Testimony of
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on
Healthy Aging in Rural America
before the
Senate Special Committee on Aging
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Mr. Chairman and members of the Committee, it is my pleasure to discuss nutrition and its importance for healthy aging in rural America. As president of the American Dietetic Association (ADA), I represent our nation's largest organization of food and nutrition professionals with nearly 70,000 members. We are dedicated to serving the public through the promotion of optimal nutritional health and well being. Our work is based on information drawn from peer-reviewed nutrition research and resources representing significant scientific consensus.

I live and work in East Tennessee. As a Registered Dietitian, Professor of Family Medicine and member of the Nutrition Screening Initiative's Technical Review Committee, I have seen firsthand the critical difference that optimizing nutritional status can make in the lives of older Americans. The Institute of Medicine has observed that poor nutritional status, excessive or inadequate intake of nutrients, is a major problem in older Americans. Inadequate intake is estimated to affect 37-40 percent of community dwelling individuals over age 65. Dietary quality ratings of free-living Americans age 65 years and older, as measured by the Healthy Eating Index, show that roughly 80 percent had diets that were ranked as needing improvement or that were poor. (AOA) Among hospitalized and nursing home elderly, undernutrition is especially prevalent. In addition, 86 percent of older Americans have one or more of the chronic diet-related diseases including hypertension, diabetes, and dyslipidemia, singly or in combination. These conditions have adverse health consequences that could be prevented or reduced with appropriate nutrition intervention.

Healthy aging for all Americans requires adequate nutrition to maintain health, prevent chronic diet-related disease, and treat existing disease. However rural America offers some unique challenges due to distance, topography, and limited availability of the wide array of health care options that are present in more urban settings. Those seniors who routinely eat nutritious food and drink adequate amounts of fluids are less likely to have complications from chronic disease or to require care in a hospital, nursing home or other facility. Thus, it makes sense to emphasize nutrition screening for seniors in rural areas.

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Isolated individuals frequently are more susceptible to poor control of chronic diet-related disease states due to difficulty in accessing available medical and/or nutritional care. Nutrition screening can identify seniors at increased risk for poor nutritional status and facilitate intervention to improve health.

A good example of the importance of nutrition screening comes from a Nevada Division of Aging Services pilot program started in January 2001. The program provides 120 at-risk seniors with nutrition screening and intervention that includes medical nutrition therapy, additional meals and dietary supplements. In one instance, a homebound older gentleman was screened after spending two weeks in the hospital to treat a sore on his foot. The healing process was impaired by poorly controlled diabetes. The gentleman's physician was concerned that if the wound did not heal, amputation might be necessary. Medical nutrition therapy provided by a registered dietitian along with home delivered meals through the Meals on Wheels program helped this man to control his diabetes, resulting in the rapid healing of his

foot wound. He also was able to lose ten pounds. This was accomplished with Medical Nutrition Therapy that included nutrition counseling related to meal planning, food preparation, and diet enhancement using protein and vitamin supplements. The total cost of this nutrition intervention was $350 – far less than the cost of even one day in the hospital, not to mention the additional costs in health care and support services had the man's foot been amputated.

The meals programs and other nutrition-related services offered through the Administration on Aging are vital in maintaining the nutritional health and well being of our nation's elderly. These programs do a good job! Between 80 and 90 percent of participants have incomes below 200 percent of the DHHS poverty level, which is twice the rate for the overall elderly population in the United States. Approximately two-thirds of participants are either over- or underweight placing them at increased risk for nutrition and health problems. Those receiving home-delivered meals have more than twice as many physical impairment compared to the general elderly population. To underscore how these programs fill a need: 9 percent of congregate and 41 percent of home-delivered meals programs have waiting lists greater than 2 months in duration with an average of 52-85 people on the list at any given time. In contrast, only 22 percent of other programs (for example homemaker, transportation and home health aid service) have waiting lists, which average 2 months in duration.

Seniors must be able to access dietitian/physician teams who can determine what will best meet their needs and who can teach them how to apply that knowledge in their daily lives. Unfortunately, seniors in rural areas often have limited access to qualified health professionals capable of providing information and guidance needed to make proper nutrition a priority. Programs like the National Health Service Corps, which encourages health professionals to practice in under-served rural areas, could help bridge the gap between need and access. Unfortunately, this program no longer includes dietetics professionals in its list of eligible participants. ADA believes that dietetics professionals should again be included in this program. Recognition of telemedicine technology as a vehicle for nutrition services delivery also could facilitate access to dietitians when none are available in the immediate area.

Nutrition services accessibility in other areas of our nation's health care system should also be examined. In response to a congressional request, the Institute of Medicine recommended that "HCFA as well as accreditation and licensing groups reevaluate existing reimbursement systems and regulations for nutrition services along the continuum of care (acute care, ambulatory care, home care, skilled nursing and long-term care) to determine the adequacy of care delineated by such standards."

HCFA requires nursing homes to have a dietitian as a full-time employee, part-time employee or consultant. However, many states set a minimum number of hours for dietitians to be present in a facility each week. In multiple states, this is as few as three hours weekly. As often happens, most facilities comply with the bare minimum. Considering the widespread nutrition-related problems so prevalent in nursing homes, three hours per week is not enough time for dietitians to give or even to oversee the clinical care that is required, let alone fulfill the active role of facilitator and manager of nutrition and hydration systems and programs. Research indicates that the more time dietitians spend in nursing homes, the less time residents spend in hospitals. The Administration on Aging's report on nutrition and hydration care underscores that in order to provide adequate feeding assistance to every resident it is critical to have a dietitian in every nursing home full time.

Attached to my statement are other examples of programs established under the Older Americans Act showing remarkable success in providing essential nutrition to at-risk seniors. The American Dietetic Association also requests the opportunity of providing a more detailed statement concerning healthy aging in rural America for the hearing record.

Chairman Craig, nutritional well being is critical in assuring quality of life for our seniors. The American Dietetic Association is appreciative that the 106th Congress recognized the role nutrition could play in the prevention and treatment of disease. Medical nutrition therapy will soon be covered under Medicare Part B for individuals with diabetes and renal disease. We hope that Congress will pass your legislation, the Medical Nutrition Therapy Amendment Act, so that nutrition services for cardiovascular disease, the leading cause of death in men and women in the United States, also may be covered. This will ensure access to life enhancing/life saving treatment for those seniors who suffer these debilitating conditions.

To summarize, frail elderly living in rural areas face unique and difficult challenges – not the least of which is accessing a nutritious meal, daily. Thank you for the opportunity to discuss some of the nutrition programs and services that can make such a huge difference. I'd be pleased to respond to any questions the committee might have.

References

Institute of Medicine. The Role of Nutrition in Maintaining Health in the Nation's Elderly: Evaluating Coverage of Nutrition Services for the Medicare Population (2000). National Academy Press, Washington, DC. http://books.nap.edu/books/0309068460/html/1.html

Administration on Aging. Older Americans 2000: key Indicators of Well-Being. www.aoa.gov/agingstats/chartbook2000/default.htm

Administration on Aging. Fact Sheet: Elderly Nutrition Program Evaluation www.aoa.gov/aoa/nutreval/enpevafs.html

Other Examples and Challenges:

Ways the Older Americans Act Makes A Difference in Seniors' Nutrition

- In Bannock County, Idaho, three centers provide the opportunity for seniors to receive a good meal, nutrition education and social contact. The Southeastern Idaho Community Action Agency Meals on Wheels provides meals to 175 homebound seniors five days a week. In many cases, these meals are providing one third of a senior's nutritional needs. The Meals on Wheels program in southeastern Idaho expanded service from 118 to 175 people each day without adding additional staff or vehicles.

  However, one of the biggest problems facing the nutrition programs is transportation. Serving rural areas requires vehicles and staff for transporting seniors to congregate centers or delivering meals to remote areas. The agency expects demand to increase another 10 percent this year, but are unsure how to meet the need without additional resources. This is a common problem for programs across the country that provide a necessary service in the face of increasing demand that is outpacing funding.

  The Leadership Council of Aging Organizations recommends a 10 percent increase in funding for Older Americans Act programs to help address the increasing need. This funding would help to serve many of the individuals that currently are not receiving and assistance or are on a waiting list. The aging population is growing and is set to increase dramatically when the baby-boomers become seniors. It is critical to start enhancing the capacity of programs like feeding programs in anticipation of the impending demand.

- The Elderly Nutrition Program in Knox County, Tennessee is celebrating its 30th anniversary. Over the last four years the number of home-delivered meals served by this program has doubled from 400 to 800 per day. This has been accomplished with no increase in federal funds; with community support and local fund raising efforts. But volunteerism in many parts of America has been stretched to the limit. The program has 450 volunteers per year, 55 volunteers per day, who deliver meals. However, 75 per day are needed. Eight of the 45 daily routes are filled by paid staff. More funding for transportation is needed.

  The waiting list for home delivered meals in this East Tennessee County, my county, is three to four months duration. At any given time 75 people are waiting for meals. Because of funding and staffing constraints, only those who are most debilitated are served, thus the death rate for program participants is high. The turnover rate for this program is 60 percent annually.

  If the mobile meals program is to do what it should and could do – delay the onset of chronic disease, prevent deterioration, promote independent living -- we must be able to reach those in need earlier, so that health is restored/maintained and quality of life enhanced.