



Recommendations for the White House Conference on Hunger, Nutrition, and Health on Behalf of Older Adults

Submitted electronically via WHHungerHealth@hhs.gov

Over 50 years ago, the first White House Conference on Food, Nutrition, and Health elevated hunger as a national priority and influenced federal food and nutrition policy for years to come. Since that seminal event, much has changed, and more work remains to be done.

The National Council on Aging (NCOA) was pleased to endorse bipartisan legislation calling for a convening of a new White House Conference, to examine the realities and opportunities of the 21st Century and “create a holistic, whole-of-government plan to end hunger and nutrition insecurity.” As Americans continue to live longer, the number and diversity of individuals living into their 80s, 90s and beyond grow exponentially. The time is long overdue to commit public and private resources to proven efforts to raise awareness and facilitate policy change to provide equitable access to food and nutrition security, diet quality, and healthy aging across the lifespan.

We call upon the administration to enlist a comprehensive approach to the Conference that will include various federal, state, local, and Tribal policymakers, anti-hunger, health and private sectors, and people with lived expertise of hunger. It must remain true to the Congressional mandate to examine the root causes of hunger and malnutrition, assess the impacts on health and the prevalence of chronic disease, identify the inequities inherent in these issues, and commit to the means for addressing these challenges. To that end, we believe the conference must:

- Address poverty-related hunger and its root causes as well as health equity and food literacy. Engage older adults with lived experience and expertise in hunger, poverty, and nutrition program participation in meaningful ways.
- Foster equity in identifying challenges and solutions by enlisting the perspectives of people from diverse backgrounds and walks of life in the development of:
 - Assurances that food can be socially relevant, readily accessible, affordable, and align with individual cultural and dietary preferences;
 - Strategies to reduce racial, ethnic, and other disparities in food security, diet quality, and managing chronic conditions; and
 - Modernized dietary guidelines and federal nutrition policy which ensure diet quality and appropriate education and programs that are culturally sensitive to a variety of populations and eating preferences.
- Build and leverage political will by convening cross-sector stakeholders to build widespread and bipartisan support for ending hunger.
- Promote sustainability by empowering older adults with tools and skills-building for proper cooking, safe storage, enjoyment, and distribution in the household to all family members from youth to older adults.

- Create a national action plan to end hunger and improve nutrition security in America by 2030, consistent with the United Nations Sustainable Development Goal of Zero Hunger. Essential strategies include:
 - Economic policies that promote the development and access to quality jobs, wages, and benefits for low- and moderate- income households, address employment discrimination, and shared prosperity;
 - Modernize poverty measures, asset tests, and food insecurity screening tools;
 - Improve and support collaboration of government income support programs for struggling families and individuals;
 - Expand and strengthen the federal nutrition programs;
 - Target and tailor supports for specific populations with disproportionate rates of poverty and hunger, including making permanent various proven approaches to simplify access and expand benefits for food insecure fixed-income older adults;
 - Work alongside states, localities, and nonprofits to expand and improve participation in federal nutrition and other government support programs; and
 - Make sure all families and individuals have convenient access to reasonably priced, safe, culturally acceptable, and healthy food.

We are at a pivotal moment in time. The time is now to implement bold, innovative, and multi-sector solutions to end hunger and food and nutrition insecurity.

Our specific recommendations include the following:

1. Improve Supplemental Nutrition Assistance Program (SNAP) Access and Benefits
2. Re-envision the Older Americans Act (OAA) Senior Nutrition Programs with a Post-Pandemic Lens
3. Address Disparities in Health and Food and Nutrition Security
4. Support Physical Activity and Livable Communities
5. Strengthen Data Collection and Dissemination and Research

1. Improve Supplemental Nutrition Assistance Program (SNAP) Access and Benefits

- Convert the [demonstration projects and waivers](#) to improve older adults' access to SNAP to permanent state options.
- Increase the [minimum monthly benefit](#).
- Transition the Nutrition Assistance Program (NAP) to SNAP in [Puerto Rico](#) and in any U.S. territory as approved by their leadership.
- [Replace the Thrifty Food Plan](#) with the Low-Cost Food Plan as the means for calculating benefits.
- Make the [SNAP Online Purchasing Pilot](#) permanent, expand the number of participating retailers, and provide resources for delivery costs.
- Enhance [SNAP outreach](#) funding, targeted populations, and activities.
- Extend the COVID-19 Public Health Emergency as conditions warrant, [trigger enhanced benefits automatically](#) during times of economic recession or health pandemic; ensure the Disaster SNAP resources can respond to pandemics in addition to natural disasters.
- Promote [benefit coordination](#) to address the under-enrollment of older adults in public benefits to improve access to and retention of income supports for those with low, limited incomes.
- Increase resources for [benefits outreach and enrollment strategies](#) that focus on under-enrolled individuals who rely on person-centered, hands-on support.

Voices of SNAP recipients:

- Tammara Moss, aged 62, needed food assistance. But she was worried about missing some documentation. Her local NCOA funded Benefits Enrollment Center provided SNAP application guidance over the phone, and even taught Tammara how to use her smartphone to look up helpful resources online. She was ultimately approved for \$162 in monthly SNAP benefits and said they came at the perfect time. "It's a Godsend they helped me with application assistance," she said.
- Mr. N., aged 70, also thought he wouldn't meet the criteria for food assistance. "Living here for 20 years, I had already received help applying for benefits a long time ago. I didn't think I'd be eligible for any other benefit and therefore never tried to apply." Mr. N. now receives SNAP benefits of \$112 a month, which helps him buy the groceries he needs to stay healthy.
- Unable to use technology, Mrs. G., aged 65, could not access or print a SNAP application online. But her local Council on Aging was ready to step in and help. After the agency assisted Mrs. G. with getting her application submitted, she was approved for \$204 in monthly benefits. "I'm extremely grateful for the benefits and for the assistance I received from the agency," she explained to us.
- Kenneth Boatwright, aged 63, was in a similar situation. He did not own a computer or even know how to use one, and he was worried about being able to renew his SNAP benefits. His local food bank helped him with the process, ensuring his renewal application was submitted on time. "Without SNAP, I couldn't afford my medication," he said.

2. Re-envision the Older Americans Act (OAA) Senior Nutrition Programs with a Post-Pandemic Lens

- Incorporate the views and participation of the national network of community-based senior nutrition programs in the Conference; entities such as multipurpose senior centers were on the front lines ensuring the basic needs of older adults, including food, were addressed during the pandemic and also innovating to reach as many as possible with limited dollars and staffing.
- Restore and enhance congregate nutrition programs for older adults, recognizing the contributions to combatting isolation and promoting access to other aging services addressing health and financial security.
- Continue investments in home-delivered nutrition programs to meet the increased demands as a result of the pandemic and to support the innovations which emerged to address the staffing and transportation issues that have limited the programs' reach. For example, flexibility for the curbside/"grab and go" meal programs that emerged, and more seamless reimbursement for the entities offering those serves would be beneficial, or at least could be tested and evaluated as a demonstration program.
- Resources need to be expanded to allow for nutritious meals to also be tailored to reflect cultural and social preferences.
- Address other factors, such as oral healthcare, access to transportation and health literacy, which are also barriers to good nutrition and adequate utilization of foods for nourishment

Senior Centers' observations:

- During the beginning of COVID, Nevada focused on creating actions teams to further avoid food insecurity amongst families with children, older adults and individuals with disabilities. Nevada Senior Services has hosted SNAP outreach events and implemented a congregate meal site with our community partner Helping Hands of Vegas Valley to support older adults and their caregivers. Nevada Senior Services participates in a monthly senior hunger meeting with other community leaders to share best practices on how to decrease food hunger in Nevada.

- I have served the senior community at the Bowie Senior Center for more than 25 years and it is a fact, seniors would be in a better healthy place, if they were consistent with healthy eating. Many of the health problems come from years of not having nutritious meals and exercise. Care for our elderly is worse than ever. Family sometimes cannot help, planning to live long should be encouraged. I hope we can have a conversation to better this situation.
- Older adults that come to the Avon Senior Center (CT) participate in our Congregate Meal program. When we serve a meal (2 days a week), we know that they are eating well. We see them, monitor them, check on them and are aware of what they eat. We are not sure what they are doing for food when they are not here. With the rising costs of food, social isolation concerns, food insecurity and finances, we need to focus on our older adults and nutrition

3. Address Disparities in Health and Food and Nutrition Security

- Improve, modernize, and streamline access to means-tested benefits for older adults, which have been shown to [positively impact](#) wellbeing and food insecurity, including SNAP, [Medicare Savings Programs \(MSP\)](#), [Part D Low-Income Subsidy/Extra Help \(LIS\)](#), and [SSI](#).
- Expand the availability of [evidence-based programs that promote healthy aging](#), with additional discretionary resources now, particularly for the OAA programs which focus on older adults with the greatest economic and social need, and ultimately, Medicare reimbursement.
- Address poverty-related hunger and its root causes and broaden the focus to include health equity and food literacy. Health equity is only achieved when we go beyond hunger and focus on stable, regular access of nutritious and acceptable foods that align with individual cultural and dietary preferences.
- Ensure that food can be socially relevant, accessible and affordable.
- Promote sustainability by empowering older adults with tools and skills-building for proper cooking, safe storage, enjoyment, and distribution in the household to all family members from youth to older adults.
- Engage people from diverse backgrounds and walks of life in the development of dietary guidelines and federal nutrition policy and create culturally appropriate education that reflects various cultures with appropriate education and programs that are culturally sensitive to a variety of populations and eating preferences.
- Ensure that all individuals have access to nutritionally adequate foods on a regular basis; poor diet is a leading factor in the development of many nutrition related chronic diseases including heart disease, cancer, obesity and diabetes.
- Integrate nutrition and health and support equitable access to evidence-based prevention programs, including equitable access to Diabetes Self-Management Training (DSMT) for people with diagnosed diabetes. DSMT is an essential component of diabetes management, and CMS needs to make changes to ease administrative burdens on providers and increase the current low reimbursement rates. The National Clinical Care Commission (NCCC) [recommends](#) the following changes to CMS regulations related to DSMT to improve access and engage more people with diabetes (pg. 79):
 - Allow the initial 10 hours of DSMT to remain available beyond the first 12 months from diagnosis until fully utilized.
 - Allow for six additional hours (instead of two hours) of DSMT, if necessary.
 - Allow MNT and DSMT to be delivered on the same day.
 - Eliminate copays and deductibles (cost sharing) for DSMT.
 - Expand the types of providers who can refer for DSMT (for example, podiatrists, specialists treating diabetes-related complications, and emergency medicine physicians).
 - Allow community-based sites to provide DSMT.
 - Standardize the data collection required to simplify the process and ensure

consistency across DSMT programs. CMS should ensure that all relevant partners including claims adjudicators follow a consistent approach throughout the audit and oversight processes to ensure better alignment with the purpose and scope of high-quality DSMT programs of all types and sizes.

- Support equitable access for adults with prediabetes at risk for type 2 diabetes to evidence-based diabetes prevention programs as recognized by the CDC's [Diabetes Prevention Recognition Program](#), part of CDC's [National Diabetes Prevention Program](#) (National DPP), and CMS's [Medicare Diabetes Prevention Program](#) (MDPP) for Medicare beneficiaries, especially for members of populations that are disproportionately affected by prediabetes and type 2 diabetes.
- Update statutory language to reflect current evidence base to permit [Medicare coverage](#) for the full range of [obesity treatment options](#), including anti-obesity medications, to ensure [populations disproportionately impacted by obesity](#) have equitable access. There is a strong correlation of obesity with risk for prediabetes and type 2 diabetes and obesity is a significant factor in the treatment of both. Access to the full continuum of care to treat obesity is another essential tool to reduce new cases of type 2 diabetes and manage existing cases among Medicare beneficiaries. Even though clinical guidelines recommend treatment of obesity through intensive behavioral therapy (delivered by all modalities: community, online and telephonic), pharmacotherapy, and/or surgery, Medicare does not currently cover the full spectrum of interventions for obesity.

Value of Prevention:

- Virginia, an 84-year old, is an example of the importance of prevention. She is a retired nurse, which gave her first-hand knowledge of the challenges individuals experience staying active as one ages. She knew that her health challenges would only complicate matters. She underwent knee replacement surgery. She has fibromyalgia, glaucoma, and low vision. She spent eight years in a wheelchair because of her fibromyalgia but was committed to walking again. She enrolled in a class at the Center for the Blind and Visually Impaired in Chester, Pennsylvania to prevent falls, called "Healthy Steps for Older Adults." She learned about how to reduce her risk of falling and engaged in activities to prevent a fall. Her physical health improved, she noticed an improvement in her mood and energy, and she took steps to make her home safer. Now, she takes Tai Chi, kickboxing, yoga, and Zumba classes, and she line dances and lifts weights. She also helps to get the word out to others about the importance of staying active to prevent falls.

4. Support Physical Activity and Livable Communities

- Organize a coordinated federal effort to reduce falls, including a national public awareness and action campaign and a cross-agency collaboration to develop the infrastructure to make it easier for older adults to access and afford falls reduction strategies.
- Promote early identification of falls risk factors and early intervention, including recognizing falls as a medical condition; incentivizing health care providers to use the U.S. Centers for Disease Control's STEADI falls risk and assessment tool; and focusing on two of the most modifiable risk factors—medications and home safety.
- Expand the availability of healthy aging evidence-based programs that promote [physical activity](#) and [falls prevention](#), with additional discretionary resources particularly for the OAA programs that focus on older adults with the greatest economic and social needs.
- Ensure that the available evidence-based programs for chronic disease management programs are [culturally appropriate and resonate with specific communities](#). This report describes how programs for chronic disease management and physical activity can be enhanced and more inclusive through tailoring to meet the needs of the communities they serve.

- Improve Medicare to prevent falls, including providing Medicare reimbursement for falls risk screening, referral management, and evidence-based community programs; expanding payment for the Welcome to Medicare and Annual Wellness Visits to physical and occupational therapist; and developing Medicare falls prevention billing codes.

Additional References: Recent Congressional hearings and NCOA testimony

- [“Falls Prevention: National, State, and Local Solutions to Better Support Seniors”](#)
Senate Special Committee on Aging
October 16, 2019
- [“Healthy Aging: Maximizing the Independence, Well-being, and Health of Older Adults”](#)
House Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
May 12, 2022

Evidence-Based Fall Recovery:

- Sandy, an 82-year-old woman, is proof that recovery is possible. Following a fall on an icy morning while walking her dog, she received care through MaineHealth, the largest hospital system in Maine. As a result of the fall, she slipped and broke her right leg. Once an active woman, Sandy found herself unable to walk. Following surgery, rehab, and physical therapy, she was able to get around with a walker but stayed home for days at a time. She started to exhibit signs of depression and loneliness. Her daughter suggested she try a program, called “A Matter of Balance” offered at MaineHealth. This program reduces fear of falling and improves balance. For Sandy, the program changed her life. Soon, she traded the walker for a cane, and ultimately, she shed the cane as well. Today, Sandy is a coach for the program, is able to walk miles on end, and feels like she has her life back.

5. Strengthen Data Collection and Dissemination and Research

- Modernize USDA food insecurity measurement which incorporates the current realities of food access and cost and its impact on diverse populations.
- Improve the timeliness of data and strengthen data sharing among key agencies administering benefits for low-income individuals (e.g. SSA and FNS).
- Ensure recent, reliable data is readily available to stakeholders assisting under-enrolled populations such as older adults and addressing gaps in benefits. While government agencies are able to publish enrollment numbers, there is scant, or otherwise dated, literature on the sizes of the eligible population and benefit take-up rates.
- When expanding data collection to ensure equitable participation of the variety of relevant populations, balance such efforts with adequate resources for local public and private organizations juggling both service delivery and oversight.

NCOA Mapping Under-Enrollment:

- NCOA – Urban Institute Collaboration
Food insecurity is an issue that impacts millions of older adults. In 2020, there were 5.2 million (almost 7% or 1 in 15) food insecure older adults, according to the Census’ 2020 Current Population Survey. To further understand the breadth of the problem, NCOA partnered with the Urban Institute to map the gaps between those who are eligible for SNAP (Supplemental Nutrition Assistance Program) and those who are enrolled in the program. While the data is available at the national and state level, it is much harder to drill down to the sub-state and county level. Program administration data shows *counts* of participants at the county or substate level; it does not include those who are eligible but do not participate.

What: With this in mind, NCOA worked with Urban Institute to identify major county and substate areas in which fewer older Americans or Medicare recipients receive SNAP benefits for which they are eligible. The data is from the American Community Survey (ACS); it is combined with administrative program data and the Urban Institute's ATTIS (Analysis of Transfer, Taxes, and Income Security) data model. The SNAP data is for those people aged 65 and older who are eligible for the program.

How: Along with the identifying participation rate estimates, NCOA and Urban Institute are developing an interactive web tool. The web tool will enable people to drill down to see results by state and by area within state. It will allow users to compare different areas within a state or compare different states. For example, within one state, where are the areas with highest enrollment in SNAP versus those with lowest enrollment and high eligibility? Where is the greatest need?

Why: For local, community-based organizations the maps will be a tool to further direct their outreach and education efforts. It will assist counselors and coordinators in identifying where there are pockets of older adults who are eligible and not enrolled in benefits. This will enable staff to target their efforts for outreach and education more specifically. For broader audiences, the tool will allow users to rank counties and states and gain more insights and drill down for local information.

- [Extra Help \(LIS\) & Medicare Savings Programs \(MSP\): Mapping Those Potentially Eligible](#)
- [Take-Up Rates in Medicare Savings Programs and the Part D Low-Income Subsidy Among Community-Dwelling Medicare Beneficiaries Age 65 and Older](#)
- [Mapping Low-Income Older Adults by Race, Language, and Technology Access](#)

Attachments:

- NCOA Local Partner Comments via online survey - White House Conference on Hunger, Health, and Nutrition
- NCOA Priorities for the White House Conference on Hunger, Nutrition, and Health on Behalf of Older Adults

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