



BUDGET ACTION

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DECLARATION OF WAR ON SENIOR HUNGER

A Call to Immediate Action

No one in our fine state should go hungry, but especially not our parents and grandparents. But 36% of California's seniors do not have enough income to meet their basic needs of shelter, food, transportation, and medical care. We also know that it is far more affordable to keep our seniors healthy than to treat them medically for conditions that could have been avoided by improved nutrition.

THE GROWTH & HEALTH COSTS OF THE SENIOR POPULATION

Throughout the United States, seniors over 60 represent the fastest growing age group in the country. California is no exception, with 1,000 Californians turning 65 every day for the next fifteen years. Statewide, the *total population is projected to grow at a rate of 4.7%, however, seniors age 85+ are growing more than twice that fast (9.8%)*. The 65-74 range group is growing even faster, with a 26.5% growth projection¹. Even more significant is the small subset of seniors and people with disabilities that consume by far the greatest portion of health care costs in the state. Recent figures show that a mere 8% of the population consumes 75% of the health care costs, with the vast majority being seniors with chronic conditions². Health Care providers and experts in the field of aging have identified long term services and supports (LTSS) as one of the most effective strategies for reducing existing and future health care costs. An investment now will position the state well for controlling costs in the future and will immediately reduce current costs.

The provision of nutritious food is perhaps the most basic component of LTSS, yet nutrition programs are being forced to cut corners, lay off staff, establish waiting lists for service, or, in some cases, close senior meal sites completely.

¹ Governor's Budget Summary Demographics 2014-15.

² Central California Alliance for Health Dec. 2014

Financially, Federal poverty levels fail to measure the economic status of California's older adults. UCLA, the Insight Foundation, and Wider Opportunities for Women have recently created an Elder Economic Security Index (EESI) to measure the true cost of living for a senior in California. The results of this survey are shocking; *36% of all older Californians (age 65+) do not have enough income to meet their basic needs.*

THE OPPORTUNITY FOR IMMEDIATE & COST EFFECTIVE ACTION

The State of California has the opportunity to immediately offset the potentially runaway costs of its aging population by investing in proven strategies to improve senior health, and reduce, eliminate and/or delay potential expenses.

Augmenting senior nutrition programs is one of the most basic and simple solutions for reducing these costs. Investing in other important services will also reduce the state's burden of senior health care costs, and they should be seriously considered as well. But senior nutrition programs stand out as the primary building block of efforts to make comprehensive improvements in senior health.

A PARTIAL SOLUTION: SENIOR NUTRITION PROGRAMS Augmentation: **\$5,400,000**

Without basic nutrition, no individual remains healthy for long, and an especially not a frail senior, or one recovering from a recent illness or injury. Quality Nutrition has been identified as an essential component of recovery from hospital stays as well, and without access to healthy nutritious food, readmissions will increase rather than decrease. Three highly successful program models exist for seniors; each one severely compromised by waiting lists and program closures. Augmentation of senior nutrition programs is the cornerstone for healthy aging.

A COORDINATED SYSTEM OF CARE TO IMPLEMENT THESE ACTIONS ALREADY EXISTS

A variety of programs already exist in state statutes that deliver nutrition services. Area Agencies on Aging (AAA) operate these programs under the Older Californians and Older Americans Acts, including Congregate Mealsites, and Home-delivered Meals, commonly known as Meals on Wheels. AAA's stand by, ready to expand the scope of their already successful programs.

This call to action describes the improved outcomes and savings that can be realized by providing nutritious meals to our seniors.

COST BENEFIT ANALYSIS: Senior nutrition deserves special attention as a strategy to reduce the health and medical needs (and resultant care costs) of older Californians. A study³ that examined the health and nutritional status of seniors found that food-insecure seniors had significantly lower intakes of vital nutrients in their diets when compared to their food-secure counterparts. These food-insecure seniors were 2.33 times more likely to report fair/poor health status and had a higher nutritional risk⁴. Food-insecure seniors are at greater risk for chronic health conditions and experience the following:

- 60 percent more likely to experience depression
- 53 percent more likely to report a heart attack
- 52 percent more likely to develop asthma
- 40 percent more likely to report an experience of congestive heart failure

Quality Nutrition increases healthy outcomes for patients released from hospitals. In one study, the readmission rate for patients treated for congestive heart failure was reduced from 26% to 15% when those patients were delivered two meals a day from Meals on Wheels service providers.

In San Diego County, each hospital readmission costs an average of \$13,000. In an 18-month period in San Diego County alone, a comprehensive pilot program, which included provision of meals when needed, prevented 667 readmissions. A very conservative estimate of a statewide effort to reduce food insecurity for at-risk seniors is that it would prevent more than 2,000 hospital readmissions across the State annually. **The result would be a savings well in excess of \$25,000,000 in hospital readmissions alone!**

A Brown University Study⁵ estimated that every \$25 spent by a state per person over the age of 65 on home-delivered meals, reduces the low-care nursing home population by 1%. The cost of this nursing home care averages over \$86,800 per year per person⁶; a 1% savings equals \$868 for every \$25 invested. Using this formula and calculating the state's share of nursing home payments, **a \$5.4 million investment holds the potential for saving the State of California over \$61,000,000 per year in reduced nursing home**

³ Feeding America and National Foundation to End Senior Hunger (NFESH). (2014, March). *Spotlight on Senior Health Adverse Health Outcomes of Food Insecure Older Americans*

⁴ Lee JS, Frongillo, Jr. EA. (2001). Nutritional and health consequences are associated with food insecurity among U.S. elderly persons

⁵ The Relationship between Older Americans Act Title III State Expenditures and Prevalence of Low-Care Nursing Home Residents; Kali S. Thomas, PhD, MA and Vincent Mor, PhD, MED

⁶ California Association of Health Facilities <http://www.cahf.org/MediaCenter/FactsandStatistics.aspx>

costs. Even if the results are only half of what Brown University projects, more than \$30 million in state dollars would be saved.

With the number of food-insecure seniors projected to increase by 50% when the majority of the Baby Boom Generation reaches age 60 in 2025, it is essential to provide a safety net of preventive nutrition that enables older adults to age well, and that we act now to do so.

WHY \$5.4 MILLION?

California has about 1.6 million seniors at nutritional risk due to limited income. Of those, only 1.8% are receiving home-delivered meals; many others are on waiting lists.

The average senior receiving meals on wheels receives 197 meals per year, or, slightly less than 4 meals per week. Meals are provided through a combination of state, federal, and local dollars, including participant contributions. ***Inflation alone is expected to reduce the number of available meals by 332,225 in FY 2016-17.*** Federal COLA adjustments are expected to cover about 50% of the losses due to inflation. We propose that the State of California contribute 10% of the inflationary costs of existing home delivered meals, totaling \$254,269 per year.

We propose to increase those being served to **2% of the nutritionally at-risk population**, at a cost to the State of California of \$5,152,492

CONCLUSION

California's senior population is growing at a rate five times faster than the rest of the state. Ignoring the impact of that population growth on California's health care system will only make the problem worse than it already is. Investing now in proven programs and strategies will improve the quality of life for our seniors, and have immediate and long term cost benefits, primarily by diverting efforts away from more expensive models of care, such as hospitals, emergency rooms, and skilled nursing facilities.

The Older Californians Act provides an existing structure for the delivery of nutrition services, **services that are projected to produce at least \$55 million in savings in California for a tenfold (1018%) return on a \$5.4 million investment.** Studies from Brown University and a San Diego pilot program suggest that savings closer to \$80 million per year are possible.

Solutions exist; the time to act is now.