



## Podcast Transcript "Nutrition for Vulnerable Populations"

Recorded: September 17, 2020

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**Moderator:** Maura LaGue, Managing Director, Women In Government

**Panelist:** Bob Blancato, Executive Director of the National Association of Nutrition and Aging Services Programs (NANASP) and the National Coordinator of the Defeat Malnutrition Today coalition

**Voiceover:** Welcome to the Women In Government Podcast. Whether discussing important issues or policies of the day, this is the place where lawmakers and decision-makers unite to get the conversation started.

**Maura LaGue:** So many aspects of our daily lives have changed since COVID-19 entered the picture. As we continue readjusting to the "new normal," some familiar concerns have remained and come with a set of severe consequences.

Food insecurity has plagued different American populations for decades but has been compounded by the recent pandemic.

Hello, I'm Maura LaGue, Managing Director of Women In Government. Thank you for listening to the latest Women In Government Podcast, *Nutrition for Vulnerable Populations*.

The COVID-19 pandemic is disproportionately impacting older generations. With the closure of congregate meal sites and the increase in newly homebound older adults, there is now a higher demand for [Older Americans Act](#) (OAA) programs, such as Home Delivered Meals and other community-based supportive services. However, these much-needed resources have been strained and need some relief. For example, Meals on Wheels America members are serving an average of 77 percent more meals to 47 percent more seniors since March, with virtually all programs having seen the cost of providing services increase.

Joining the conversation is Bob Blancato, Executive Director of the National Association of Nutrition and Aging Services Programs (NANASP), and the National Coordinator of the Defeat Malnutrition Today coalition. Welcome, Bob!

**Bob Blancato:** Thank you very much, Maura! It is a pleasure to be back with WIG, and I appreciate you taking this topic up the way you are. You're right that everybody has had their lives changed by this pandemic, and I'm looking forward to our conversation.

**Maura LaGue:** Thank you for joining us! I'd also like to thank all of the listeners for taking the time to listen to this important discussion. Don't forget to subscribe to, like, or share our podcasts. You can also email us by visiting [womeningovernment.org](http://womeningovernment.org).

Before the pandemic, more than 5 million older adults experienced food insecurity and about 17 million lived alone, placing them at higher risk of being socially isolated. COVID-19 has magnified existing



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disparities for older low-income people, which only underscores the need for funding and programming to be appropriately targeted to those with the greatest need.

Bob, can you tell us how has the pandemic affected older adult nutrition issues?

**Bob Blancato:** Well first, let me salute and commend those men and women – paid staff and volunteers – who help ensure that older adults are getting nutrition services in the pandemic. The pandemic has impacted everyone's lives in varied ways that we know, and in terms of older adult nutrition issues, which you touched on in your introduction, the most dramatic impact has been the closing of congregate nutrition sites and programs across the nation. 1.5 million people received congregate meals pre-pandemic every year as compared to 870,000 receiving home delivered meals.

Now we have a whole scale transformation which has led to two things: one, on a temporary basis early on, and to some extent resuming now, congregate programs were able to offer "grab and go" meals to their participants. But far more prevalent is the converting of congregate meal participants to becoming home delivered meal participants. This has led to higher costs, and most recently, including food costs which have gone up quite a bit in the past few weeks, extra needs for volunteers and staff, and extra transportation costs. It's also obviously resulted in a higher demand for meals as older adults become home bound.

So, it became vitally important to work with Congress and the administration to secure not only extra funding, which has been successful, but also to make sure there was a maximum amount of flexibility in how those dollars were used. The Older Americans Act before the pandemic allowed transfer of funds between home delivered and congregate meals, but they limited that transfer. Now it's unlimited, which more accurately reflects what's going on in the real world here.

**Maura LaGue:** In communities nationwide, senior centers, nutrition programs and adult day cares are closing, as you discussed. Bob, you yourself have noted that older adults who are now homebound by COVID-19 may not have access to the food they need. This population is particularly vulnerable to the virus and faces steep challenges to stay safe while adhering to public health guidelines. You were recently quoted saying "you encourage people to become aware of the risk of malnutrition to older Americans and how they can help to protect them from it."

What are some ways we can help protect older Americans from malnutrition?

**Bob Blancato:** Well, let's begin with discussing what malnutrition is. According to the [Academy of Nutrition and Dietetics](#), malnutrition is a physical state of unbalanced nutrition. When most people think of malnutrition, they usually picture under-nutrition which can be caused by a lack of calories, protein, or other nutrients. When we're talking about under-nutrition that particularly applies to older adults, the notion that adequate protein and calories are needed to prevent malnutrition is very true, but broadly, there's a general lack of awareness that malnutrition is linked to acute illness, chronic disease, and poor health outcomes. This is what concerns us knowing that pre-conditions that people



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have – health conditions – are contributing to higher mortality rates in the COVID-19 period that we're in.

But I think what we want to be thinking about going forward is how we prevent malnutrition and also how social isolation factors into this issue. Safety checks by home delivered meal providers and by loved ones and neighbors and friends can go a long way. Another factor is food insecurity, which is why the home delivered meals and the increases in SNAP benefits are so important. I also would say that telemedicine, which has gotten a brand-new focus if you will because of the administration's decision to waive many regulations, can help here as well. Medical professionals can still screen for malnutrition through telemedicine, and video visits can help in noticing things like weight loss and other signs of malnutrition. So, hopefully we can do all of these different things as a means of trying to prevent more malnutrition among older adults.

**Maura LaGue:** In addition to the effect of COVID-19 on older Americans, we're also seeing an increased risk of food insecurity in communities of color, including those with disproportionately high infection and death rates. These groups are an important part of the conversation as we work to address COVID-19 related racial and ethnic disparities.

Bob, how have these communities been affected by malnutrition during COVID-19?

**Bob Blancato:** Well first, I'm shocked and saddened by the disproportional impact of COVID-19 on communities of color, especially on older adults. There's one estimate that food insecurity had actually doubled since the pandemic began. The risk factors for malnutrition – many of them are the same as those for COVID-19 – and if a community is lacking access to good nutrient food, this obviously can contribute to higher rates of malnutrition. The situation has gotten considerably worse during the pandemic through things like shortages of food and higher prices combined with restrictions.

What we're concerned about is we're only touching the tip of the iceberg because after the pandemic is over, it's going to take a lot of time to assess the real damage that's going on in communities of color in the area of food insecurity and malnutrition. So, we're hopeful that we will take more of a concentrated, targeted effort in making sure that community foods banks are available and that we have access to the right kinds of food to address the issue of food insecurity, especially in the area of malnutrition. We have got to address this in the broader context of disparities in terms of healthcare disparities and access to food because good nutrition is definitely related to good health, and we need to understand that connection much better going forward.

**Maura LaGue:** The National Association of Nutrition and Aging Services Programs focuses on a national voice with local action. Recently your organization took action and supported a [joint bipartisan letter](#) sent out by New York Democratic Senator Kirsten Gillibrand and Maine Republican Senator Susan Collins. They're advocating for providing 1.1 billion dollars in supplemental emergency funding for OAA programs, including \$750 million dollars for senior nutrition programs, in the next COVID-19 emergency relief package.



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Bob, can you tell us about a few of the key aspects of the Senate resolution that has been introduced?

**Bob Blancato:** I'm happy to. First of all, I want to point out that this issue of providing adequate funding for older adult nutrition is a bipartisan issue – it has been and will continue to be. Senator Gillibrand and Senator Collins, in taking this initiative and sending this letter on behalf of a number of organizations including ours, what they're basically saying is in the first two emergency funding bills, the Families First bill and the CARES Act, a total of \$1.1 billion dollars was provided in emergency funding for the entire Older Americans Act, of which \$750 million dollars was for the nutrition programs.

There was no question asked really about that when those bills were passed. Those members of Congress involved in funding would reach out to us and say, "What's the status on the ground? What's happening on the ground, and what do we need to be thinking about?" The response came through this very generous funding level, and as you pointed out, the increase in demand for services factored into why additional funding was needed.

Well, all of the sudden, the fourth emergency spending bill has reached a stalemate between the House and the Senate and to some degree the White House. Now, our concern, and it's been confirmed by talking to our members, is that this emergency funding, as important and as generous as it was, could be exhausted in a number of communities by the end of September. So, the need for an additional emergency funding bill with at least the same levels as the first bills did is why this letter is so important and why we've been advocating for it to get done.

What I don't have is the ability to predict how long it's going to be before we see this fourth COVID emergency package, but it's important that not only Senator Gillibrand and Senator Collins but a number of members of the House and the Senate on a bipartisan basis understand the value of investing emergency dollars in the Older Americans Act nutrition programs. So, we will continue to advocate to both the House and the Senate to move on a bill and to try to get at least that level of funding going forward.

**Maura LaGue:** In that letter, the Senators are urging Senate leadership to provide additional emergency funding to meet the increased demand for the Older Americans Act, specifically [Title 3 and Title 6 Native American Nutrition Services programs](#), as well as the caregiver support program.

Can you tell us if and how they're addressing current crises in nursing homes and social isolation among older adults?

**Bob Blancato:** Well, for sure on the nursing home side that is a tragedy within a tragedy with the disproportionate numbers of deaths that have occurred in nursing homes. Up to 40% of deaths from COVID-19 have occurred in nursing homes, and both the administration through the Centers for Medicare & Medicaid Services (CMS) and the Congress are beginning to respond. CMS in particular is requiring nursing homes to test all staff and residents for COVID-19 on a regular basis. The White House



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has also provided additional funds for the nursing homes through the provider fund that was passed by Congress and for additional personal protective equipment.

Then on the Congressional side, Senator Grassley has [introduced a bill](#) that would require tele-visitation for nursing home residents to address the social isolation part and to have more money for testing for nursing homes. Senator Casey of Pennsylvania has [introduced a bill](#) that would authorize \$20 billion dollars in funding for testing and personal protective equipment, and Senator Wyden of Oregon and Representative Neal, Chairman of the Ways and Means Committee, have introduced a bill that would increase staffing levels at nursing homes.

The basic reality is that the greatest country in the world should not be having a situation where there are not enough masks to go around or not enough tests to be provided to people in nursing homes. It's been a tragedy to some degree that could have been averted, but we have to focus on how you solve this particular problem. Right now, I do see a level of activity in both the administration and Congress seeking to address this, and the social isolation piece I think, if nothing else, we are now more cognizant of the relationship between social isolation and poor health and the need for us to have all kinds of programs to address social isolation as we go forward.

I'll mention one in particular since we talked about home delivered meals. Around the country, many people have been very creative in developing telephone reassurance programs and technology reassurance programs so you maintain the contact with that older adult who may have been used to going to a senior center or something to get their meals. Now, if you can maintain contact, you can help reduce the isolation factor, and that's something we need to concentrate on a great deal going forward.

**Maura LaGue:** Bob, you've publicly stated that "The pandemic has not ended—neither should funding for key aging services programs."

Could you elaborate further on how Congress has responded in terms of emergency funds and other provisions in bills?

**Bob Blancato:** I have absolutely no issue – in fact, I commend the way Congress and the administration responded in the beginning stages of the pandemic with the passage of the Families First Act and the CARES Act. They provided billions in funding for food banks, expanded SNAP benefits, billions in increases for child nutrition programs, and older adult nutrition programs. It was done in a remarkable fashion if we know the history of how Congress works. This was an abbreviated legislative process responding to an emergency like we've not seen in this country. The programs that got the benefit of increased funding demonstrated the real need for that funding to happen.

So, my point is that the need has not diminished because no one right now can tell you when this pandemic is going to end. No one can tell you also what the downstream issues could be after it ends. If you have that level on uncertainty, and you have particularly in the area of the duration of the pandemic, the last thing you want to do is have the funding stop.



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If what we hear from people in the field that the emergency dollars that they've been able to use to meet the demand for increased services were to be exhausted as early as the end of this month, that's unacceptable. That defeats the whole purpose of what was done in the first two bills. It is time for Congress and the administration in the White House to get together, come up with an agreed upon number for a fourth emergency spending bill, and to make sure that these programs that have received these funds continue so that people can continue to receive these vital services.

**Maura LaGue:** Given this uncertainty wrought by this pandemic, do you have a sense what we could expect in future bills?

**Bob Blancato:** Well, it's a combination of what I think we can expect and what I hope for in future bills. First of all, going beyond the topic of nutrition, we have got to address the state and local government funding relief that is absolutely essential for the maintenance of services going forward. So, if I go back to nutrition for a second, certainly \$750 million dollars in emergency funding at the federal level has been very important for the Older Americans Act nutrition programs. However, they are funded through a combination of funding sources: state funding, county funding, and local funding. If those sources of funds disappear, then you're going to run into the same problem having inadequate funding to maintain services going forward.

Before states and localities start to make massive cuts, not knowing if they're going to get relief, Congress needs to get rid of that problem by passing a bill that has adequate funding for state and local governments. We also have to address the issue of unemployment benefits and the extended payments that were in effect from the earlier bills, and we obviously are going to expect different industries to come forward seeking relief or bailouts depending on the extent of their problems. But we also have to continue our emergency funding for human service programs. We need to increase funding for SNAP.

I guess the thing that probably to some degree is holding up this process in this fourth bill is that we should get an honest handle on what money has not been spent from the first two bills and reallocate that money to programs that are spending it. I would add one more thing – just yesterday, the Director of the Centers for Disease Control indicated that we need at least \$6 billion dollars just for states to have the ability to distribute the vaccines once it's developed for COVID-19.

So, you can see there are a lot of priority issues that need to be addressed in this bill, and let's just hope that all sides can come together and produce a bill that responds to all of these different challenges.

**Maura LaGue:** We've already established in the earlier part of our conversation that the COVID-19 pandemic could place older Americans at an increased risk for poor nutrition and its negative health impacts. In a proactive effort, the Older Americans Act of 2020 does contain language authored by Representative Suzanne Bonamici of Oregon to include first time malnutrition screening into the preventive health section of the Act.



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Bob, can you review how this language came about and how you see the implementation process unfolding?

**Bob Blancato:** Yes, we're very pleased that our Defeat Malnutrition Today coalition, together with NANASP, Meals on Wheels America, and in fact I know some of the members of WIG because I had a chance to speak to them earlier, came forward and said that we're going to reauthorize the Older Americans Act for five years. We should be looking at what's needed and what's missing in the current law that we could address.

So, we worked with folks in the field and worked with Congresswoman Bonamici's staff – and she did a remarkable job leading the effort on the Older Americans Act – to insert language in the preventative health section of the Older Americans Act calling upon malnutrition screening to be introduced into that program. We have been in communication with the Administration for Community Living (ACL), which is responsible for implementing that law, the process of producing the regulations that are necessary will begin very soon. Obviously, the pandemic has slowed the process somewhat; they have to focus their attentions on other places.

But ultimately, each state will have to select its own method of malnutrition screening. The federal agency is not going to dictate to the states what tools particularly to use. All we care about is that it is implemented in such a way that it is part of this very important part of the Older Americans Act so that if you find someone who is determined to be malnourished, you can direct resources and programs to that individual to prevent that malnutrition from getting any worse.

We're urging states to follow the eventual recommendations that will come forward from ACL and move as quickly as possible to institute the malnutrition screening into their program.

**Maura LaGue:** I'd like to shift focus a bit and talk about some state initiatives. States like Massachusetts, Ohio and Virginia have enacted legislation either to create malnutrition commissions or to develop malnutrition plans.

What have been some of the outcomes?

**Bob Blancato:** They have been very positive outcomes leading with Ohio, which their statewide commission released a report laying out a blueprint for action on how to address malnutrition in the state. In Massachusetts, again a governor-appointed commission released an annual report and produced some legislative proposals which are on our [Defeat Malnutrition Today](#) website.

In my home state of Virginia, I was very proud to work with my own State Senator Barbara Favola to get new language written into the existing Commonwealth Council on Aging, which is a statewide aging advocacy group, to have them add a malnutrition plan to their charter into their work.

What I think the other benefit of all this is that it's gotten advocacy groups in these states to come



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together, maybe for the first time, to focus on the issue of malnutrition in older adults, and I think that's one of the best positives that's come out of this process.

**Maura LaGue:** What needs to be done to get even more states to pass similar legislation?

**Bob Blancato:** Well, I'm happy to report that we are making some progress in a number of states where we can expect action during the course of this year. North Carolina, South Carolina, Rhode Island, and Wisconsin are working on proclamations in time for the upcoming Malnutrition Awareness Week. I learned just this morning from the state Director on Aging in New York state that they expect to produce some type of a proclamation or a resolution. South Dakota has already passed one. Utah, New Mexico, Florida, and Texas are working on commissions both formal and informal in nature.

So, what I hope I can do is connect with WIG members who are on relevant committees like Health Committees or Nutrition Committees and have them introduce resolutions for either this year's Malnutrition Awareness Week or future ones and have WIG endorse this idea. WIG members can communicate with their governor to maybe issue proclamations.

What we learned in Virginia was that you can develop legislation to address an issue like malnutrition without spending any more money by just going to an existing entity in the state and asking them to do a little bit more in the area that's under their jurisdiction as it is.

So, I think there's a lot of ways we can do this together. I look forward to working with any interested WIG member on this topic, and we will have a summary of state actions after Malnutrition Awareness Week on our website.

**Maura LaGue:** Ending hunger and moving people forward to self-sufficiency has been a guiding principle behind the Supplemental Nutrition Assistance Program or SNAP. As one of the nation's most important anti-hunger programs, it has reached more than 38 million people across the country in 2019 alone.

Bob, you recently penned an article for The Hill regarding SNAP funding called [\*SNAP Increases for Older Adults Should be a Bipartisan No-Brainer\*](#). In it, you say SNAP plays a role in improving food and economic security, health, and dietary intake throughout the lifespan. Nearly 2,500 organizations from across the country signed on to a letter urging the Senate to boost SNAP benefits in the next coronavirus relief package.

What do you see as its greatest need in future legislation?

**Bob Blancato:** Well, I'm going to take the word of the 2,500 organizations and say the first thing is increased funding. There's increased demand for SNAP, and we need to respond to it. SNAP is a safety net program, and it's to help people during difficult times – these are difficult times, and we need to be sensitive to that. We also need to be thinking about increasing the minimum benefit under SNAP so it becomes more attractive for people to participate.



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We need to fully support all access to benefit programs. Even today, less than 50% of eligible older adults are receiving SNAP even though they could be receiving it if they were aware of the program, and access to benefits helps you do that.

We want to expand online shopping for people on the SNAP program. It's available in certain states but not everywhere. And we want to see closer integration between SNAP and other nutrition programs to provide a fuller response to nutrition needs not only for older adults but people of all ages, frankly.

**Maura LaGue:** We know that poor nutrition is associated with decreased immune health. During this time of the COVID-19 pandemic, it's important to raise awareness regarding malnutrition. October houses Malnutrition Awareness Week—a key time to talk about this important issue and the resources available to those in need.

Could you tell us more about Malnutrition Awareness Week, Bob?

**Bob Blancato:** Yes, first of all it's the first week of October this year. A number of organizations – ASPEN and the Academy of Nutrition and Dietetics – are hosting webinars, Twitter chats, and other activities. Last year, our coalition and Aspen worked together to enable the introduction of a Senate Resolution formally recognizing Malnutrition Awareness Week. Co-sponsored by Senator Murphy, Senator Grassley, and thirteen other Senators, this year [a similar resolution](#) is expected to be introduced on October 5<sup>th</sup> to reflect new COVID-19 challenges.

Our coalition is hosting a virtual Congressional briefing on October 6<sup>th</sup>, and we invite WIG members to participate. If interested, the registration link will be on our website – [Defeat Malnutrition Today](#). It's just an opportunity to raise awareness about this growing concern and about malnutrition in older adults. It has local, state, and national importance, and we look forward to it this year.

**Maura LaGue:** Now as we wrap up, I wanted to ask you about the new grants your organization NANASP recently awarded to members to help with issues related to the ongoing pandemic. I know you reviewed over 100 grant applications.

Could you speak more about this effort?

**Bob Blancato:** Absolutely. One of the responsibilities of the associations is to support their members in these difficult times. We are excited to award grants to close to 20 organizations to address issues related to the pandemic. Some of them were as basic as increasing the number of computers in a given nutrition program office to help increased caseloads. Some were about enhancing technology reassurance programs for those older adults who found themselves getting their meals at home by setting up iPads and new programs and things of that nature.

Some were for things to facilitate the hopeful return back to congregate nutrition programs by making sure folks have enough personal protective equipment and how to advertise to older adults to come



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back. You know, one of our concerns is that they need to know when it's going to be safe to come back, but they need to get the word out so that older adults do come back.

Then we also found, for example, up in Massachusetts a congregate program that was operating out of a historic home for many, many years. They came to realization that no matter what they did, when they have to reopen there's not way this place was set up so that they could do social distancing necessary. So, they asked for support to build a big all-season tent to accommodate their folks. And we said absolutely. That's what we want to see – innovative thinking in how to get the people back and keep them safe.

We also help people with delivery vehicles and cooler bags, so these are very practical things that we're very happy to support. At the end of the day, we just want to have our members be able to do as much as they can on behalf of the older adults that they so proudly serve.

**Maura LaGue:** Bob, I appreciate everything you've shared with us today. Do you have any closing comments?

**Bob Blancato:** I think my only comments are that I'm grateful for the opportunity to participate in this podcast. WIG is a very important organization, and there's tremendous leadership among the women state legislators that you have help. I hope to work some more with a number of them as we address these issues around older adult nutrition.

I thank you for the chance to be with you.

**Maura LaGue:** Prior to COVID-19, millions of older adults were experiencing hard times and struggled to put food on the table. Since the pandemic, the numbers have increased with food-insecurity rates climbing even higher among older adults who are Black, Indigenous, and people of color.

One in two older adults is at risk for malnutrition. With job loss, closures of senior centers that housed meal sites, and escalating food prices, more older adults are now worried about where they're going to get their next meal.

Food insecurity drives harmful impacts on the health and well-being of older adults, exacerbating many chronic conditions.

That's why it's more important than ever to check in on the seniors in your life, including family, friends, and neighbors, to ensure they have an adequate supply of food.

It's also important for our leaders to advocate for funding that would provide grants to states, territories, and tribes to help support the delivery of nutritious meals for older adults throughout the country.



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