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FITNESS AND NUTRITION: THE PRESCRIPTION FOR HEALTHY AGING

HEARING

BEFORE THE

SPECIAL COMMITTEE ON AGING UNITED STATES SENATE

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FIRST SESSION

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FITNESS AND NUTRITION: THE PRESCRIPTION FOR HEALTHY AGING

TUESDAY, MARCH 11, 2003

U.S. SENATE,
SPECIAL COMMITTEE ON AGING,
Washington, DC.

The committee convened, pursuant to notice, at 10 a.m., in room SD–628, Dirksen Senate Office Building, Hon. Larry Craig (chairman of the committee) presiding.

Present: Senators Craig, Stevens, Breaux, Talent, and Carper.

OPENING STATEMENT OF SENATOR LARRY E. CRAIG, CHAIRMAN

The CHAIRMAN. If we could have your attention, thank you very much. The U.S. Senate Special Committee on Aging will be convened. We want to thank all of you for coming this morning.

Today's hearing will explore the importance of fitness and nutrition for older Americans. We are holding this hearing to highlight the need for all Americans over the age of 50 to be active, to focus on a nutritional diet, and to take advantage of a routine nutrition screening. Most importantly, all of these activities can be started at any age.

This is a timely hearing because March marks the Meals on Wheels Association's March for Meals campaign. This is a national initiative carried out by local senior meals programs throughout the month of March. I have had the opportunity to travel with the Meals on Wheels program in my State and have not only seen the value of the food delivered, but the tremendous value of the outreach and the contact that goes on between the deliverer and the senior.

I would like to welcome the members of the Meals on Wheels Association who are here today. How many of you are with that association and are in the audience?

Thank you. Thank you for your work and thank you for being here.

Many people think that physical decline is an inevitable consequence of aging. Today, we have assembled a panel of witnesses who will speak to the contrary. We will hear from witnesses who will talk about how becoming active at any age can actually help extend our lives and improve the quality of life. Today's witnesses will demonstrate that fact by living very active lifestyles well into their 70's and 80's.

We also have nutrition experts who will discuss how simple eating habits and nutritional screening can help us live healthier lives and may also help reduce overall health care costs to this country.

As Chairman of the Senate Special Committee on Aging, I welcome the opportunity to encourage all seniors to take better care of themselves. Our testimony will show that it is possible to live healthier, and have active lifestyles at any age.

I will have to tell you a little story. I was filming a clip yesterday that will go on our website about the committee. The staff had written in my talking points that my father was in his 80's and played golf every day. My father is in his 80's. He is 85. He doesn't play golf. We had to correct the script. He works 8 to 5 every day and hasn't missed work in his life except for a cold. He is fit and trim at 85 and can't understand why everybody is just sitting around. So I chuckled a bit, but it is a true statement and story and I think that it witnesses for me, at least, the active lifestyle that my parents have led well into their 80's because they eat well and they have remained very active and physically fit.

We had planned our first witness to be Lynn Swann, who, as we know, was a famous Pittsburgh Steeler player, an ABC Sports broadcaster. He will be here. He is en route. Weather has held him out, so he will be here as one of our later panels.

So we will feature a different panel at the first of our program, and that panel today is made up of Dr. Judith Salerno, Deputy Director of the National Institute on Aging; Alfred Maguire, a 77-year-old swimmer from Twin Falls, ID, with a remarkable story to tell you about, who competes in the Idaho Senior Games; and Sam Ulano, 82-years old, a jazz musician and author and still very active.

In our third panel, we will have Linda Netterville, President of the Meals on Wheels for America, and Dr. Jane White, Professor of Family Medicine at the University of Tennessee-Knoxville.

So we welcome all of you once again, and Doctor, why don't we start with your testimony this morning. Please pull the microphone as close as you can and have it comfortable and that way we can hear you all well. Again, welcome.

STATEMENT OF JUDITH A. SALERNO, M.D., DEPUTY DIRECTOR, NATIONAL INSTITUTE ON AGING, BETHESDA, MD

Dr. SALERNO. Thank you. Thank you, Senator Craig, for inviting me to appear before you today to discuss fitness for people over 50, an issue of importance to us all. I am Judy Salerno, Deputy Director of the National Institute on Aging. I am delighted to be here this morning to tell you about our commitment to promoting exercise and healthy lifestyles across the lifespan.

One year ago, I took up running and ran my first race, a half marathon, to honor the memory of my father, who had died of a stroke due to high blood pressure. I also ran the race to celebrate my 50th birthday. I had the good fortune to find a coach, running partner, and role model named Dixon Hemphill, who at 78 remains fit and active. I felt like Rocky Balboa when I crossed the finish line with my family and my coach cheering on the sidelines.

The fact is, exercise and lifestyle changes are long-distance goals which everyone over 50 can achieve. It is a matter of making a

commitment. Exercise helps maintain healthy bones and joints. It also helps control weight and improves our mood and sense of well-being. It can strengthen all of our muscles, especially the very important one, the heart.

NIA research continues to demonstrate the phenomenal benefits of physical activity. I would like to give you a few examples.

Compared to their sedentary counterparts, older exercisers are not only more likely to live to an advanced age, but are more likely than non-exercisers to remain independent right up to the end of their life.

A recent study showed that exercise and diet are effective in reducing the risk of Type II diabetes in high-risk older individuals by over 70 percent. This is important, since over seven million older Americans have diabetes, a serious and costly illness.

Moderate exercise has been demonstrated to be an effective way to reduce stress, high blood pressure, and improve sleep among older women caring for family members with Alzheimer's disease. We have also found that older exercisers are able to fall asleep quickly, sleep for longer periods, and have better sleep quality after moderate exercise.

Finally, exercise in conjunction with other common sense interventions was able to reduce falls in older people by 44 percent. The intervention strategies cut health care costs for each of these high-risk individuals by $3,700, thus potentially saving millions of dollars in health care costs.

Several years ago, NIA launched an exercise campaign to promote physical activity for the over–50 crowd. The message is simple. Through regular exercise, older adults can stay healthy and maintain independence. Our campaign addresses the four necessary types of exercise in a book called Exercise: The Guide from the National Institute on Aging, and in a companion video based on the book.

First, endurance exercises, like walking rapidly, raise the heart rate and get the heart, lungs, and circulatory system working optimally.

Strength exercises, such as leg lifts and arm raises, build muscles. Just a small increase muscle mass can reduce frailty, even in 90-year-olds.

Balance exercises that build leg muscles can prevent falls, a major cause of broken hips and other injuries that often lead to significant disability.

Flexibility or stretching exercises keep the whole body limber and improve range of motion.

The NIA's exercise guide tells people over 50 how to begin a safe, effective exercise program. All the recommended exercises are based on evidence from research. To date, the NIA has distributed over half-a-million copies of the free guide, which is available in both Spanish and English. A free copy can be obtained by contacting the NIA Information Center through our website or by calling 1–800–222–2225.

The bottom line is that exercise and good genes may ultimately be the wellspring of healthy older age. Even the oldest and frailest among us can improve health and independence by making physical activity a part of our everyday lives. The message for older

Americans is clear. You are never too old and it is never too late to be fit for life.

I would like to now share with you our television public service announcement which has been airing throughout the country which promotes exercises.

[A videotape was shown.]

It really makes you want to get up and move.

The CHAIRMAN. Is that Sam's music? [Laughter.]

Dr. SALERNO. Our next one will be.

The CHAIRMAN. All right.

Dr. SALERNO. Thank you very much, Senator.

The CHAIRMAN. Judy, thank you very much for your testimony. I will find this book fascinating. I think it has the simple kinds of directions and guides that are understandable, usable, and appreciated.

[The prepared statement of Dr. Salerno follows:]

Testimony
Before the Special Committee on Aging
United States Senate

Fitness and Nutrition: The Prescription for Healthy Aging

Statement of
Judith A. Salerno, M.D., M.S.
Deputy Director
National Institute on Aging
National Institutes of Health
Department of Health and Human Services

For Release on Delivery
Expected at 10:00am
on Tuesday, March 11, 2003

Thank you for inviting me to appear before you today to discuss fitness for people over 50, an issue of increasing interest to us all. I am Dr. Judith Salerno, Deputy Director of the National Institute on Aging (NIA), the lead federal agency for exercise and fitness research for older people. I am delighted to be here this morning to tell you about NIA's commitment to promoting exercise and a healthy lifestyle across the lifespan.

One year ago, I took up running and ran my first race—a half-marathon—to honor the memory of my father who died of a stroke due to high blood pressure. I also ran the race to celebrate my 50th birthday. I had the good fortune to find a coach, running partner, and role model, Dixon Hemphill, who at age 77 is fit and active.

I felt elated when I crossed that finish line with my family and my coach cheering on the sidelines. Exercise and lifestyle changes are long-distance goals everyone over 50 can achieve in some measure. It's a matter of making the commitment to start a regular exercise program and reaping the many benefits.

Exercise helps maintain healthy bones and joints. It also helps control weight, and improves our mood and sense of well-being. And, it can strengthen all our muscles, including the really important one—our heart. NIH research continues to demonstrate the phenomenal benefits of exercise across the lifespan. For example:

- Compared to their sedentary counterparts, older exercisers are not only more likely to live to an advanced old age, but are more likely than non-exercisers to remain independent right up to the end of their lives, according to a 1999 study by Luigi Ferrucci, now head of the NIA's Baltimore Longitudinal Study on Aging.

- Exercise and diet are the most effective ways to reduce the risk of diabetes in high-risk older people, compared to other age groups. These "lifestyle changes" resulted in a 71 percent reduction in diabetes among those 60 and older, according to the Diabetes Prevention Program, a clinical trial supported by National Institute of Diabetes and Digestive and Kidney Diseases, the NIA, and other NIH institutes. Seven million people 65 years and older have diabetes, a disease which disproportionately affects African Americans, American Indians, and Alaskan Natives.

- Moderate exercise is an effective way to reduce stress and sleep problems among older women caring for family members with dementia, according to a study by Dr. Abby King at the Stanford Center for Research in Disease Prevention. Family caregivers are at risk of increased rates of depression, serious illness, and mortality, studies show. Dr. King also demonstrated that older persons who exercise are able to fall asleep quickly, sleep for longer periods, and get better quality of sleep after moderate exercise. This is significant given that more than half of people 65 years and older complain of sleep problems.

- Exercise, in conjunction with other common sense interventions, was able to reduce falls among older people by 44% in a study by Dr. Mary Tinnetti at Yale University. The intervention strategies cut health care costs for each high risk individual by $3,700, potentially saving millions of dollars in health care costs.

- Walking and strength-building exercises by people with knee osteoarthritis

can help reduce their pain and maintain their functioning and quality of life. At present there is no cure for osteoarthritis, which affects more than 17.5 million Americans 65 and older. A study showing the benefit of exercise was conducted by the Fitness Arthritis and Seniors Trial at Bowman Gray School of Medicine and the University of Tennessee Older Americans Independence Center.

Several years ago, NIA launched a national exercise campaign for people over 50 years of age because about 28% to 34% of adults ages 65 to 74 and 35% of adults 75 years and older are inactive. Inactivity can lead to frailty, poor health and dependence, universally feared by older people.

Through regular exercise, older adults can stay healthy and maintain independence. Our national exercise campaign addresses the four necessary types of exercise in a book called "Exercise: A Guide from the National Institute on Aging," and in an companion video based on the book:

- Endurance exercises, like walking rapidly (while still being able to talk to a walking partner), raise the heart rate and get the heart, lungs and circulatory systems working optimally. Having more endurance can build stamina for tasks like climbing the stairs, shopping for groceries, and biking.

- Strength exercises—leg lifts, arm raises, and bicep curls -- build muscles. Just a small increase in muscle mass can reduce frailty, even in 90 year olds. Weight lifting increases one's metabolic rate, helping to keep weight and blood sugar in check.

- Balance exercises that build leg muscles can prevent falls—a major cause of broken hips and other injuries that often lead to disability and loss of independence.

- Flexibility exercises help keep the whole body limber. Stretching the long muscles in the legs, arms, and across the upper back can improve range-of-motion and the ability to reach things on the top shelf.

The NIA's Exercise Guide is very popular with people 50 and older who want to know how to begin a safe, effective exercise program to maintain their health. All the recommended exercises were developed and chosen based on evidence from research studies. To date, the NIA has distributed almost half a million copies of the free Exercise Guide, which is available in both English and Spanish. NIA is beginning an outreach effort to encourage exercise among older African Americans as well. The exercise guide is available on the NIA website at www.nia.nih.gov/exercisebook/ or by calling 1-800-222-2225. As part of our outreach efforts, the NIA also has created English and Spanish public service announcements for television and radio audiences.

You will hear many words of wisdom about exercise and a healthy lifestyle today. Exercise—and good genes—may ultimately be the wellspring of healthy older age. Evidence shows that even the oldest and frailest among us can improve health and independence by starting an exercise program that suits their physical limits. The message which we want to convey to older Americans is that you're never too old - it's never too late - to make exercise a part of your life. The National Institute on Aging is working to support that goal.

That concludes my testimony. At this time, I would be happy to answer any questions.

The CHAIRMAN. I dare not call the gentleman who has just entered one of our senior Senators, although he is—— [Laughter.]

Senator Ted Stevens of Alaska, who lives a very active lifestyle. Ted, do you have any opening comment before we continue with our witnesses?

Senator Stevens. No. I just told a group, though, this is one committee I am a natural member of. [Laughter.]

The CHAIRMAN. Well, that he is, and a very active one at that.

Alfred, we will turn to you, Alfred Maguire of Twin Falls, ID, who has a remarkable story to tell us about aging and exercise.

STATEMENT OF ALFRED MAGUIRE, NATIONAL SENIOR GAMES ASSOCIATION, TWIN FALLS, ID

Mr. MAGUIRE. Senator Craig, panel members, distinguished visitors, ladies and gentlemen, I wish to thank you for the invitation to speak to you today. I am Al Maguire, a senior swimming athlete from Twin Falls, ID, who has participated in five National Senior Games, numerous State Senior Games, and many California Regional Games.

I have a book written by a nutritionist, Dr. Michael Colgan, who relates that our bodies have muscles which are, in essence, the machines which move us anatomically. Protein is the food that builds these muscles around our limbs, but our muscle machines can't work without fuel. Carbohydrates are that fuel. The bigger the muscle is, the more the available fuel capacity.

There is another kind of food called fat. There are good fats and bad fats. An athlete needs only the essential fatty acids. Saturated fats should be eliminated from your diet.

Make a clear distinction between nutrients that are building materials and nutrients that are fuel. Proteins, vitamins, minerals, and essential fats are predominately building materials. They are used long-term to grow a better body. All carbohydrates are predominately fuel and are critical for any particular performance to succeed.

Then comes exercise, you know, that which moves those muscle machines, that moves those lubricated limbs, that keeps all those neurotransmitters electrically and biochemically connected, and that facilitates the removal of waste toxins and the input of good nutrition for maintenance and continuance of energy.

During one of the National Senior Games, I became impressed with some of the 90-year-old senior athletes who were still doing whatever they could to be active. There was even a 98-year-old blind athlete who swam long distances.

In the Twin Falls area, there are over 800 people 60 to 94 years of age within the city and in isolated locations who exercise three times a week for an hour by walking, resistance training, stretching, and who have in a 10-week period achieved dramatic results when put through the Fullerton, CA, Senior Fitness Test. These participants were tested for balance, lower body strength, upper body strength, flexibility, and cardiovascular endurance. The College of Southern Idaho and the city of Twin Falls provides these events which have great social interactivity under the personal care of the event's pioneer, Jan Mittleider.

Now, according to William Evans, who wrote "Bio Markers," seniors who remain independent and are able to care for themselves at home just 1 month longer save the government millions. It would seem reasonable to conclude that prevention, therefore, is less costly than disability treatment.

Fortunately for me, the existence of the Idaho State Senior Games and its sponsors, along with the National Senior Games Association, the NSGA, have helped me with the availability of accessible competition. I do remember back in 1948 when the World Olympics were activated again after World War II that it was very difficult for myself as an individual to even try out in any preliminaries. In 1993, because there was Senior Game help, when I began my first Senior Game competition, opportunity was made very accessible and I was helped to overcome my fears and to continue with hope and courage.

The National Senior Game Association now, fortunately, has made available quantities of opportunities for all of the 10,000 men and women so that they may select any one of 18 different sport venues in which they are able to exercise, train, and finally compete according to their own age group, with peers who travel from all the 50 States of the U.S., from archery to volleyball. I now personally thank them.

I also thank you, Senator Craig, for giving me this opportunity to give my modest testimony. Thank you. I invite all committee members to attend the National Senior Games in Hampton Roads, VA, May 26 through June 9, and I do now also encourage all the committee members to get involved and support the National Senior Game Association, the NSGA, including the State Senior Games in Idaho. I would like to thank the Idaho Senior Games and the Special Committee on Aging for providing the transportation so that I might be with you today. Thank you.

The CHAIRMAN. Well, I will thank you very much. Your testimony is marvelous and your presence here is living testimony. I see, looking at your resume, 43 gold medals, three national ribbons. That is an outstanding record. Congratulations.

Mr. MAGUIRE. Thank you.

[The prepared statement of Mr. Maguire follows:]

Mr. Alfred Maguire
Twin Falls, ID
March 11, 2003

" Fitness and Nutrition: The Prescription for Healthy Aging"

Senator Craig, and Senator Breaux, panel members, distinguished visitors, and ladies and gentlemen, I wish to thank you for the invitation to speak to you today.

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The National Senior Game Association, now fortunately, has made available quantities of opportunities for all of the 10,0000 men and women so that they may select any one of 18 different sport venues in which they are able to exercise, train, and finally to compete according to their own age group with peers who travel from all the 50 states of the U.S. from archery to volley ball. I do now personally thank them.

I now thank you Senator Breaux for your support of the NSGA and your sincere concern on behalf of the elderly and aged. Back in 1993 I heard you speak at the national senior games in Baton Rouge and I was personally impressed with your thoughts.
I thank you also Senator Craig for giving me this opportunity to give my modest testimony.

Thank you!

I invite all committee members to attend the National Games in Hampton Roads, Virginia May 26 thru JUNE 9th.

I do now encourage all the committee members to get involved and support the National Senior Games Association, the NSGA, including the State Senior games in Idaho.

I would like to thank the Idaho Senior Games and the Select Committee on Aging for providing the transportation to be here with you.

The CHAIRMAN. Now, the committee turns to Sam Ulano. Sam, I am looking at your resume and I find out that for 56 years, you have been a music professional, instructor, educator, author, and I see those drumsticks there. I assume that means you are a drummer of the first order.

STATEMENT OF SAM ULANO, JAZZ MUSICIAN AND AUTHOR, NEW YORK, NY

Mr. ULANO. I have been a drummer for 70 years, Senator, and I want to thank you for inviting me here to this interesting——

The CHAIRMAN. Well, start pounding on the table. We are anxious to hear you. Thank you.

Mr. ULANO. I brought this along to demonstrate a very interesting idea about staying in condition. I have been drumming with metal drumsticks for many years, which was considered a no-no by most of the people in the drum community for many, many years. They were saying you are going to get muscle bound, and there is no such thing as being muscle bound. What they are really saying is that you overtrain and you tire your muscles out and they have given it that name called muscle bound.

But I have been practicing since I was 13 and I have found that by staying in shape [playing drumsticks and humming]—so these sticks, by the way, were made by my twin brother in 1946, but Louis Belson, the very famous drummer who was married to Pearl Bailey for many years, was the originator of inventing or creating the metal sticks. So the principle is that when you go to the lighter drumstick, your hands don't get faster, but they got stronger.

So in 1960, I weighed 320 pounds. I think that was pretty heavy, I would say.

The CHAIRMAN. How tall are you?

Mr. ULANO. I am five-foot-seven.

The CHAIRMAN. I would say you were pretty heavy. [Laughter.]

Mr. ULANO. I wore a size 54 jacket and a 52 waist belt, and a student of mine brought me over to a gentleman who was Mr. America in 1936, had a little gymnasium near where I teach drums, by the name of Sigmond Klein, and Sigmond Klein said something that was very interesting. He said "Boy, you are a mess." I said, "Well, what are we going to do about it?" He says, "What are we going to do about it?" he says, "What are you going to do about it?" He says, "I don't have to worry about it." He was in incredible condition.

He said, "How long did it take you to get out of shape?" I said, "About 25 years, after I got out of the Army." I was in the Army band, the 98th Division. We wound up in Hawaii and then ended up in Japan and came home. He said, "Well, it took you 25 years to get out of shape, it's going to take you 25 years to get back in shape." You know what? He was right.

But his principle was weights, using light weights, 5-pound, 10-pound, 20-pound weights, and doing a short routine of exercise every morning and at night before you go to bed, roughly 10 minutes a day, not this business about doing 2, 3 hours. A lot of the reason people go to the gym—I am not knocking gyms, by the way—they like to be seen getting macho and maybe they are going

to go on a beach. I am not going to go on a beach. I am going to be 83 on August 12 of this year.

So what I am trying to say is that we have got to find a system. I tell all my students—I do some drum instruction—I say, "What do you do in the beginning of the day?" "Well, I make coffee and then I"—I said, "Well, I have a system." I get up, go to the bathroom, take a shower, put on some clothes, and then the day starts, and that is the system that happens Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday, Monday, Tuesday, Wednesday. The whole year goes that way, and I have been doing that kind of a routine using light weights which I keep on my bed right next to me.

When I wake up in the morning, I do my stretching exercise and I work on three parts of my body, my legs, my midriff, and my shoulders. Your arms are attached to your body. Your legs are attached to your body. You can't make your feet stronger. If you make your hips and your thighs stronger, everything down the line on to your feet are going to get stronger. On my arms, in order to play my instrument, I have to have strength in the shoulder [playing drumsticks and humming]. I still practice 3, 4, 5 hours a day. It is like an athlete, if you don't stay in condition.

So what I say to most people when we talk about this thing, you have got to do two things. One is find a system of lightweight exercise, not once every other day but 5 minutes a day, maybe in the mid-afternoon a day. Some people say, "I don't have time to do it." Keep a set of weights under your desk. Your boss won't see you doing that. You pick them up while he is turning around, you do some exercise with them, put the weights back. Or you bring them into your bathroom and you have them there and you do some squats.

I work on keeping my legs strong, because without your legs, you are nobody. Think about it. You can't go shopping, you can't go dancing, you can't play football. I don't care if you are young, old, or I don't think there is anything as getting old. I am going to be 83 and I don't consider myself old.

The other part is learning how to eat. I love to eat a lot of things, but I have learned how to eat a pizza once a month, have a steak maybe once a month, eat some bread maybe once every 2, 3, 4 days, cut down on some of my excessive dairy food, and I wound up weighing 168 pounds.

So I think the theory works. The resistance of putting the weights against your arms and your shoulders and your legs will make you stronger and people who—I live, by the way, in the senior citizen building and nobody does any exercise. They are lucky if they walk into the cafeteria to have breakfast.

So that is what I have got to say about this and I think it is important that we find a system, how to stay in condition. And the condition that I use is with light weights. They are very inexpensive. I have got 5-pound, 10-pound, 15-pound weights, and I just went and got a set of 20-pound after 43 years of doing this conditioning. I want to thank you for inviting me here to say my little piece about this. I think it is very important.

The CHAIRMAN. Sam, thank you. That is outstanding testimony, and as I say, "You are living proof, to come from 300 pounds down

to your current weight, and your health condition by all appearances is excellent, and I congratulate you for that." As I said to Al, I say to you, your testimony is living testimony that you can age well and——

Mr. ULANO. Do you remember Packard Auto, Senator? I didn't mean to interrupt you. They used to have this slogan, Packard cars. "Ask a man who owns one and he will tell you." That was their slogan and it is a very true slogan.

The CHAIRMAN. All right.

Mr. ULANO. If you want to find out how to do this, you have got to find somebody who can teach you how to do it.

The CHAIRMAN. Well, that is true.

Mr. ULANO. You go and pick up a 100-pound weight and you didn't stay in condition, you are going to bang your back out. You are out of condition.

The CHAIRMAN. Sam, thank you.

[The prepared statement of Mr. Ulano follows:]

Testimony of Sam Ulano
Jazz Musician and Author
New York, New York

Most out of shape people are senior citizens. This seems to be the feeling of many people and I guess it is true. Most of us as we get older stop taking care of our bodies and thus as we approach the ages of 65 and more fail to realize this fact. I think it's understandable because as we get along in years, the body breaks down, little by little. It just happens that way.

I am approaching the age of 83 and I have been one of the fortunate ones who at the age of 40, met a gentleman who had a small gym and sort of set me straight and showed me the way to good health and a strong body.

Let me explain.

Sigmond Klien had a gym on the fourth floor of the corner building at Forty-eight Street and Seventh Avenue, in New York City. In 1960, I was forty years old, weighed 320 pounds and getting heavier by the day. I guess I ate unhealthily, did not seriously exercise and neglected my body. The old line, "you are what you eat," held true for me. I had been a professional drummer since the age of 13 and my life style was not the best.

A student of mine, Jimmy Roach, took me up to Klien's Gym and I met Mr. Sigmond Klien. He looked at me and said, you're really out of condition (he used other words, but I cleaned it up for publication). I asked Mr. Klien, "What are we going to do about it?" He shot back at me, "What do you mean, what are we going to do about it, the overweight? What are you going to do about it?" He sort of threw the ball into my court. Sigmond told me if I was to follow his plan, I would get back in great condition.

I do follow his ideas and program to this day, 42 years later, and I feel great. This experience is what has inspired me to write my book, *The Sam Ulano Body Development for Senior Citizens and The Young Who Will Eventually Become Senior Citizens.*

The CHAIRMAN. We have been joined by the ranking member of the committee, John Breaux. John, do you have any comments or questions?

STATEMENT OF SENATOR JOHN BREAUX

Senator BREAUX. Just briefly to thank you, Mr. Chairman, for calling this hearing today. It is very, very clear that exercise among all Americans is really the key to a healthy society. Five percent of all of our Medicare beneficiaries consume about 50 percent of the total amount of money spent in the Medicare program. It is being spent by 5 percent of our citizens.

I think, clearly, exercise and proper nutrition are the major ingredients in preventative medicine which will allow people to live not only longer lives, but certainly better lives, and I am very glad that we are using this hearing to emphasize the importance of rational and balanced exercise as part of our regular health programs in this country.

Thank you, Mr. Chairman.

The CHAIRMAN. John, thank you very much.

Let me turn to our colleague from Missouri, Jim Talent. Senator Talent, do you have any opening comments?

Senator Talent. I think I will reserve, Mr. Chairman, for the next panel.

The CHAIRMAN. Well, thank you.

Doctor, in your testimony, you mentioned that family caregivers are at a risk of increased rates of depression, serious illness, and mortality. Are you aware of any outreach efforts for family caregivers to provide some type of respite?

Dr. SALERNO. Well, NIA is a research organization and we don't provide direct care. We make a considerable effort to provide information with particular emphasis through our Alzheimer's disease education and research and referral centers to family caregivers. We have a caregiver kit which provides a lot of resources and also gives information on exercise, because exercise has been demonstrated to improve the health and well-being of caregivers. We have lots of connections to other organizations through our website, lots of links which help caregivers get the support they need in their local communities. We get thousands of calls each month to our hotline, and mostly from family caregivers.

The CHAIRMAN. Al, you became active again at, what, age 60?

Mr. MAGUIRE. Sixty-four.

The CHAIRMAN. With that experience, the obvious experience you have had now into your 70's, can you offer any suggestions of how we better inform seniors of the health benefits of becoming active, physically active, I guess is the question?

Mr. MAGUIRE. One of the things that I discovered was that every 7 years, the body changes. Almost every molecule in the body just revolves around and it is brand new. In about 1991—when I was 64 years of age, I determined that this body that you see before you right now is going to be a new body and it has taken me some time to do it, but it was a slow process. I had to learn how to eat correctly and to sleep correctly and to exercise moderately to get everything going.

One of the things that you mentioned now was how to get other people to do it, and that is that if you have accessibility, if they are able to get out amongst themselves, to get out amongst a group and walk. As an example, in Twin Falls, we have 200 people that walk around a gym three times a week, Monday, Wednesday, and Friday, and during that time, they exercise and do all sorts of things. Since they are doing it together, they enjoy it, and by the time 10 weeks goes by, they have increased their—everything about their body.

The CHAIRMAN. In other words, involving yourself in a group or getting somebody involved in an active group.

Mr. MAGUIRE. Right. Right.

The CHAIRMAN. Is a greater motivator.

Mr. MAGUIRE. Right, and the more that you do that, the more the body feels great. In fact, as you are feeling better, your body says, "Gee, I like this and I want to do more."

Since I am speaking right now, I want to say hello to Senator Breaux. I did hear you in 1993 at the Senior Games and I was very impressed with your thoughts.

The CHAIRMAN. Thank you, Al.

Sam, you are 82. You have obviously continued to teach music. You play in your band. You have stayed active. You live in a senior community or a senior environment where there is inactiveness. How do you stay motivated to be active?

Mr. ULANO. Well, that is a good question. I am a big believer that we have to learn how to motivate ourselves, Senator. If you don't do that yourself, you could be told all day long how to stay in shape, you can go and watch people do it, but somewhere inside yourself, you have got to say, "Hey, I am a mess." I am getting older and I had better find some way that I can get my legs stronger because eventually I won't be able to go out dancing and I won't be able to play with my grandchildren and I will wind up in a wheelchair if I don't find some way to put some resistance against these muscles.

I found a very inexpensive way to do it, and I was taught that by Sigmond Klein. He was a very dear friend of mine. He says, go out and buy a 5-pound set of weights, 10-pound, 20-pound, and they are very inexpensive. I keep them under my bed. I have a set in my practice studio. I will come in and I will do maybe ten lifts, I will do ten stretching. I do a bicycle ride by laying flat on my back. I do 20 squats. I go to the men's room. I grab hold of the sink and do another 10, 15. So I am always constantly putting a resistance against the muscles.

So now when I want to play my instrument, I can get up at any time of the night. I was up this morning at 3:30 to get ready to come here from New York and I did about 20 minutes of what I call drum exercise, lifted the weights for about another 5 minutes. I didn't have to do an hour. I didn't have to do 2 hours. People think you have to do a lot of it.

You can do it right in your home. It is nice if you can do it with groups, but a lot of us don't have the time to go with a group. We have a day job. We have got maybe children or grandchildren or family or whatever. We have other things that have to be done. So you have them in your apartment. I hold on to my door and I kick

my legs for about 50 counts, making my knees and my thighs and my hips and I stay strong, and it can be done. So I think we have to motivate ourselves with moderation.

The CHAIRMAN. That is well spoken. Thank you.

Mr. ULANO. Yes.

The CHAIRMAN. We have been joined by another one of our colleagues, Senator Tom Carper. Do you have an opening comment?

STATEMENT OF SENATOR THOMAS CARPER

Senator CARPER. I am really tempted to just jump in, because I am a guy who believes in fitness. I work out almost every day. I ran five miles this morning about 5:30 in Delaware. On Sunday, I was visiting my mom——

The CHAIRMAN. You ran from Delaware to here?

Senator CARPER. I could have. [Laughter.]

The CHAIRMAN. It is faster than the Metroliner, yes.

Senator CARPER. Last night, it would have been. [Laughter.]

I am getting ready to run my 21st Caesar Rodney half marathon this Sunday for 13.1 miles. I am one of those people who believes that we run or we exercise daily and it not only is good for our body, it is good for our mind. People used to talk about runner's high, and there is really something that happens physiologically in our brains when we exercise rigorously and it helps us in so many different ways. You are all an inspiration. We welcome you coming here today, setting a good example.

I just wonder, Mr. Ulano, what your neighbors thought at 3:30 this morning when you started your drum exercise. [Laughter.]

Mr. ULANO. I have a question. Can I ask a question?

The CHAIRMAN. Can you ask a question?

Mr. ULANO. Can I ask a question?

The CHAIRMAN. Sure.

Mr. ULANO. I saw an article in the local newspaper in New York that some doctor said that if the mind is kept active, you stand less of a chance of getting Alzheimer's, so I am wondering, is there any kind of a survey they have done on that, some kind of way that they came to that conclusion?

The CHAIRMAN. I have heard that said on numerous occasions and there is research being done now. I don't know of a survey per se that indicates that, but I understand, Sam, there is considerable research now that the more active you keep the mind, the less likely the onset of Alzheimer's.

Senator CARPER. Can I take a quick shot at that?

The CHAIRMAN. Yes.

Senator STEVENS. There is a book, Sam, written by David Mahoney, "How to Live to Be 100." He was a resident of your city. You ought to get David Mahoney's book. He is part of the group of the Decade of the Brain, and there is a lot of information about what you asked. It is available.

Mr. ULANO. I have a sister, Ida, who was 95 3 weeks ago. We went to her 95th birthday party. She just finished writing her memoirs, typed it all out, and it is amazing what she does. She goes shopping, cleans her own apartment. She says, "Don't bother me. Leave me alone. I do my own thing." Ninety-five years old.

The CHAIRMAN. Senator Carper.

Senator CARPER. This is subtitled, "The First Part"? Is this just the first part of her memoirs? Has she got some more to go?

You asked a question about Alzheimer's. There was an interesting study done in Europe, fairly large scale, about a year ago. The results were released about a year ago, and the study was not on Alzheimer's but it was on depression. They took a large group of people, divided them into three categories. A third of the folks exercised strenuously regularly about 30 minutes a day, I think 5 days a week. The second group took a medicine that is designed to control depression. The third group was given a placebo, sugar pill, or something like that.

Then after an extended period of time, they measured and kept track of whose depression was reduced the most. The people who took the placebo, no. The people who took the medicine for depression, no. The people who exercised regularly had the most improvement on their depression.

The CHAIRMAN. Thank you. Any further questions of this panel? Yes, Senator Breaux?

Senator BREAUX. Just briefly. Mr. Maguire, I am sorry I missed your testimony, but I am very pleased to see that you reference your participation, I think as a swimmer, in the National Senior Games.

Mr. MAGUIRE. Correct.

Senator BREAUX. I have attended the Games in Orlando and Baton Rouge, and I hope to go to the Games this May in Virginia. I think the Games are an incredible opportunity for the Nation to witness the activity of seniors participating in competitive sports. I think they are absolutely wonderful. I just wish we could entice some of the major corporations in the country to participate as sponsors since the Games struggle financially.

I met with AARP just this past week and they are getting ready to engage in a massive new effort to try and get seniors to be more active through exercise. There is no better example of seniors doing that than their participating in the National Senior Games. If there is anyone out there who is interested in seniors and selling products to seniors and encouraging seniors' exercise programs, the National Senior Games, I think, is a wonderful venue to get that message out.

I realize, everybody cannot run the 100-meter dash, but maybe they can walk the 100 meters, and they can't throw a 16-pound shot put but they can throw a baseball. But they are active, they are competing with people in their own age category and I just think it is a wonderful signal to other seniors.

We talk about our youngsters sitting in front of televisions and computers and not getting off their you know what. Well, it is also important for seniors to get out of the recliner and to do whatever they can, because it is going to mean a lot to them and their children and their grandchildren as they get older, and the National Senior Games is incredibly important as an inspirational message to seniors and to all Americans to participate in exercise. So I just congratulate you for being here and telling us that story.

Ms. Salerno, on the question of the importance of exercise, I mean, this is real. This is real in terms of health care spending, quality of life, the last 6 months of a person's life. People who have

chronic diseases in this country like diabetes, I mean, all of that is brought on to a greater extent because of lack of exercise, being overweight, living a sedate lifestyle as opposed to an active lifestyle is all very, very important.

I think it is also important to tell seniors that if you have never done anything in your life in terms of exercise, you can't just jump into this when you are 80 years old and all of a sudden I am going to start working out five times a week or running with Senator Carper five miles a day every day. I mean, they have to take this upon themselves gradually and not try to do it all at one time and I think that is very, very important, as well.

I can't think of anything else I would like to say about it. I don't have any questions. I agree with what you are saying. This is important from a health standpoint. This is just as important as anything else we recommend Americans to do in terms of managing their health care. Managing your health care is much more than taking prescription drugs. It is much more than a yearly checkup at your doctor. I mean, you go to the doctor once a year and they tell you what you should have been doing for the previous year, whereas a regular exercise program saves money and it makes the lifestyle of our seniors much better as well as much longer. So I thank all of you for what you are doing.

Mr. MAGUIRE. Could I add one little thing? One of the things that I mentioned before, Senator Breaux, you came in was that there are 18 opportunities for seniors to be involved, 18 different types of things, from volleyball, anything that you can think of. In fact, in 1993, when I was in Baton Rouge, there was a man who was in his middle–90's and he was so happy because he threw horseshoes or something like that and he was beaming all over.

I also would like to add something that was sort of mentioned in here, was by exercising, you actually get rid of the toxins in your body, all sorts of toxins which can cause all sorts of disabilities, and it also then increases things so that you can also continue on and get new nutrients in.

Senator BREAUX. I remember meeting one of the gentlemen in Baton Rouge who was in his upper 90's who won the javelin throwing context who was from the State of Hawaii and he was just a remarkable athlete. I would just mention, I probably shouldn't, but both in the Orlando Games and the Baton Rouge Senior Games, Ted, I challenged the winner of the Senior tennis event to play because I thought it would be a lot of fun and also to bring about more attention to the program, and I can report that both in Orlando and in Louisiana at the Senior Games, I lost both times to the person who had won the tennis event. [Laughter.]

But it just shows you how competitive they can be, but also, I mean, just being with your colleagues in your same age division doing this, it is just a wonderful social outlet that is very, very important, as well. So thank you.

The CHAIRMAN. John, thank you for those questions and that testimony.

Senator STEVENS. Mr. Chairman.

The CHAIRMAN. Yes, Senator Stevens?

Senator STEVENS. Sam, you give me a copy of your book and I will mail you a copy of David's book, OK?

The CHAIRMAN. Did you hear that, Sam? Senator Stevens would like a copy of your book and then he will mail you a copy of David's book.

Mr. ULANO. Here it is.

The CHAIRMAN. Here it comes. You have got to sign it, though.

Mr. ULANO. I will sign it.

The CHAIRMAN. Senator Talent.

Senator TALENT. I didn't have an opening statement, but I did have a question I wanted to ask. Maybe I ought to direct this at Ms. Salerno. My father just passed away last November at 91 years of age and one thing I learned as Dad grew older was it was harder and harder to make him do anything he didn't want to do, and we can't make seniors exercise and probably wouldn't want our government to try actually to do that.

But what I do think works is if we send the message from all different directions to them, and a key, it seems to me, is through the various programs that seniors are already participating in. Now, there is this huge network. Some of these are public and some of them are private out there. We are going to have testimony on the next panel from the lady who is the President of the Meals on Wheels Association. There are senior centers, day care centers, and the whole spectrum of independent living centers, retirement centers, et cetera.

I am wondering, is there some way that we could encourage all those groups to send a message for a concentrated period of time about the importance of exercise? Do you see what I am getting at, so that the seniors around the country are hearing this from a lot of different places for several weeks at a time.

I remember when I was in the legislature and we first started passing the mandatory seat belt laws, I always thought that the publicity attendant to the passage of the law helped as much as the law did, in convincing people. Do you have any suggestions along those lines?

Dr. SALERNO. Yes. I think that you are absolutely right. It has to be a multi-pronged approach. That is why we are on radio, we are on TV. We are trying to get our exercise materials into public libraries. We are distributing to 250 community health centers around the country so that the message gets out there.

But also, I think that it is important to have an exercise buddy, and that really makes a difference for most people, because some mornings I know I get up and I really don't feel like putting on my running clothes and getting out there and doing a few miles. But when I get my son to go with me, who is sitting behind me, he motivates me. We motivate each other. So it is that kind of thing that I think is very important, and there is a natural group in senior centers, through all kinds of networks, assisted living facilities, where people can do that.

We are also interested in having our materials be part of the program that we can provide as a public service to groups such as those who run activities in senior facilities.

Senator TALENT. Thank you, Mr. Chairman.

The CHAIRMAN. Thank you. We thank all of the panelists.

Judy, I saw that young man wave back there. You brought some of your family with you?

Dr. SALERNO. Yes, my three children.

The CHAIRMAN. Why don't you introduce them.

Dr. SALERNO. Lauren Guberman, Alyssa Guberman, and Michael Guberman, and please don't tell their teachers they are here. [Laughter.]

The CHAIRMAN. No, quite the opposite. They should go back and tell their teachers that they attended a Congressional hearing today.

Dr. SALERNO. Absolutely.

The CHAIRMAN. They can get credit for it.

Dr. SALERNO. Absolutely.

Senator TALENT. Judy, this is on C-SPAN. I am afraid it is a little bit too late. [Laughter.]

The CHAIRMAN. Prior to you coming in, Senator Talent, Judy did talk about this document and also showed a public service announcement encouraging access to this, so that is a part of the outreach that the Institute is undertaking.

Thank you very much, all of you. We appreciate you being here. Thank you.

The CHAIRMAN. Let us turn to our second panel. We would excuse you. Thank you. We trust that Mr. Swann is still en route. Do we have any report on Lynn yet?

We have two in our next panel, and I think that Senator Talent had already mentioned one of them, so I will allow the Senator to introduce that panelist when we get them seated.

As I mentioned, March marks the Meals on Wheels Association's "March for Meals" campaign, and so this next panel in part will be discussing nutrition and certainly Meals on Wheels. Senator, would you introduce our first panelist, please?

Senator TALENT. That would be a privilege, Mr. Chairman. We are honored in Missouri to have living in Lee's Summit, MO, the President of the Board of Directors of the Meals on Wheels Association. She is Linda Netterville. That is the oldest and largest national association representing senior meal programs. Linda serves not only in that capacity, but as the Nutrition Program Manager with the Johnson County Nutrition Program in Olathe, KS.

She has enjoyed a number of professional appointments through her career. She really has a long and distinguished career in helping seniors, Mr. Chairman. I am not going to mention them all, but among them are the National USDA Commodity Food Distribution Advisory Council and she has been on the National Elder Care Institute on Nutrition, the Advisory Committee. Above and beyond all that, she is a graduate of the University of Missouri, and so I thank you for the opportunity to introduce her today, Mr. Chairman. Thank you for being with us, Linda.

Ms. NETTERVILLE. Thank you, Senator.

The CHAIRMAN. Well, Linda, we thank you very much for being with us.

Our second panelist will be Jane White, Professor, Department of Family Medicine, Graduate School of Medicine, University of Tennessee-Knoxville, in Knoxville, TN, so we welcome this panel. Thank you very much, Doctor.

Linda, if you would start, please.

STATEMENT OF LINDA NETTERVILLE, PRESIDENT, MEALS ON WHEELS ASSOCIATION OF AMERICA, LEE'S SUMMIT, MO

Ms. NETTERVILLE. Thank you. Chairman Craig, Senator Breaux, and members of the committee, I am Linda Netterville, President of the Meals On Wheels Association of America for whom I am testifying today.

The Meals On Wheels Association of America, or MOWAA, as we call our organization, represents senior meal programs from every State. Our members provide nutrition services to older Americans to improve their dietary intakes, nutrition and health education; links to informal and formal community support; and opportunities for active living. I am joined here in the audience by the Board of Directors of MOWAA. We, on behalf of MOWAA member programs from across the country, thank you for holding this hearing and giving us the opportunity to testify.

Before I begin to address the issue of the role of nutrition in healthy aging, I want to briefly note a couple of important milestones. Later this month, we will commemorate the 31st anniversary of the inclusion of senior meal programs in the Older Americans Act, a Congressional action that has literally changed the lives for the better of millions of Americans over the years. To date, over six billion meals have been served through the Act and senior meal programs are adding to that total every day.

As part of their commemoration of this, senior meal programs in communities throughout the country will be participating in MOWAA's "March For Meals" campaign, as you mentioned. "March For Meals" is a national initiative carried out individually by local senior meal programs throughout the month of March. The campaign is designed to raise public awareness about our senior programs and the need for meals, to raise funds to enable the provision of services locally to meet those needs, and then most important, to recruit volunteers to assist in the delivery of services so that no senior goes hungry.

I know that this is quite familiar to you, Senator Craig and Senator Breaux, as Chairmen of the Honorary Congressional Advisory Committee and as Senators who helped kick this off last year here in Washington at a press conference with race car drivers A.J. and Larry Foyt. But some of your colleagues, particularly those new to the Senate, might not be aware of your leadership and involvement in the Meals on Wheels behalf. So remembering that anniversary, we want to thank you again publicly and encourage your colleagues to get involved, as well.

"March For Meals" is just another way that MOWAA is helping individual meal programs enhance public-private partnerships that are essential to their past and current success, as well as to the future growth of the senior meal program.

Senior meal programs, some over 4,000 across America, are as diverse as the communities in which they operate and the seniors that they serve. They are urban and suburban and rural. They furnish congregate meals in places like senior centers and community centers. Others provide home-delivered meals, and still others provide both the congregate and the home-delivered meals. Some programs are small serving 30 meals a day, while others serve as many as 3,000 meals a day.

But all programs share one commitment, and that commitment is the regular provision of healthy, nutritious meals to America's seniors who need them. By doing so, all of these programs are important partners, "senior partners" as we call them with President Bush and Lynn Swann in their efforts to promote a healthier lifestyle in the Healthier U.S. Initiative: The Healthier U.S. Initiative identifies four components, first of all, being physically active every day; eating a nutritious diet; getting preventive screening; and making healthy choices and avoiding risky behaviors.

It will not surprise you when I tell you that MOWAA would like to reverse that order and put a nutritious diet first. That is precisely what our programs endeavor to do to put healthy nutrition first in the lives of seniors. There is no question that scientific evidence supports the relationship between good nutrition, health, and functionality among our older adults.

The majority of our MOWAA member organizations provide nutrition services under the Older Americans Act. Under the Act, meals served must provide one-third of the recommended dietary allowances, or the RDA, established by the Food and Nutrition Board of the National Academy of Sciences National Research Council. The meal must also follow the dietary guidelines for Americans, which encourage healthy eating habits and physical activity as a part of life.

Although one-third of the RDA is the minimum requirement for our meals, most of our meals contain 40 to 50 percent of the daily nutrients needed by older adults. In addition, the meals provide more than half of many recipients' total meal intake for the day. So our outcome is two-fold. By providing a nutritious meal, we address both malnutrition and hunger.

Our programs also encourage physical activity. Congregate programs provide important opportunities to engage in community life. They offer—in addition to the meal—a variety of other programs, including exercise. Home-delivered meal programs make it possible for many home-bound older adults to continue to live in their homes and thereby maintain some level of physical activity. I am referring to just moving from room to room, interacting with their pets, eight gardening, watering plants, caring for their home, and remaining active in their community. I believe that all panelists would agree to me that every movement counts.

Meal programs also direct seniors to other key recommendations of the Healthier U.S. Initiative, namely the preventative screening and making healthy choices. Meals are not the only thing provided by senior meal programs. Programs conduct a nutrition screening at the intake. A simple "determine your nutritional health" checklist identifies warning signs of poor nutritional health and assigns appropriate nutrition interventions. Nutrition programs also provide nutrition education, which stresses the importance of nutrition and health. It equips older adults with the knowledge they need to make healthy food choices on their own.

For some older adults, general nutrition education may not be enough, and for then, many programs employ a dietitian to provide individual nutrition counseling to translate a person's nutritional needs into better personalized food choices. These healthy choices can have a measurable effect on health status.

I would also like to elaborate on just two benefits from the home-delivered meal program. Home-delivered meal programs address two distinct populations: the frail in need of long-term support and also those in need of short-term intervention.

The first group I believe most generally comes to mind when we talk about home-delivered meals, because the Older Americans Act targets its limited services to those in greatest economic and greatest social need with an emphasis on low-income population. This long-term needs group is the one that is most likely to be served by our programs, and that is the way it should be.

But the other group, those with short-term needs, merit attention, as well. The last national survey, conducted almost a decade ago, found that 41 percent of all home-delivered meal programs have waiting lists. The median time on these waiting lists is 1 month, with some programs having wait times as long as 3 months. As a result, particularly in some areas, those in need of short-term intervention may go unserved. The group may be comprised of individuals who are recently hospital discharged, for example, or recovering from an acute illness, or have a short-term mobility impairment, say from a broken bone. Without access to community-based services, they may have to be institutionalized further or return home to fend for themselves. Regrettably, that can result in deterioration of nutrition and health status and, in turn, can result in re-hospitalization.

MOWAA believes that this is an unnecessary cost in both human and financial terms. Our programs can feed an individual for a year for the approximate cost of a one-day Medicare hospital stay. Whether or not the worst-case scenario occurs, the lack of service does not contribute positively to our shared goal of promoting healthy aging.

The CHAIRMAN. Linda, if we could have you start wrapping up now, please.

Ms. NETTERVILLE. OK.

The CHAIRMAN. Your full statement will be a part of the record.

Ms. NETTERVILLE. OK. Actually, we are almost done.

The CHAIRMAN. All right.

Ms. NETTERVILLE. We come before you to show how important nutrition is to the nation's elderly and to our seniors, and the fact that you have convened these witnesses here today demonstrates once again your concern and support of America's seniors. We thank you for focusing on these important issues. Senior nutrition programs are a lifeline for millions of Americans.

Thank you very much. This concludes my oral testimony and the written testimony is submitted.

The CHAIRMAN. Linda, thank you very much for that very valuable testimony on the importance of senior nutrition.

[The prepared statement of Ms. Netterville follows:]

Testimony of
Linda Netterville, MA, RD, LD
In behalf of the
Meals On Wheels Association of America

Before the
Senate Special Committee on Aging

March 11, 2003

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Testimony of Linda Netterville, MA, RD, LD
In behalf of
The Meals on Wheels Association of America

Chairman Craig, Senator Breaux and Members of the Committee. I am Linda Netterville, President of the Meals On Wheels Association of America for whom I am testifying today. The Meals On Wheels Association of America, or MOWAA as we call our organization, represents senior meal programs from every state. Our member programs provide nutrition services to older adults to improve their dietary intakes, provide nutrition and health education, provide opportunities for social interaction, provide a link to informal and formal community support systems, and provide opportunities for active living. I am joined here in the audience by the Board of Directors of MOWAA. We, on behalf of all MOWAA-member programs from across the country, thank you for holding this hearing and for giving us an opportunity to testify.

Before I begin to address the issue of the role of nutrition in healthy aging, I want to note briefly a couple of important milestones. Later this month, we will commemorate the 31st anniversary of the inclusion of senior meal programs in the Older Americans Act – a congressional action that has literally changed for the better the lives of millions of older Americans over the years. To date, over 6 billion – that is billion with a B – meals have been served through the Act, and senior meal programs are adding to that total each and every day. As part of their commemoration of this, senior meal programs in communities throughout the country will be participating in MOWAA's "March For Meals" campaign. "March For Meals" is a national initiative, carried out individually by local senior meal programs throughout the month of March. The campaign is designed to (1) raise public awareness about senior meal programs and their needs; (2) raise funds to enable the provision of services locally to meet those needs; and (3) recruit volunteers to assist in the delivery of services…"*so no senior goes hungry.*" I know that this is quite familiar to you, Senators Craig and Breaux, as the chairmen of our Honorary Congressional Advisory Committee and as Senators who helped us kick-off this now-annual event here in Washington last March at a press conference with race car drivers A.J. and Larry Foyt. But some of your colleagues, particularly those new to the Senate, might not be aware of your leadership and involvement in Meals On Wheels' behalf. So, remembering that anniversary, we want to thank you again publicly and to encourage your colleagues to get involved as well. "March For Meals" is just one of the ways that MOWAA is working to help

individual meal programs enhance the public-private partnerships that are essential to the past and current success, as well as to the future growth, of senior meal programs.

Senior meal programs – some 4000 plus across America – are as diverse as the communities in which they operate and as the seniors they serve. They are urban and suburban and rural; some furnish congregate meals in places like senior or community centers, others provide home-delivered meals, and still others provide both types; some programs serve as few as 30 meals a day, while others serve as many as 3000 daily meals. But all programs share one common commitment. That is the commitment to the regular provision of healthy, nutritious meals to America's elderly who need them. And by doing so, all of these programs are important partners – senior partners, we might even want to call them – with President Bush and Lynn Swann in their efforts to promote a healthier lifestyle for America's seniors. The *HealthierUS* Initiative identifies four keys to improving health: (1) being physically active each day, (2) eating a nutritious diet, (3) getting preventive screening, and (4) making healthy choices and avoiding risky behaviors.

It will not surprise you, I am sure, when I tell you that MOWAA would reverse that order slightly and put "eating a nutritious diet" first. That is precisely what our programs endeavor to do – to put healthy nutrition *first* in the lives of seniors, in order to enable them to do the other three things the *HealthierUS* Initiative promotes.

There is no question that scientific evidence supports the relationship between good nutrition, health and functionality among older adults.
For example, adequate intake of:

- Calcium and Vitamin D are linked to bone health and mobility.
- Vitamins B6, B12, and folic acid help to keep the mind alert and the nervous system performing at its best. These nutrients are also linked to reducing the risk of coronary artery disease.
- Vitamin E, beta-carotene and other carotenoids, and ascorbic acid help to prevent the damaging effects of oxidation in the body-one of which may induce cataracts or macular-degeneration.
- Vitamins E and B_6 and the mineral Zinc will help to strengthen the body's ability to combat infection and chronic disease.

- Fiber helps to ensure that the digestive system stays healthy and reduces the risk of colon cancer.

The majority of our MOWAA member organizations provide nutrition services under the Older Americans Act. Nutrition services provided by MOWAA member organizations target the same objectives enacted nearly 40 years ago under the Older Americans Act, which includes "[t]he best possible physical and mental health which science can make available." Meals served under the Older Americans Act must provide 1/3 of the Recommended Dietary Allowance (RDA) established by the Food and Nutrition Board of the National Academy of Sciences-National Research Council. The meal must also follow the Dietary Guidelines for Americans. These Guidelines include three broad messages:

- Aim for fitness,
- Build a healthy base, and
- Choose food sensibly.

This encourages healthy eating habits and physical activity as a regular part of life.

Although 1/3 RDA is the minimum requirement for a meal, our program's meals contribute 40-50% of the daily nutrients needed by older adults. In addition, the meals provide on average more than half of the recipient's total daily food intake. According to the Performance Outcomes Measures Project, the congregate meal contributes more than ½ of the total daily food intake in 48% of the participants; the home-delivered meal contributes more than ½ of the total daily food intake in 56% of the participants. Our outcome is two-fold. By providing a nutritious meal, we address malnutrition and hunger.

Our programs also encourage physical activity. Congregate programs provide important opportunities to engage in community life. Attending the senior center promotes, in itself, a kind of physical activity that enhances quality of life and improves physical and mental health. In many cases seniors come to the center primarily for meals and end up participating in a variety of other programs, including exercise. Even home-delivered meal programs can contribute in the area of helping seniors increase their physical activity. Most home-bound seniors are not bed-bound. Senior meal programs make it possible for them to stay in their homes and thereby to continue some level of physical activity that may be lacking in institutions or other settings. I am referring here to such simple things as walking from room to room, caring for and interacting

with pets, or even tending to plants and small gardens. I believe that Mr. Swann would agree with me that every movement counts.

Meal programs also help direct seniors to the other key recommendations of the *HealthierUS Initiative's*, namely screening and making healthy choices. Meals are not the only thing provided by senior meal programs. Programs conduct a nutrition screening at intake. A simple "Determine Your Nutritional Health" checklist identifies warning signs of poor nutritional health and assigns appropriate nutrition interventions. Nutrition programs also provide nutrition education, which stresses the importance of nutrition and health. It equips older adults with the knowledge they need to make healthy food choices on their own. For some older adults, general nutrition education may not be enough. Many programs employ a dietitian to provide individualized nutrition counseling to translate a person's nutritional needs into better personalized food choices. These healthy food choices can have a measurable effect on health status.

I would like to elaborate on just who it is who benefits by home-delivered meal services. Home-delivered programs address two distinct participant bases: (1) the frail elderly in long-term need of support and (2) those in need of short-term intervention. The first group is the one which, I believe, most generally comes to mind when we talk about home-delivered meals. In fact, the average home-delivered meal recipient is an elderly woman in her very late seventies or eighties; she is more than twice as likely as her contemporaries to live alone, apart from family and friends. She is likely to be functionally impaired (have trouble walking, for example) and have three or more diagnosed chronic health conditions. In addition, she probably has an income below 200% of poverty. Whatever the reason, she cannot shop, cook, or prepare meals for herself. In other words, she relies on senior meal programs to ensure she gets proper nutrition. Because of the Older Americans Act's targeting of limited services to those in greatest economic and greatest social need, with an emphasis on the low-income population, these are the most likely to be served by ours programs. That is as it should be.

But the other group – those with short-term needs -- merit attention as well. The last national survey, conducted almost a decade ago now, found that 41 percent of all home-delivered meal programs have waiting lists. The median time on the waiting list was one month, with some programs having wait times as long as three months. As a result, particularly in some areas, those in need of short-term intervention may have to go unserved. This group is comprised of

individuals who are recently discharged from the hospital, for example, or who are recovering from an acute illness or have short-term mobility impairment from a broken bone. Without access to community-based services, they may have to be institutionalized or return home to fend for themselves. Regrettably, that can result in a deterioration of nutritional, and concomitantly, of health status; such deterioration, in turn, can result in re-hospitalization. MOWAA believes that this is unnecessarily costly in both human and financial terms. Our programs can feed an individual for a year for the approximate cost of one Medicare day in the hospital ($840 in 2003). Whether or not this worst case scenario occurs, the lack of services most certainly does nothing to contribute positively to our shared goal of promoting healthy aging – a process that rests on the foundation of good nutrition and appropriate physical activity.

While we did not come before the Committee to beg the case for increased funding for our programs, we would be foolish and irresponsible if we did not make the point that the population needing our services is increasing dramatically at the same time that funding from all sources – both public and private – is shrinking. And that, simply put, is not acceptable. So we respectfully request that you continue to advocate on behalf of the country's seniors to ensure that their fundamental needs are met.

The very fact that you have convened these witnesses here today demonstrates once again your concern about and support of America's seniors. We thank you for focusing on this important issue. You are bringing national attention to these facts: Senior nutrition programs are a lifeline for millions of Americans. They are essential to achieving, maintaining, improving or restoring healthy aging. MOWAA and MOWAA member programs take our roles seriously. We remain committed to continuing to put seniors' nutritional needs first; and we look forward to continuing to work with the Committee, the Administration, the private sector and other organizations like the ADA in finding even better ways to enhance, improve and expand the provision of nutrition services to all who need them.

Thank you, Mr. Chairman. That concludes my testimony, but I would be pleased to answer any questions you or other members of the Committee may have.

APPENDIX
Overview of Older Americans Act Nutrition Services
And Participant Profiles

Congregate Nutrition Services

During 2001, 112,000,000 congregate meals were served to 1,750,000 older adults.

Services provided in addition to meals:
- Nutrition assessment
- Nutrition education and counseling when appropriate
- Social activities

Profile of a Congregate Meal Participant:
- 80% are at 200% of poverty
  60% live alone
- 70% women
- 28% rural
- 25 % minority
- Average age 76 years

Mobility:
- 5% are unable to walk of have much difficulty walking without assistance
- 91% get out of the house at least once per week
- 73% get out of the house 5 or more days per week
- 72% have some leisure time physical activity during the past month

Home-Delivered

During 2001, 143,000,000 home-delivered meals were served to 927,000 older adults.

Services provided in addition to meals:
- Nutrition assessment
- Nutrition education and counseling when appropriate

Profile of a Home-Delivered Meal Participant:
- 90% are at 200% of poverty
- 57% live alone
- 69% women
- 16% rural
- 27 % minority
- Average age 78 years

Mobility:
- 37% are unable to walk of have much difficulty walking without assistance
- 46% get out of the house at least once per week
- 15% get out of the house 5 or more days per week
- 42% have some leisure time physical activity during the past month

The CHAIRMAN. Now, I am turning to Dr. White. I would be remiss for two reasons if I did not mention not only is she a tenured professor at the Department of Family Medicine at the University of Tennessee, but as Jane knows, I am married to a dietitian. Dr. White is the recent Past President of the American Dietetic Association and currently serves on ADA's Foundation Board of Directors. So, Jane, welcome before the committee.

STATEMENT OF JANE V. WHITE, PROFESSOR, DEPARTMENT OF FAMILY MEDICINE AND GRADUATE SCHOOL OF MEDICINE, UNIVERSITY OF TENNESSEE-KNOXVILLE, KNOXVILLE, TN

Ms. WHITE. Thank you so much, Chairman Craig, Senator Breaux, and distinguished committee members. I appreciate the opportunity to discuss nutrition and its relationship to healthy aging.

America is getting older. More than 35 million Americans will turn 65 during the next 30 years. Older Americans are increasingly seeking lifestyle improvements to maintain health. Eight out of ten older Americans have one chronic disease, and half of them have two or more. Eighty-eight percent of Medicare spending is for beneficiaries with three or more chronic conditions.

I am a professor of family medicine at the University of Tennessee in Knoxville and a registered dietitian. I am technical advisor to the Nutrition Screening Initiative, or NSI, a health care coalition led by the American Dietetic Association and the American Academy of Family Physicians. NSI promotes routine nutrition care for older adults to prevent and manage chronic disease. Mr. Chairman, NSI was founded because the efficacy of nutrition intervention is one of the best-kept secrets in town.

Chronic disease affects people of all ages. I expect many otherwise healthy members of the Senate and many of your constituents at home have a condition, a diet-related condition that they are working to manage, such as high cholesterol or high blood pressure. Hypertension affects one out of three people aged 70 years and older, while roughly one in ten have diabetes and one in four has coronary heart disease.

Nine out of ten people with a chronic disease have a condition that could be improved with nutrition intervention. Through my work with older adults and physicians, I have seen the critical role nutrition plays in maintaining the health of adults as they age. I have submitted a patient case study attached to my testimony.

Nutrition intervention is supported by substantial scientific evidence. The Institute of Medicine reported that there are proven nutrition strategies for managing cardiovascular disease, diabetes, and renal failure. These measures are cost-effective, leading to a reduced number of hospitalizations, reduced length of hospital stay, and fewer physician office visits.

Medical nutrition therapy, or MNT, offers economic advantage to individuals as well as to the nation's health care industry and to our economy in general. Chronic disease costs our country $300 billion annually, one-third of the U.S. health care expenditures. Ninety-nine percent of all Medicare spending is being used to treat chronic illness. Prescription drug costs are rising and patient drug

use is skyrocketing. The number of older adults taking eight or more drugs per day has increased 50 percent in the last 3 years.

The American Diabetes Association reported recently that costs associated with diabetes have doubled in the last 5 years. The annual cost per patient with diabetes is more than $13,000, compared to $2,500 for individuals without this disease. Changes in diet and regular exercise can reduce the risk of developing diabetes in older people by up to 71 percent.

Further, nutrition strategies offer a cost-effective treatment alternative to prescription drug therapy. For example, it is estimated that nutrition intervention could save anywhere from $52 to $168 million for older adults with high blood pressure and $132 to $330 million for those with diabetes.

However, physicians seldom discuss nutrition with patients. Doctors say they lack the time, knowledge, and tools to provide this information. At the same time, 85 percent of older patients want nutrition information from their physicians, but only 36 percent report that their doctor emphasizes nutrition during office visits.

The clear need for practical tools for both physicians and consumers led NSI to develop the "Physician's Nutrition Guide to Chronic Disease Management for Older Adults." This brief synopsis includes specific nutrition information on eight chronic diseases. The patient education materials include nutrition tips on each disease that can be tailored for the individual in the physician's office, with referral to a registered dietitian mentioned for complex cases.

We want to underscore the need for updates to Medicare that keep pace with the current state of knowledge and best practices, including nutrition care. Older Americans want to be as healthy and independent as possible. Nutrition and fitness within individual limits can contribute to successful aging, but more can and must be done to make basic nutrition services available to every older American.

I urge you to support programs that provide nutrition services for older adults, to enable nutrition research through adequate funding, and to support graduate medical education in nutrition for residents and fellows in the primary care specialties.

Senator Craig, the public wants this. Our nation needs it. The economics of health care mandate it. Nutrition is essential to healthy aging.

Thank you for allowing me to be here today, and I would be pleased to answer any questions you might have.

The CHAIRMAN. Well, Jane, thank you very much for that valuable testimony. That, as you know, is an area we have worked collectively on as it relates to Medicare and Medicare reimbursement, to allow nutritional experts to be reimbursed for obviously the advice and the programs they develop instead of having it screened through a primary care provider, or at least to be able to be billed directly for those services and that information.

[The prepared statement of Ms. White follows:]

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Testimony of
Jane V. White, PhD, RD, FADA
Nutrition Screening Initiative (NSI)
on
Fitness and Nutrition: The Prescription for Healthy Aging
before the
U. S. Senate Special Committee on Aging
March 11, 2003

Mr. Chairman and members of the Committee, I appreciate the opportunity to discuss nutrition and its relationship to healthy aging.

- America is getting older – more than 35 million Americans will turn 65 in the next 30 years.
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- Eight out of ten older Americans have one chronic disease and half have two or more.
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I am a Professor of Family Medicine at the University of Tennessee-Knoxville and a Registered Dietitian. I am a technical advisor to the Nutrition Screening Initiative (NSI), a health care coalition led by the American Dietetic Association and the American Academy of Family Physicians. NSI promotes **routine nutrition care** for older adults to prevent and manage chronic diseases. Mr. Chairman, NSI was founded because the efficacy of nutrition intervention is one of the best-kept secrets in town.

Chronic diseases affect people of all ages. I expect many otherwise healthy members of this committee have a condition they are working to manage such as high cholesterol or high blood pressure. The prevalence of chronic disease increases with age. Common conditions that are nutrition-related include the cardiovascular diseases, diabetes, cancer, and osteoporosis. Hypertension affects one out of three people aged 70 years and older while roughly one in ten have diabetes, and one in four have coronary heart disease.

Nine out of 10 people with chronic disease have a condition that could be improved with nutrition intervention. Through my work with older adults and physicians, both in practice and in training, I have seen the critical role nutrition plays in maintaining the health of adults as they age. *A patient case study is attached to my testimony.*

Nutrition intervention is supported by substantial scientific evidence. The Institute of Medicine reported that there are proven nutrition strategies for managing the cardiovascular

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- Support programs that provide for nutrition services for older adults;
- Enable nutrition research through adequate funding;
- Support graduate medical education in nutrition for residents and fellows in primary care specialties.

THE AMERICAN ACADEMY OF FAMILY PHYSICIANS

THE AMERICAN DIETETIC ASSOCIATION

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Thank you again for allowing me to be here today. I would be pleased to answer your questions.

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Initiative funded in part through a grant from Ross Products Division, Abbott Laboratories

The CHAIRMAN. Linda, in your testimony, you mentioned that the senior meals program conducts nutritional screening. Can you elaborate on how this program works and what you do with the outcome of the information?

Ms. NETTERVILLE. As part of the requirements through the Older Americans Act and through the national NAPAS requiring, we use the determine check list, which is about ten questions which are simple questions and gives us some kind of an idea of what appropriate nutrition interventions might be appropriate for those individuals. Depending on the staff and skills at each of the nutrition programs, it depends on how far we go with that information and what we do with that information.

It does help an individual and nutrition education materials that are appropriate that are provided that go along with that screening that we do, so an individual knows how many fruits and vegetables they should eat and so on.

The CHAIRMAN. So screening includes also, obviously, the advice that follows then?

Ms. NETTERVILLE. Right. That is a big part of it.

The CHAIRMAN. Is there then the opportunity to follow up to see if down the road some weeks or months that advice is still being taken?

Ms. NETTERVILLE. There is the opportunity every time we reassess. At an annual reassessment of any of our individuals, we follow that same procedure and do a screening so we can see changes in health care, in healthy status. It is part of our outcomes that we document.

The CHAIRMAN. Thank you.

Jane, you referred to the disease management hearing that I chaired last September. In general, can you elaborate on how the private insurance companies currently integrate nutrition care into disease management programs?

Ms. WHITE. Certainly. It is extremely variable from State to State. Many of the programs follow national Medicare and Medicaid guidelines, and so reinforcing the need for nutrition services and paying for services through these programs would help to ensure that the private insurers follow suit and provide appropriate nutrition services for patients.

In Tennessee, with TennCare, TennCare does provide chronic disease management services and nutrition counseling for patients with specific chronic diseases. This has been a big boon to the older population in Tennessee.

The CHAIRMAN. What would a state-of-the-art nutrition care program look like for the Medicare program?

Ms. WHITE. I think the state-of-the-art program would have to incorporate routine nutrition screening and assessment with the caveat that appropriate intervention be provided, and this intervention might include referral to social services and programs such as Meals on Wheels congregate feeding sites, et cetera. It would be a review of prescription drugs, because, you know, many drugs, such as the ACE inhibitors and beta blockers and diuretics are very dependent on a low-sodium intake for efficacy. So, again, advice related to diet and exercise in terms of chronic disease management.

So I think it is two components, nutrition assessment and then appropriate nutrition intervention, and, of course, reimbursement for services provided.

The CHAIRMAN. Thank you. Senator Breaux.

Senator BREAUX. Thank you, Mr. Chairman. I thank both of our witnesses. It is clear that diet and exercise together play an incredibly important role in the aging process and guaranteeing that people live, again, not just longer lives, but better lives and less costly in terms of the medical care they need, particularly in their last months of life. Also, obviously, it brings about a quality of life that is a big improvement, so they both go together. If you have a great exercise program and horrible nutrition, you are not going to get the job done. If you have great nutrition and no exercise, you are not going to get the job done. So the two are very directly interrelated and very necessary.

The Meals on Wheels program provides so much in terms of meals and nutritional programs to help seniors. It is a wonderful program. I have delivered them on numerous occasions and you see the joy they bring. It is also a point of social contact for many of the people and a connection with the outside world that many of them might not have. It is hard to believe that may be the only person that visits that senior sometimes is the person delivering the Meals on Wheels. So in addition to delivering the nutritional food, they also deliver friendship and a contact with that senior which is incredibly important.

I get, Ms. White, from your testimony that you would support that the Medicare program has as one of its reimbursable things that are covered, what, nutrition?

Ms. WHITE. Yes. Medicare covers currently treatment for diabetes and renal disease, but we really need to expand coverage certainly to include the cardiovascular diseases and other diseases where there is a clear indication that nutrition care and nutrition intervention work improve quality of life, and lower health care costs.

Senator BREAUX. Would you know whether private health plans in the country that are not for Medicare individuals have that type of provision?

Ms. WHITE. It is very variable from State to State. Some of the private plans do cover nutrition intervention. Some of the State programs cover nutrition intervention. But it is not universal across our health care system and we really need to institute these services for all Americans.

Senator BREAUX. Does Medicaid cover it, do you know? Some States maybe and some States not?

Ms. WHITE. Some States. Maybe TennCare does, but other States not. So again, we need to institute early intervention for the Medicaid population, and continued intervention for our seniors because we know that nutrition and physical fitness implemented at any age improve health.

Senator BREAUX. Do you have any kind of a ballpark estimate of how much including this type of service under Medicare would cost?

Ms. WHITE. I don't have the specific figures, but it was included in the Institute of Medicine report on the benefits of nutrition care

for older Americans. Again, it would depend on how often the services are prescribed, because for chronic disease management, we really don't diagnose disease. It is up to the referring primary care provider to diagnose a problem and refer. So again, it would depend on how many of our physician colleagues were involved in screening and assessment, and then how many of our older Americans recognize that this benefit is available and choose to avail themselves of the services.

But certainly in the long run, as I mentioned with the figures on hypertension and diabetes, we have similar cost saving estimates for the dislipidemias, osteoporosis. The funds that you would expend to provide nutrition services would be more than covered by the cost savings in medications, in hospital admissions, readmissions, length of stay, and so forth.

Senator BREAUX. Well, unfortunately, the way we score things in Washington, we don't consider the positive effects. We only consider the expenditures of how much it costs. I think that is patently unrealistic. I mean, obviously, if you have better preventative care, you are going to reduce the cost in the long term, but the only thing we look at is the up-front costs, which is one of the problems.

I think that we have a Medicare program that today spends more money than we take in, and just as I said, "Unless we reform the program, I am going to strongly resist adding things to a program which is already financially in very serious trouble, and with the 77 million baby-boomers getting ready to come eligible for the Medicare benefits, we cannot add benefits without reforming the system and bringing it into the 21st century."

The micromanagement of health care in this country for seniors is unlike any other health program that I have been able to find anywhere in this country and we really have to reform it as well as allow for new and innovative ideas. We shouldn't have to come to Congress and ask that this type of process be covered. It should be covered because it is the right thing to do in the private world.

So I thank you for your suggestions and for the good work that Meals on Wheels does. Congratulations and continue the good work.

The CHAIRMAN. To both of you, thank you very much. I agree with John. Our difficulty without reforming is to add more to an already overburdened cost in a system that does provide critical care access or care access that is so critical. But at the same time, we are also recognizing now in the heightened awareness of nutrition and exercise, and I think there is a heightened awareness that we shouldn't allow the doctors, or if you will, the primary care practitioner to be the sole screener of that service and I think that is a concern that we all have.

I thank this panel. I thank both of you very much for being here today.

The CHAIRMAN. I understand our first/last panelist has arrived. Would you please come forward? Lynn Swann, let me thank you for being here today, and most importantly, let me thank you for being the Chairman of the President's Council on Physical Fitness and Sports.

I must tell you that probably everyone in this audience knows about you and your marvelous athletic career and record, now

being in the Hall of Fame, of course, being that marvelous wide receiver for the Pittsburgh Steelers. I have a former son-in-law—you know how that can happen on occasion.

Mr. Swann. Yes, I do, sir.

The CHAIRMAN. Who is from Pittsburgh who would give his eye teeth to be in the audience today and to meet you. He is also a father of a marvelous grandchild, so he is still a very close personal friend of mine and will always be. He is a delightful gentleman.

But as an Idahoan, I never grew up with pro ball and I never realized how addictive it is until I came to Washington, and then I really didn't realize how addictive it was until I had in my family a Pittsburgh Steeler fan. It is obsessive in that crowd. [Laughter.]

But probably it is because of the marvelous game that you played and obviously the record you delivered and the support you built with your fans throughout the years, so we thank you so much for being here.

But now we thank you for heading up the President's Council on Physical Fitness and Sports. Senator Breaux and I have mentioned, our growing concern about the absence of physical activity in our population and now we have what some would term an epidemic of obesity in our society that is of great concern and brings on the kinds of chronic illnesses that continue to cost this society a great deal of money and cost the individual a great deal of life, and so, clearly, physical fitness is important.

We thank you for being here. Please proceed with your testimony.

STATEMENT OF LYNN C. SWANN, CHAIRMAN, PRESIDENT'S COUNCIL ON PHYSICAL FITNESS AND SPORTS, SEWICKLEY, PA

Mr. SWANN. Senator Craig, thank you very much, Senator Breaux. Thank you for holding this hearing.

Indeed, Senator Craig, there are some obsessions worth having, and for all those Pittsburgh Steeler fans, I understand how they feel about their obsessions.

The CHAIRMAN. You have got it.

Mr. SWANN. But certainly an obsession of mine is also being fit and maintaining a great quality of life.

You have the statement that we prepared obviously for this day and I don't want to go over that word for word. But certainly, we have to set better examples for young people in America and our elderly in terms of what we expect and what they can do.

The President of the United States believes in this and he is physically fit. The Secretary of Health and Human Services, Tommy Thompson, has lost 15 pounds since he took that office in an effort to walk the walk and not just talk the talk, and we all have to do——

The CHAIRMAN. It has nothing to do with the stress of the job? [Laughter.]

Mr. SWANN. Well, his level of physical fitness probably allows him to deal with that stress in a better way.

We have to look at our aging population, and sometimes we have to ask a question before we get to the answer in terms of being able to help them and the question is, Why are our elderly people in

such a poor state of physical health? For many reasons, one of which is because for many of our older citizens, they never have worked out. It was not a part of their lifestyle.

We have shown that a healthier lifestyle is far more important than we used to think of it. It is not just a matter of running around and trying to look good in a bathing suit in the summertime. It is not a matter of trying to fit into that tuxedo you bought 10 or 15 years ago for a special event. It means a higher quality of life.

Our senior citizens can have a higher quality of life even if they have never worked out before, and so they can start now. It is never too late to start working out and you can derive the benefits.

There are more than, I think the number is about 300,000 hip injuries to senior citizens a year, and unfortunately for our senior citizens who are in poor health, that one injury can also lead to death. A lot of us like to think that weight loss is an important thing, is a positive sign. But when the elderly start to lose weight rapidly and for no apparent reason, it is a very poor sign that they may never recover.

If an older person is more physically fit, their bone density is going to be stronger. Their muscles are going to be stronger. Their reactions are going to be stronger. So in an inadvertent fall, a hand can go down that prevents that fall from being a broken hip and prevents that particular injury that could lead to their death, to mortality.

So we can start our elderly on programs that give them great benefits today, but I think it is equally important that while we attack that front, we also attack a larger front in terms of our children and our adults. The President's Council on Physical Fitness and Sports has an adult lifestyle program that we have enacted this year that is different than the Challenge program for the children that we have had for many, many decades and we are trying to encourage adults and families and senior citizens to work out to derive all the health benefits of good, balanced physical fitness.

We are not asking people to become professional athletes. I am not asking that everybody go out and try to run the marathon or become a triathlete or become a part of the extreme sports that we have in our society today, but that we do a little bit of something. Thirty minutes a day, moderate exercise, can derive all the benefits for our senior citizens. We have over 60 million people who don't really work out at all, don't do anything. Ten minutes a day of moderate exercise, they can derive those benefits.

What is the cost of that? Senator Breaux, you had mentioned beforehand that the expectation of putting a lot of money up front is not warranted. You can't expect to have those kinds of outlays of cash. But we are spending over $250 billion a year—$250 billion—on obesity-related diseases that are preventable. Diabetes are preventable. Where will we spend that $250 billion if we didn't have to spend it there, and wouldn't we need to get that $250 billion back into other parts of our economy, to other areas? We need people just to be more active.

We are instituting sometime this year, late spring, early summer, a new President's Challenge website that will be able to track citizens for the rest of their lives, to give them information they

need to be healthier and to stay fit—young kids, adults, senior citizens. It will track them and give them the kind of information they need to maintain or to gain an active physical lifestyle so they can derive those benefits, and that cost is minimal.

We just need to get people to be active and to start doing something, and there are many ways we can get that going, but the key here is to take that one step, and then the next step and the next step.

So I am sure, Senator Breaux and Senator Craig, with your help and your emphasis on this problem, we as a nation will continue to move forward and get stronger. Thank you.

The CHAIRMAN. Lynn, thank you very much for your testimony and your commitment and your involvement.

[The prepared statement of Mr. Swann follows:]

Testimony
Before the Special Committee on Aging
United States Senate

"It's Never Too Late to Move For Health"

Statement of
Lynn C. Swann
Chairman,
President's Council on Physical Fitness and Sports
Office of Public Health and Science
U.S. Department of Health and Human Services

For Release on Delivery
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Good morning and thank you, Senator Craig and Senator Breaux, for holding this very important hearing.

My name is Lynn Swann. Some of you may know me as a Pittsburgh Steeler or an ABC Sports broadcaster. Today, I'm here as chairman of the President's Council on Physical Fitness and Sports to talk about healthy aging. I bring you greetings and best wishes from two American leaders who are over fifty, like me: President Bush, and HHS Secretary Tommy Thompson.

Our national leaders are excellent role models for Americans of all ages. President Bush is asking all Americans to do a little bit of what he *does* every day. His commitment to physical activity is well-known. He's an avid runner and works out in a gym regularly despite a demanding schedule.

The First Lady is another great role model – she's an avid walker and often rides an exercise bicycle with friends.

Secretary Thompson has also taken the physical activity message to heart – he has become more physically active and has lost 15 pounds.

President Bush says that "better health is an individual responsibility and an important national goal." He's right -- a healthy, active America is a prepared America, able to meet any challenge.

Today, our nation is fighting a war on two fronts. The war against terrorism and tyranny is well known.

But the second war is a silent one, the war against chronic diseases that are killing Americans and driving up health care costs. Surgeon General Richard Carmona calls it "the terror within."

Our nation's poor eating habits and sedentary lifestyles are killing nearly 1,000 Americans every day. The cost of obesity and type 2 diabetes combined is $250 billion a year.

Congress can't pass a law to make us healthy. Building a healthy nation requires a change in the lifestyle of each individual citizen across the life span.

To older Americans we say, "It's never too late to move for health." And it's never too late to start adopting physically active behaviors.

Living an active lifestyle can help expand your vigorous years and quality of life well past age fifty, sixty, seventy, and beyond. Some of the other witnesses who will speak later this morning prove the invigorating power of the active lifestyle.

The Surgeon General's Report on Physical Activity and Health says that people of all ages, both male and female, benefit from regular physical activity.

Thirty (30) minutes of moderate physical activity on 5 or more days a week reduces the risk of developing or dying from:

- heart disease,
- high blood pressure,
- colon cancer,
- type 2 diabetes.

Building physical activity into your daily routine can help add years to your life and can make your older years a high quality time of life.

Physical activity helps maintain a healthy weight and improves mental health. And, of course, physical activity is important for the health of muscles, bones, and joints. This is particularly important for seniors, who are at risk for arthritis and osteoporosis.

Yet only about 15 of every 100 Americans ages 45 to 74 are active for the recommended 30 minutes a day, five days a week. That figure drops to only 12 out of 100 over age 75 (source: *Healthy People 2010*, Focus Area 22, Physical Activity, page 22-10/11).

The prescription for all Americans age fifty and over is the same as it is for all adults: moderate activity for 30 minutes a day on five or more days a week. The result can be significant health benefits.

So, what is moderate physical activity? I'm a professional athlete, and I love to workout. But you don't need to sweat in a gym, run a marathon, or play sports to gain the health benefits of an active lifestyle. Take a walk after dinner, play catch with your kids or grandkids, take the stairs instead of the elevator or mow your lawn. As I said before, it's never too late to move for health.

To fulfill the vision of a "HealthierUS," the President, the Secretary and the Council are asking each American to:

- Be physically active every day
- Eat a nutritious diet
- Get preventive screenings, and
- Avoid risky behaviors.

To spotlight our efforts for a healthier nation, the Secretary is hosting a national summit next month in Baltimore (April 15-16) to highlight policies that promote healthy environments and model programs that communities and companies across America are already using to promote physical activity.

As the Council members and I travel around the country, we are doing more than quote sad health statistics. We are offering a tool to get all Americans, including seniors, to start moving *today*.

That tool is the "President's Challenge," a program to motivate everyone to start moving today and stay active for a lifetime. You or your kids or your grandkids may have participated in the President's Challenge in school. But this program has been expanded to include Americans of all ages.

Today, I am challenging you, Senators, to start moving 30 minutes a day, five days a week. Participate in the "President's Challenge" by keeping track of your physical activity on this log.

In six weeks, you can earn a Presidential Adult Active Lifestyle Award.

Every activity counts — walking, climbing the stairs, raking leaves, digging in the garden, mopping the floor, biking, dancing, any physical activity!

As I said before, all types of physical activity count. And you don't have to do it at one time — you can accumulate 30 minutes a day in smaller increments of just 5 or 10 minutes.

Later this year, Americans will be able to keep track of their activities online as they earn Presidential awards. We'll be launching a new President's Challenge website that is interactive and free of charge.

In closing, here's my challenge to you: take the President's Challenge and challenge your family to join you; challenge your constituents and staff to join you. There is a President's Council award for children, teens and adults.

Most importantly, I ask you to challenge the older people in your life to start moving – at home, in retirement communities, at senior centers. Let them know "You're never too old to move for health."

Please tell your constituents, particularly older Americans, to "Be physically active every day." Tell them in your speeches and press conferences and during your visits to senior centers—any time you speak about health. Please promote the active lifestyle, promote a *HealthierUS*.

Together, step-by-step, day-by-day, we can build a healthier U.S. for Americans of all ages and abilities. Remember: "It's never too late to move for health."

Thank you for inviting me to testify on this most important topic. At this time I would be happy to respond to any questions.

The CHAIRMAN. In what ways is the President's Council promoting the President's Challenge? You mentioned the website. Beyond that, is there an incorporated effort?

Mr. SWANN. There are several partnerships that we have with various companies in corporate America to get people in the workplace to continue to work out and derive those benefits. We have programs in place with the YMCA to engage people to continue to work out and tracking them. We certainly want to get them all signed up on our website, but to motivate them. I think it is important to motivate, to incent, and to encourage people to work out in a variety of ways.

The President's Council is about 20 members strong and we have been out speaking to groups, large groups across this country. We will continue to do that and continue to seek forums to express the President's position on a healthier us, that is, 30 minutes of exercise every day, 5 days a week. It is a balanced diet, getting the proper testing to see what our state and physical condition really is and make sure we are medically OK, and to avoid risky behavior, things like if you don't smoke, don't start, and if you do, don't smoke around children, wear your seat belt, wear a bicycle helmet, those kinds of things.

The CHAIRMAN. In addition to holding this hearing, what can the Special Committee on Aging do to help you and the President's Council on Physical Fitness and Sports promote physical fitness for seniors, because you said something in your opening comments that really is a reality to me in talking with older Americans about exercising and they will say, "Well, I never have." Why should I start? I never did play any sports. I never have done anything of that nature. I think there is quite a bit of truth to that. When you talk about these 60 million out there who are not, part of it is because they never have.

Mr. SWANN. Correct. It is very much like that student that was in your school probably, that guy, that girl that never had to really open the book very long and they just kind of got it.

The CHAIRMAN. Oh, I really resented them.

Mr. SWANN. Oh, didn't you? You resented them. They were so bright and so smart, they just got it like that, As and Bs just up and down the report card. [Laughter.]

But as soon as they went to college, they found themselves in a bit of trouble. It didn't come that easy and they couldn't compete. Why? Because they didn't have the tools. They didn't know how to study. When the other bright minds came to that university, they were bright and they had the tools. They did know how to study and so they competed better. Many of those bright kids got lost and didn't have the results they were looking for.

There is also that guy and that girl you grew up with, they could eat anything in the world and they never gained an ounce and they looked great in their clothes, and they ate the desserts, they ate the pies, they ate everything they wanted to, never gained a pound. Then all of a sudden, 35 and 40 hit and the belly started getting out there. There was one guy, if you asked him for $5, he could reach into his wallet this way because it just grew that big out the other end. They never had the tools to start working out. They never understood it.

We can give senior citizens those tools. As a matter of fact, later this week, we are meeting with the American Association of Retired Persons to talk about a plan to get more senior citizens activated and working out, light weights, moderate exercise to derive the benefits. They can increase their muscle mass at age 60 and they can gain more flexibility. They can increase the density of their bones so they are not quite as frail. They can derive all the benefits of moderate exercise.

Again, we are not talking about anything substantial. It could be 10 minutes here, 10 minutes there, another 10 minutes vacuuming, gardening, walking their grandchildren, walking the dog, exercising with other senior citizens, and that is enough to derive the benefits.

The CHAIRMAN. My last question to you, Lynn, would be—and this is going to put you on the spot, but I suspect you can handle it well. You have been an athlete all your life. How often do you exercise?

Mr. SWANN. I exercise about 5 to 7 days a week.

The CHAIRMAN. What is your routine?

Mr. SWANN. Just last weekend, I celebrated my 51st birthday, and I get up at about 5 in the morning because that is my routine. I will do anywhere from 45 minutes to an hour of cardio, treadmill, bicycle, elliptical machine. I will do a minimum of 300 sit-ups a day, and then 3 or 4 days a week, I will lift weights for about an hour.

The CHAIRMAN. You can stop. [Laughter.]

Mr. SWANN. But it is important, sir. Certainly, I am not asking people to do what I do, but I am asking America to be a little more fit. I am asking all the organizations who need to have America be more fit because their dollars and cents can be spent elsewhere. The American Diabetes Association, the American Heart Association, all of these organizations are doing great work and research to find cures and prevent diseases and to prevent death.

One of the things we need all of us to do is be more proactive. If they get their constituents to lose weight, if they promote a healthier lifestyle and moderate exercise, and it costs nothing to do that, then they take people off the rolls of diabetics and obese people with other diseases and we get some of that money back looking for a cure.

So we need everybody from all parts of our society to encourage people to work out and derive those benefits. If we get that, if we become much more proactive on the preventative side, then that $250 billion a year we spend can go to other areas where we certainly need that money.

The CHAIRMAN. Lynn, thank you. You are a wonderful example and it is very obvious why the President has selected you to Chair the Council.

Let me turn to my colleague, Senator Breaux. John?

Senator BREAUX. Thank you very much, Mr. Swann, Lynn. Thank you for your participation and your involvement.

I will just ask, if I followed your suggestion, would I be able to play like Michael Jordan? [Laughter.]

Who is a real example, I mean, among others, but an example of what you can do later in life at the very top of an athletic profession. It is just absolutely amazing.

I do think, sincerely, that what you are doing is very important, because you are such a recognizable person in the athletic world. To take this position on behalf of the administration and be able to use your fame and position to encourage others to do the same thing is very, very important. You are giving something back.

Although I hate to admit this, there were some in my office, and I would say that it was some of the females in my office that thought that Lynn Swann was a female. [Laughter.]

They have been banished for a long time. [Laughter.]

The CHAIRMAN. You should bring them down and introduce them.

Senator BREAUX. I think they would like to meet him. [Laughter.]

Mr. SWANN. Senator Breaux, I hate to tell you this, but my mother was hoping I would be a girl, too. [Laughter.]

Senator BREAUX. I thank you just for that involvement, because your being where you are is really giving back to this country and it is just wonderful to see you doing this.

Maybe everybody in America needs to do more in this area, but two populations where it causes the greatest degree of problems is with the young and the elderly. I mean, we have so many of our young people who are tied to the television and tied to the Internet and who don't do what I think we did growing up. We didn't really have access to television like that and certainly didn't have the Internet, so we had sports. Boys and girls both were out doing things. It seems like it is a huge problem now.

Then there is an attitudinal problem, I think, among our elderly. My father was an outstanding athlete when he was young, but when he hit a certain age, people in his generation said, "That is it, I can't do anything anymore, and they just retired to the lounge chair and to the television."

Those are two distinct challenges. How do we get to the young people to tell them to get off their backsides and get out and do something, and how do we encourage the somewhat elderly in our society that they, too, need to still be doing this because of what it means not only to themselves, but also to their children and their grandchildren who are going to have to participate in helping to take care of them? I mean, how do we do that?

That is the real challenge, and I think the President's Council on Physical Fitness hopefully can come up with some ways to target that. Certainly, your being a spokesman will help. Do you have any thoughts about how we get to those two distinct groups, the young people and the elderly?

Mr. SWANN. Certainly through our school systems. We mail out, we provide for the school systems the information on the President's Challenge, a program by where they can earn points and awards through the Presidential Fitness Program. Any teacher can put this program in place. They don't have to be a physical fitness teacher or a physical education teacher to enact this program and plan. So we mail out information and make it available to children, to schools all over America. Our corporate partners make it avail-

able to many more children, to the Boys and Girls Clubs, through Big Brothers and Big Sisters of America, and through the YMCAs, YWCAs, so that the kids can have access to these programs.

We continue to try and reach adults in other sections of our society to reach adults and senior citizens to make these programs available to them.

Senator BREAUX. But aren't we finding, for whatever reason, that more and more schools now are not requiring physical education as part of their curriculum? It seems like the first thing they drop is PE, physical education, because it is sort of assumed it is sort of an extra, when now we know today it is much more a part of an educational process. It is just as important to teach people to exercise and save their lives as it is how to add in a math class. One is not more important, I think they are pretty much even. But aren't we finding that more and more schools are not even requiring physical education any more?

Mr. SWANN. That has been the case for quite some time. Now about 10 years ago, the Chairman of the President's Council on Physical Fitness and Sports was a gentleman by the name of Arnold Schwarzenegger.

Senator BREAUX. I remember the name.

Mr. SWANN. Arnold spent a great deal of time in his tenure trying to reach out to Governors of all 50 States. As a matter of fact, my research tells me he visited every Governor at that time to encourage them to have physical education as a mandated portion of their educational system. At the time, there was only one State, the State of Illinois, that mandated physical education as a part of their educational program.

Senator BREAUX. How many do you think today?

Mr. SWANN. Today, Illinois is still the only State that mandates physical education.

Senator BREAUX. Unbelievable.

Mr. SWANN. It is the only one. The State of California has failed a physical education test for its young people recently.

Senator BREAUX. I think that you have highlighted in this something that—I mean, if our schools who educate our children do not recognize that physical education is an important part of the learning process, then we have a challenge that is almost insurmountable.

Mr. SWANN. It is a challenge, not insurmountable, I believe, Senator Breaux. I believe if we just kind of dig our heels in, we can fight that trend toward obesity.

Senator BREAUX. Well, insurmountable is too tough a word. Nothing is insurmountable. But, I mean, I tell you, to have to do it without the schools' participation is an unnecessary challenge that we shouldn't have to face. Schools should recognize that physical education is part of the learning process and a very important part of it.

Mr. SWANN. We certainly need that balance, and we need to reach our children to get them more active. But part of that, I also believe, is because we have been so extraordinary successful as a nation, our technology. We look at our workforce. We don't necessarily need as physical a workforce as we had 10 years ago, or as we had 20 years ago. We have a society that has grown up with

a great deal of convenience. I mean, you don't even have to turn the handle to open the can. You just press the button.

Senator BREAUX. But that is part of the problem. Not to be argumentative, but we have become such a high-tech society that things that used to require a degree of physical activity and qualification to operate a particular piece of machinery or to perform a function is no longer necessary. You can sit behind a desk and push a button, or you can get on a computer and get the job done. So there is a lot less physical activity involved in what we used to have. You used to have to be in better shape in order to perform certain work tasks.

So I would argue that that is an indication that physical exercise not connected to your work activities is even more important. We are going to have a bunch of high-tech people who are as smart as hell but are obese and fat and sick with diabetes and it is going to cost us, as the lady said, $250 billion a year. They are going to be really smart, but they are going to be so fat and obese and sick that they create a problem for society that outweighs the ability to be a high-tech society.

Mr. SWANN. In my effort to reach Washington, DC, this morning, my plane was delayed a bit and I ended up landing in Baltimore. I was facilitated in getting here by Representative English and Tim Murphy, and Tim, I have known for many, many years in Pennsylvania, and we were having this conversation and we were discussing physical fitness and how you get the time to exercise in a busy schedule, the busy schedule of a Congressman, of a Senator, of any individual, and we came to one of several conclusions.

One is that it has to be a priority, and as a priority, we have to schedule it. I would prefer to sleep in. I would prefer not to get up at 4:30 or 5 in the morning. But as my day unfolds, I know that I may not get the opportunity to get that workout in, and I will be sitting in my office and I will be reading material getting ready for the next broadcast or the next project. I will be on the Internet. I will be on the computer. I will be one of those people sitting there, not moving around. So I get up at 5 in the morning to schedule that activity.

Senator BREAUX. Well, I don't——

Mr. SWANN. If it is important to us, we need to figure out how to schedule it.

Senator BREAUX. I don't know how to do that, Mr. Chairman. I mean, I don't like to mandate to States what they should do. I would be last to mandate what the curriculum should be in schools. But we as a nation have an invested financial interest in this. When they are not teaching young people how to be part of an organized exercise program, it is costing all of society a huge amount of money. The fact that the schools have moved away from this is something that—they did it in many cases because they don't have the money, so they figure they cut the least important program in the curriculum and it has always been physical education, which I think is a huge mistake.

I don't want to belabor it, but I asked also about seniors. Do you have any thoughts about how do we get people who think it is time to retire to the rocking chair to also do more than just rock away their lives?

Mr. SWANN. I think if we can engage our senior citizens. I think certainly the conversations we are going to have with the AARP this week are going to give us some help in enlightening us in terms of how we can approach that. But I do believe we need to engage them.

As a matter of fact, I just met recently a doctor from the University of Pittsburgh who was headed down to Miami for a conference and her mother had passed away several years ago. Her father was at home in Massachusetts and he had never lived anywhere other than Massachusetts, and she convinced him to move to Pittsburgh with she and her new husband. He came there and he lives in an area called Squirrel Hill and he spends his time at the community center with other senior citizens and it has opened up an entirely new world for him, the exercise programs with other senior citizens. He is taking Tai Chi, and, as a matter of fact, tried to pull a couple of moves on his daughter so he could take her down if it was necessary. [Laughter.]

It is not just the physical benefits that seniors get when they engage in these programs, but it is also a psychological benefit. They feel better. Their attitude is better. They have an air of confidence.

So I think if we can engage them, show them through a variety of means that the quality of their life is going to improve, that they will be able to see that little bright light in the eyes of their grandchildren for many more years if they take a little bit of time, it is well worth it and we can make that effort.

Senator BREAUX. See if you could help, I mean, use the office that you are in, that you head, to really see what we can do to maybe help promote the National Senior Games Association. I mean, it has struggled. It has sort of been the stepchild of athletic endeavors in this country and I think that it is the only thing that really encourages seniors to be involved on a national level in something that emphasizes physical fitness. I have tried, and I would love to join with you and others to try and find out what we can do to encourage that as an endeavor that continues. They have had really tough problems in getting people to recognize this as a commercial entity.

I mean, if I was an advertiser, I would say, look, you are talking about a group of people who are some of the largest purchasers in this country that are seniors, and to try and find ways to get the private sector involved. It shouldn't be the government doing it, but we should be involved in that. So I look forward maybe if you have any thoughts on that.

Again, congratulations. I know you couldn't land here because of the snow storm and you went to Baltimore, and the worst thing possible, you had to hitch a ride with two politicians. [Laughter.]

Thank you for being here.

Mr. SWANN. It was not the worst thing. I actually enjoyed the ride. But I certainly look forward to working with you, Senator Breaux. It would be an honor and a pleasure to work with you on the Senior Games, to encourage and to motivate our senior citizens to be more active and give them the goals. We do need to give everyone goals to reach for and to motivate them and it would be a pleasure personally and through the office to be able to help you with that project.

The CHAIRMAN. Lynn, thank you very much for your time and your struggle in getting here today to be with us. We thought it was very important that we make an effort to highlight senior nutrition and senior physical fitness by example and certainly by building a record for our colleagues and for a broader public awareness.

The evidence is there. It is just irrefutable that a healthy lifestyle, certainly exercise and reasonable nutrition extend lifestyle. Senator Breaux and I had hearings here yesterday, and when we look at the demographics of aging today, even under current demographics, simply because we are making people healthier longer, it is a task at hand that requires us to reform institutions of government, and I would like to make them even healthier.

But to see folks living well into their 90's, being physically fit and mentally active is absolutely wonderful, not only for themselves, but for their families. You have played and are playing a role in that kind of information education and we thank you very much for it and thank you for coming to the committee.

Mr. SWANN. Senator, thank you very much.

The CHAIRMAN. The committee will stand adjourned.

[Whereupon, at 11:43 a.m., the committee was adjourned.]