

"introduce self."

Good Evening,

First and foremost I would like to thank each of you for taking the time to listen to all of the testimony ~~this evening~~.

I sit here tonight to ask you to increase funding for older Vermonters nutrition programs to cover the cost of home delivered meals in Choices for Care and to improve reimbursements for meal providers. ~~Second~~, I am asking the legislature to increase rates for home and community based long term care providers with a guaranteed annual increase going forward.

Vermont is a state with a thriving food economy and no Vermonter should be malnourished or go hungry. Meals on Wheels is an essential program that provides over 1,000,000 nutritious meals to over 15,000 Vermonters. With adequate funding the program can ensure that older Vermonters can stay in their homes, get the food they need and get a safety check from a friendly volunteer. We ask the legislature to support meal programs by increasing state appropriations for home delivered meals.

X Meals on Wheels is the only federally supported program designed specifically to meet the nutritional and social needs of older Vermonters, yet this successful public – private partnership remains significantly underfunded. (MOW America)

As you are most likely aware, we are only getting older and studies show Vermont's population is increasing with older adults. Vermont's senior population is 159,643 (26%), the amount of seniors threatened by hunger is 16,603 (10%), and the amount of seniors living alone is 47,743 (30%).

I could sit here ~~for the rest of the~~ ^{the entire} evening throwing out numbers attempting to convince you how fiscally responsible it actually would be, but the numbers, frankly, speak for themselves (though I have included them in here ^{spread later} just in case). In today's world, the family support of the past has dissipated. This is not a lecture on family ties, rather, a comment to bring to light that with families living in separate places, the care of their elders which once fell on them, has now become the responsibility of the community in which the elder lives.

I meet with 400 Vermonters on average a year, who receive meals on wheels. A majority of them are at nutritional risk, a lot of them have no support. They have no family in the area, they cannot get out of their home without assistance of a neighbor or volunteer car service. Many of them can only make minimal things, like sandwiches or oatmeal and therefore aren't meeting their daily nutritional requirements. My job is to assess each person on Meals on Wheels for greater need, this means that not only is a meal being provided but we are providing ^{information} preventative measures to help these clients learn what may also be available to them, ^{which helps} with preventable measures.

These clients rely heavily on community supports to help them age in place. I offer people what I can, but even the 5 meals a week that I can offer them, is often not enough. A lot of our meal routes – especially those in the most rural parts of our county are only getting a meal delivered once a week. That means the benefit of the socialization that we champion as a vital part of the

Meals on Wheels service, is only being used one day a week. Imagine what it would be like to sit in your home, alone, for 6 days with the only thing you look forward to being a 10 minute interaction with one other person, one-day a week.

I believe that a lot of these people don't think they would ever get to this point, I really don't think any of us do. We all have a plan, we try to save for retirements, keep ourselves healthy, but life likes to throw curveballs and those can leave us in situations we never imagined. Ideally meals on wheels would be able to be provide 7 meals a week to those who need it, with daily deliveries, ~~by~~ doing this not only would we provide the nutrition to our older Vermonters they need but we would also be providing the social support that many of our older Vermonters and even our younger Vermonters need to feel worth. The sad truth is that a lot of the people this program serve, are ashamed at first to ask for the help. What a sad place to live in that we have ~~shame~~ our elders into feeling that asking for help means they're a burden. They were here paving a way for us long before we knew them. And to say to them, what you're getting now is fine and is enough, is a reflection of selfishness on our part.

The beauty is that this is just one piece of the puzzle. By appropriating more funding towards the nutrition program you allow multiple things to happen. The funding would provide more meals to those in need, which would drive healthcare costs down not to mention that means keeping our older adults healthier and at home for longer. This also allows congregate meal sites to provide more meals to older adults able to get out of their homes, which is a win. It also means that we can continue to concentrate on helping our younger older adult population focus on their health and taking preventative measures to their own health outcomes and food security.

~~When older Vermonters have the ability to successfully age in place we all benefit.~~ Older Vermonters who are able to successfully age in place have better health outcomes, better quality of life, and lower care costs. ~~The truth is that investing in our older population is investing in your own future.~~ *real benefit.*

Inadequate nutrition and/or limited social contact has direct health consequences that affect the healthcare system and economy. The percent of preventable hospitalizations in Vermont's older adult population is 28%, total medical spending (in billions) that of \$1.18. Findings suggest that Meals on Wheels recipients' healthcare utilization and costs declined if they are enrolled onto meals on wheels. The fact is that people enrolled onto the MOW program, within the first 30 days decrease their hospital visits by 39%, decrease their emergency department visits by 38%, and they decrease their nursing home visits by 28%. All great news, except that it is becoming increasingly difficult to meet the needs of the population due to significant underfunding of the program. "The OAA nutrition Program reaches less than one third of older adults in need of its program and services and those served received on average only three meals per week." (Journal of Nutrition Education and Behavior Volume 42, Number 2, 2010)

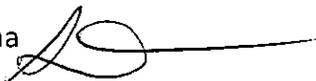
Funding for these programs vary based on the needs and resource of the community and are made up of federal state, local and private dollars. The Older Americans Act (OAA) covers 45% of the total cost for congregate and home delivered meals combined leaving 55% of costs to be funded by other sources. In dollars that is approximately \$4 million dollars that needs to be funded by state, local or private resources. Medicaid Waivers may fund HCBS which keeps older adults at home – rather than facility-based care. Stats also may include meals and nutritional supplements. Ten states do not include HDMS for older adults as a service, Vermont is one of them.

OAA nutrition programs in Vermont are delivering nutritious meals, friendly visits and safety checks to the most at-risk seniors. Seniors served each year – congregate 13,451, home-delivered meals, 5,616.

The cost of servicing an older adult meals on wheels for an entire year is \$1,388. The cost of 1 day in the hospital is \$2,244 and the cost of 10 days in a nursing home \$3,120. "On average, Medicaid can support three older adults and adults with disabilities in home and community based settings for every person in a nursing facility." (Journal of Nutrition Education and Behavior Volume 42, Number 2, 2010) The journal further states that "While HCBS may include home-delivered meals and nutrition counseling only 29 states have chosen to do so as part of the Medicaid waiver program. With 95% of health care spending for those aged 65 years and older attributable to chronic conditions, an opportunity exists to expand the benefits of health promotion and programs of them. Evidence-based health promotion programs show cost savings." (Journal of Nutrition Education and Behavior Volume 42, Number 2, 2010) In addition, "Food and nutrition programs for children and adolescents have improved dietary intakes, reduced low-birth-weight incidence, and provided useful information to families at risk. Their success is attributable I part of increase in funding over time. This has enable programs to keep pace with increased demand, evolve appropriately to meet diverse nutrition needs, and evaluate effectiveness at achieving outcomes. The same funding support is needed for food and nutrition programs of older adults." (Journal of Nutrition Education and Behavior Volume 42, Number 2, 2010) I urge you to invest in your own future, by increase funding for older Vermonters nutrition programs to cover the cost of home delivered meals in Choices for Care and to improve reimbursements for meal providers.

Thank you very much for your time,

Anna



Anna White

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