who qualify actually participate.[4] Low participation has been attributed to misconceptions about the program; relatively low benefits for many older adults and the stigma attached to receiving benefits discourage older adults from using this service. Additionally, individuals who have difficulty with shopping and cooking and are socially isolated may not be able to utilize this service. OAANP and SNAP need to collaborate to find creative ways to serve needy people. These two programs can alleviate some of the anxiety that is an inherent part of food insecurity.

There are many new initiatives, initiated by the previous and current Administrations, whose aim is to allow people to live independently in their own homes rather than be institutionalized, by providing them with services that they need. Nutrition does not appear to be included as a component of the multidisciplinary services under consideration. There is a movement towards allowing an individual independence in selecting one's own care and determining needs. Although this is a worthy aim, it may be difficult for some individuals to make some of the tough decisions. Generally, some services appear to be more expendable than others and nutrition services could be sacrificed to obtain medication, for example. It is crucial to empower individuals with the knowledge of what nutrition services exist and their importance to health.

As the number of older adults goes up and the need for additional services increases, it is essential to also leverage all available resources by coordinating medical care with social services as well as better coordination of the social services themselves so that older adults may have a safety net. The current political debate appears to dwell on how to cut pensions for retirees, and change and weaken Medicare and Social Security in order to deal with the budget deficit. This is a regressive approach that may actually lead to destitution and poverty among older adults, a condition that existed before these programs were instituted. Instead, the conversation on implementing austerity measures should include a vision concentrating on how to save on medical care expenses by developing prevention and early intervention programs that also include nutrition education and services.

4 Leftin J. 2010. "Trends in Supplemental Nutrition Assistance Program Participation Rates: 2001 to 2008." Mathematica Policy Research, 2010. http://www.fns.usda.gov/ora/menu/Published/snap/FILES/Participation/Trends2001-2008.pdf Accessed May 9, 2012

NADINE SAHYOUN, PH.D, RD

Nadine Sahyoun is an Associate Professor in Nutritional Epidemiology in the Department of Nutrition and Food Science at the University of Maryland, College Park and is a Fulbright Scholar. She received her doctoral degree in Nutritional Sciences at Tufts University in Boston, Massachusetts and did her post-doctoral work at the National Center for Health Statistics, Centers for Disease Control and Prevention. Her varied professional background includes public health work at the local, state and federal levels and internationally in Iraq and Lebanon. Her research interests focus on environmental risk factors, their impact on nutritional status and on the development of chronic disease and mortality.

THE RISE IN FOOD INSECURITY AMONG SENIOR AMERICANS

By James P. Ziliak

The idyllic characterization of the golden years of retirement being free from worry about covering the basic necessities of life is increasingly allusive for millions of seniors as they grapple with the threat of hunger. In 2001 just over 1 in 10 seniors faced the threat of hunger. With the onset of the worst recession in over seven decades, this number soared to over 1 in 7 by 2010. Who are these seniors? Are they concentrated among the poor? Are they the oldest old? Where do they live? And what are the consequences? In this article I provide an overview of the extent, distribution and consequences of food insecurity among older Americans based on a series of reports written with Craig Gundersen of the University of Illinois.[1]

WHAT IS FOOD INSECURITY?

Food insecurity is defined by the U.S. Department of Agriculture as a situation where a person or household is uncertain of having, or unable to acquire, enough food for all household members because they had insufficient money and other resources for food. In 1995 the USDA began monitoring food security by means of the Food Security Supplement,

1 See Ziliak, J., C. Gundersen and M. Haist. 2008. "The Causes, Consequences, and Future of Senior Hunger in America." Special Report by the University of Kentucky Center for Poverty Research for the Meals on Wheels Association of America Foundation; Ziliak, J. and C. Gundersen. 2009. "Senior Hunger in the United States: Differences across States and Rural and Urban Areas." Special Report by the University of Kentucky Center for Poverty Research for the Meals on Wheels Association of America Foundation; Ziliak, J. and C. Gundersen. 2011. "Food Insecurity Among Older Adults." AARP Foundation; and Ziliak, J. and C. Gundersen. 2012. "Senior Hunger in America 2010: An Annual Report." Meals on Wheels Research Foundation.

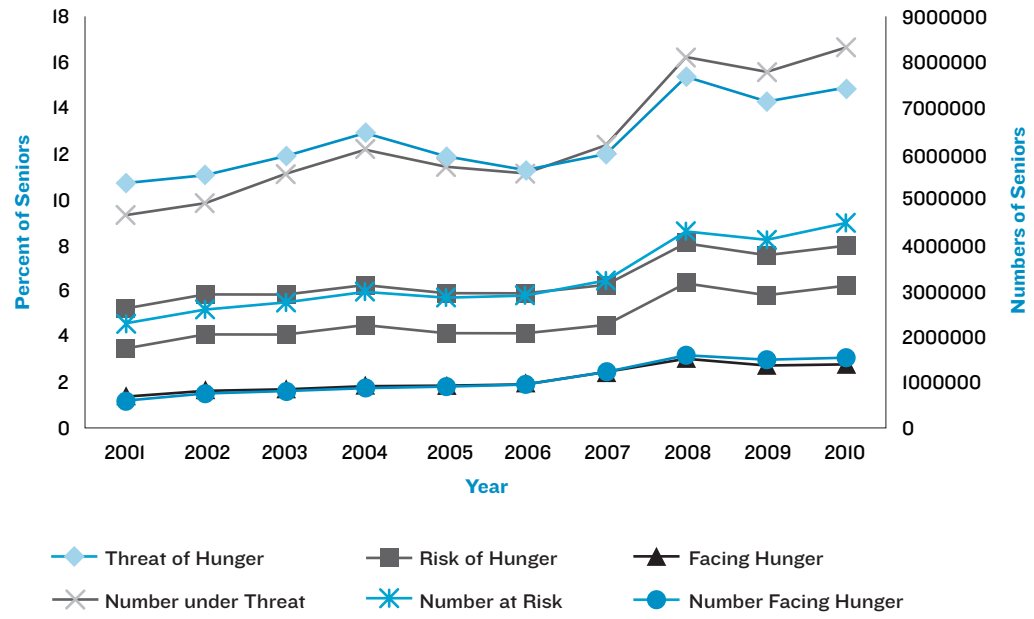
conducted as an annual supplement to the monthly Current Population Survey (CPS), a nationally representative survey carried out by the U.S. Census Bureau for the Bureau of Labor Statistics. In December of each year since 2001, about 50,000 households respond to a series of 18 questions (10 if there are no children present) that make up the Core Food Security Module (CFSM) in the CPS. Each question is designed to capture some aspect of food insecurity and, for some questions, the frequency with which it manifests itself. Respondents are asked questions about their food security status in the last 30 days, as well as over the past 12 months. There are various approaches to categorizing households based on their responses to the questionnaire, and the one we adopt is to classify households as fully food secure if they answer no to all questions; as marginally food insecure if they answer in the affirmative to at least one question ("threat of hunger"); as food insecure if they answer yes to at least three questions ("risk of hunger"); and as very low food secure if they answer in the affirmative to six or more (eight or more if children are present) questions ("facing hunger").[2]

TRENDS IN FOOD INSECURITY

Figure 1 depicts trends in food insecurity among seniors 60 and older over the past decade both as a percentage of the senior population and as numbers of seniors. As seen in the figure, there was a steady increase in the threat of hunger from 2001 to 2004, while the other two categories were fairly stable. Over the next three years there was little change in food insecurity, but between 2007 and 2008 all three categories skyrocketed by 25% to 30%. Reflecting the cohort of "baby boomers" nearing retirement, the increase in the number of seniors was even larger than the increase in the prevalence of food insecurity. Within a year, however, there was a slight decline in the fraction of seniors food insecure, suggesting at the time that the worst of the recession might be behind us. However, in our most report (2012) we documented the startling development that senior food insecurity actually increased by a statistically significant amount between 2009 and 2010 (both the threat and risk of hunger increased by about a half percentage point. The increase came as a surprise because in the fall of 2011 the USDA reported that food insecurity in the general population declined between 2009 and 2010. This suggests that the Great Recession had more enduring effects with respect to food insecurity for older Americans than for the general

2 The USDA defines four mutually exclusive categories of fully food secure (all no's on the CFSM); marginally food secure (1-2 yeses); low food secure (3-5 yeses); and very low food secure (6/8 or more yeses). The commonly reported food insecurity rate combines the low food secure and very low food secure categories.

Figure I: Trends in Food Insecurity among Senior Americans



population. For the decade as a whole, there was a 39% increase in the fraction under the threat of hunger, a 52% increase at risk of hunger and a 97% increase facing hunger. In terms of the numbers of seniors affected, the corresponding increases are 78%, 95% and 152%.

THE HIDDEN HUNGRY

Just exactly who are the food insecure seniors? Chances are they are your neighbor, your co-worker, your fellow parishioner, or even your parent or grandparent. Our research documents that food insecurity cuts across the income spectrum. To be sure, having annual income below the Federal poverty line places a senior at much greater risk of hunger. However, two-thirds of seniors who are food insecure have annual incomes above the poverty line and over one-fourth have incomes over twice the poverty line. A similar pattern holds across racial lines. We find that African Americans have rates of food insecurity two to three times higher than for white seniors, and still 50% higher after controlling for confounding factors such as income and education. But even though African-Americans are at greater risk of hunger than whites, about 3 in 4 food insecure seniors are white. A surprising result of our research is

the fact that contrary to prior belief, the risk of hunger is greatest among younger seniors. Many assumed that hunger risk is most prevalent among the oldest old, who are more likely to be homebound and thus to have reduced capabilities to provide for themselves. While this remains a particularly vulnerable population, the prevalence of hunger risk is significantly higher among young seniors—a 60-64 year old senior is 40% more likely to face the threat of hunger than a similarly situated senior over age 80. While food insecurity is most prevalent in the South (9 of the top 10 states in terms of food insecurity are in the South), it is neither a rural problem, nor is it an urban problem. It is an American problem. In other words, hungry seniors are in our midst on a daily basis. Their hunger may be hidden from us, but they are not.

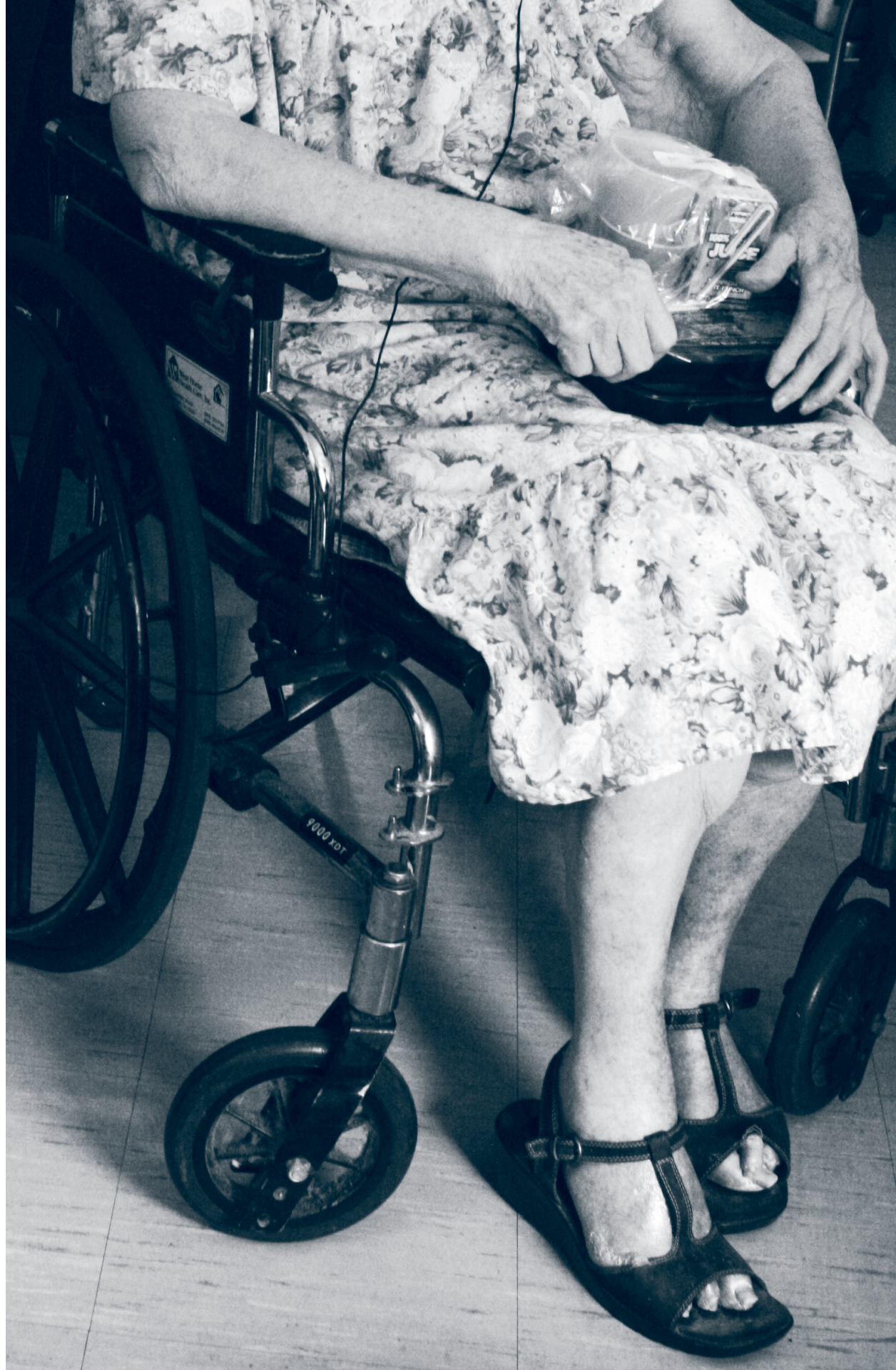
HEALTH CONSEQUENCES OF HUNGER

The rising cost of health care, especially among seniors, is a major financial concern for the nation. Our research suggests that food insecurity is a likely contributing factor to the health care crisis. We examined differences between food secure and food insecure seniors in terms of nutrient intakes such as energy intake, protein, vitamin A, vitamin C and iron, along with more general health outcomes such as diabetes, general health, depression and limitations in activities of daily living (ADLs). Even controlling for confounding factors we found that food insecure seniors had statistically significantly lower nutrient intakes, were more likely to suffer from diabetes, were more likely to report being in fair or poor health and were more likely to suffer from ADL limitations. To put the latter into context, we find that a food insecure 65 year old has similar limitations to ADLs as a healthy 80 year old. In short, food insecurity ages our seniors.

Food insecurity is a likely contributing factor to the health care crisis

THE FUTURE OF SENIOR HUNGER

Our research demonstrates that food insecurity among older Americans has been and will continue to be a national public health concern. America is an aging society, which means that even if we hold steady the fraction of the population at risk of hunger, the numbers of seniors in need of food assistance will grow. This is a dangerous prognosis because



it implies that there will be further financial pressure on our health care system to care for food insecurity induced health problems. One step to help avoid this fiscal cliff is to ensure seniors have regular access to safe, affordable and nutritious foods.

JAMES P. ZILIAK, PH.D.

James P. Ziliak holds the Carol Martin Gatton Endowed Chair in Microeconomics in the Department of Economics and is Founding Director of the Center for Poverty Research at the University of Kentucky. He earned his bachelor of arts/bachelor of sciences degrees in economics and sociology from Purdue University and his doctoral degree in economics from Indiana University. He served as assistant and associate professor of economics at the University of Oregon, and he has held visiting positions at the Brookings Institution, University College London, University of Michigan, and University of Wisconsin. His research expertise is in the areas of labor economics, poverty, food insecurity, and tax and transfer policy. Recent projects include the causes and consequences of hunger among older Americans; trends in earnings and income volatility in the U.S.; trends in the antipoverty effectiveness of the social safety net; the origins of persistent poverty in America; and regional wage differentials across the earnings distribution. He is editor of *Welfare Reform and its Long Term Consequences for America's Poor* published by Cambridge University Press (2009) and *Appalachian Legacy: Economic Opportunity after the War on Poverty* published by Brookings Institution Press (2011).

NATIONAL Alliance of WOMEN Against SENIOR HUNGER

THE NATIONAL ALLIANCE OF WOMEN AGAINST SENIOR HUNGER

In May, 2012, two iconic television stars of the legendary prime-time dramas of the 1980s – Linda Evans of *Dynasty* and Linda Gray of *Dallas* – joined with Congresswomen Rosa L. DeLauro (D-CT) and Jo Ann Emerson (R-MO) as co-chairs of the newly created National Alliance of Women Against Senior Hunger (NAWASH). The Alliance is an initiative of the Meals On Wheels Research Foundation.

The Alliance is comprised of women leaders from across the country who want to help put a stop to the growing epidemic that is senior hunger. These women are corporate executives, journalists, philanthropists, educators, doctors, farmers, teachers, mothers, grandmothers, and daughters. They are women who are banding together to stand up to a disease that, while hidden from sight, can maim and incapacitate and destroy the quality of life and life itself. Without dispute, hunger is a disease that does all of those things, yet the cure for this disease is known. We have it within our power to end this disease today.

The Alliance was created to help us lead the way - the women's way to end senior hunger.

MEALS ON WHEELS

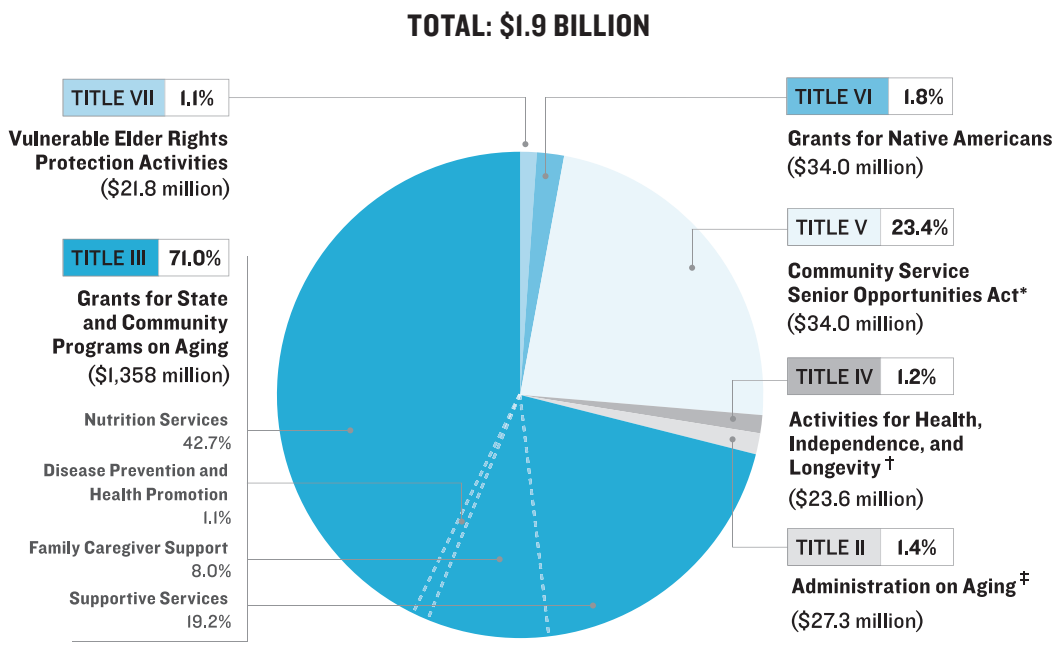
Research Foundation

210 South Union Street

Alexandria, VA 22314

703.548.5558

FIGURE 2. OLDER AMERICANS ACT, FY 2012 FUNDING



* *Also referred to as the Senior Community Service Employment Program.*

† *Includes AoA funding for the Senior Medicare Patrol Program (also supported by Health Care Fraud and Abuse Control funds), AoA discretionary funding for ADRCs (also supported by funds appropriated by the Patient Protection and Affordable Care Act (PPACA)), the national Alzheimer's call center; multigenerational civic engagement activities, legal assistance support activities, various national aging centers, and other aging network support activities. P.L. 112-74 did not appropriate funding for Program Innovations for FY 2012.*

‡ *Includes AoA funds for national resource centers for elder abuse prevention and the long-term care ombudsman program, the national eldercare locator; the pension information and counseling program, and AoA program administration.*

Note: Funds shown are after the across-the-board rescission for FY 2012 was applied. Percent does not add due to rounding. Chart does not include funds administered by AoA but funded by other legislation in 2012: $2.5 million for the Lifespan Respite Care Program, $4 million for the Alzheimer's Disease Supportive Services Program under the Public Health Service (PHS) Act, $10 million for ADRCs appropriated by PPACA, $10 million for the Chronic Disease Self-Management Program (CDSMP) under the PHS Act, and $3 million for the National Clearinghouse for Long-Term Care Information under PPACA.

Source: Prepared by the National Health Policy Forum, based on e-mail communications with AoA staff, and phone conversations with DOL staff, February 2012.

RECIPIENTS

Compared with the overall U.S. population age 60 and over, Older Americans Act nutrition participants are older, more likely to live alone and have incomes below or near poverty. Participants are also very likely to suffer from multiple chronic conditions, with home-delivered meals recipients frequently experiencing three or more limitations in activities of daily living (ADLs).[3]

UNMET NEED FOR NUTRITION SERVICES

Until recently data on the unmet need for nutrition services generally have been elusive. However, a 2011 report by the Government Accountability Office (GAO) shed some light on the issue of unmet need. It found that about 9 percent of low-income older adults received Older Americans Act meals services but many more were likely to need them due to financial constraints or other difficulties. About 89 percent of low-income older adults who were considered food insecure did not receive either congregate or home-delivered meals. The report also indicated almost 90 percent of older people who were limited in two or more ADLs did not receive home-delivered meals. A number of factors may contribute to non-receipt of needed services. Some older people may not know these services exist or that they might be eligible, and, especially in the case of home-delivered meals, agency budgets do not allow expansion of services to meet identified needs.[4]

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By Nadine Sahyoun

It is universally recognized that good nutrition is essential for proper physical, psychological and social functioning. We cannot produce all the nutrients our bodies need and must obtain them from the food we eat. If we don't get what we need from our food, our bodies suffer the consequences and over time fail in some way. Why then is good nutrition not given its proper due? Is it because we don't see emaciated people in the U.S? Foods with high caloric content are abundantly available but when we speak of nutrition, we mean quality food containing the appropriate amounts of vitamins and minerals necessary to keep us healthy. Food is at the core of our lives and compared to medications and hospital care, quality food is relatively inexpensive and essential, yet often neglected.

There is a large body of knowledge informing us of the nutrients and types of food that we need throughout the lifecycle. At birth we need a certain type of nutrition and as we progress through life, this need changes to adjust to what we are going through in terms of growth and development. Overall, older adults need fewer calories than younger people yet their nutrient needs are the same or higher, which means that it is crucial for older adults to eat nutrient dense foods. For example, as people get older, there is an increased need for calcium, vitamin D and vitamin B6. Additionally, about 10-30% of the population ages 50 and older have changes in stomach acidity which decreases the availability of vitamin B12 for absorption. Although vitamin B12 recommendation is the same for younger and older adults, it is recommended that individuals over age 50 obtain that vitamin by eating foods fortified with it, such as cereals, or from dietary supplements because vitamin B12 is better absorbed when not bound to protein in food. Deficiency in vitamin B12 may lead to heart disease and cognitive dysfunction, devastating health conditions.

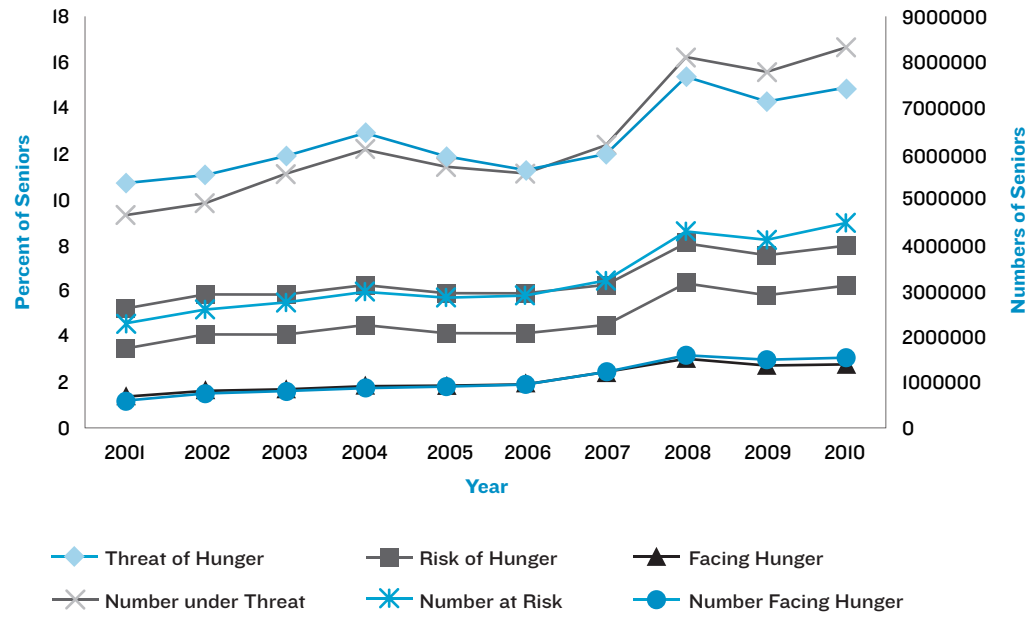
conducted as an annual supplement to the monthly Current Population Survey (CPS), a nationally representative survey carried out by the U.S. Census Bureau for the Bureau of Labor Statistics. In December of each year since 2001, about 50,000 households respond to a series of 18 questions (10 if there are no children present) that make up the Core Food Security Module (CFSM) in the CPS. Each question is designed to capture some aspect of food insecurity and, for some questions, the frequency with which it manifests itself. Respondents are asked questions about their food security status in the last 30 days, as well as over the past 12 months. There are various approaches to categorizing households based on their responses to the questionnaire, and the one we adopt is to classify households as fully food secure if they answer no to all questions; as marginally food insecure if they answer in the affirmative to at least one question ("threat of hunger"); as food insecure if they answer yes to at least three questions ("risk of hunger"); and as very low food secure if they answer in the affirmative to six or more (eight or more if children are present) questions ("facing hunger").[2]

TRENDS IN FOOD INSECURITY

Figure 1 depicts trends in food insecurity among seniors 60 and older over the past decade both as a percentage of the senior population and as numbers of seniors. As seen in the figure, there was a steady increase in the threat of hunger from 2001 to 2004, while the other two categories were fairly stable. Over the next three years there was little change in food insecurity, but between 2007 and 2008 all three categories skyrocketed by 25% to 30%. Reflecting the cohort of "baby boomers" nearing retirement, the increase in the number of seniors was even larger than the increase in the prevalence of food insecurity. Within a year, however, there was a slight decline in the fraction of seniors food insecure, suggesting at the time that the worst of the recession might be behind us. However, in our most report (2012) we documented the startling development that senior food insecurity actually increased by a statistically significant amount between 2009 and 2010 (both the threat and risk of hunger increased by about a half percentage point. The increase came as a surprise because in the fall of 2011 the USDA reported that food insecurity in the general population declined between 2009 and 2010. This suggests that the Great Recession had more enduring effects with respect to food insecurity for older Americans than for the general

2 The USDA defines four mutually exclusive categories of fully food secure (all no's on the CFSM); marginally food secure (1-2 yeses); low food secure (3-5 yeses); and very low food secure (6/8 or more yeses). The commonly reported food insecurity rate combines the low food secure and very low food secure categories.

Figure I: Trends in Food Insecurity among Senior Americans



population. For the decade as a whole, there was a 39% increase in the fraction under the threat of hunger, a 52% increase at risk of hunger and a 97% increase facing hunger. In terms of the numbers of seniors affected, the corresponding increases are 78%, 95% and 152%.

THE HIDDEN HUNGRY

Just exactly who are the food insecure seniors? Chances are they are your neighbor, your co-worker, your fellow parishioner, or even your parent or grandparent. Our research documents that food insecurity cuts across the income spectrum. To be sure, having annual income below the Federal poverty line places a senior at much greater risk of hunger. However, two-thirds of seniors who are food insecure have annual incomes above the poverty line and over one-fourth have incomes over twice the poverty line. A similar pattern holds across racial lines. We find that African Americans have rates of food insecurity two to three times higher than for white seniors, and still 50% higher after controlling for confounding factors such as income and education. But even though African-Americans are at greater risk of hunger than whites, about 3 in 4 food insecure seniors are white. A surprising result of our research is