

The Meals on Wheels Association of America is the largest and oldest organization that provides meal services to the needy, particularly to the elderly, homebound, disabled, frail, or at risk (Meals on Wheels America [MOWA], 2017a). Understanding the need for Meals on Wheels programs first requires an examination of hunger among Americans, particularly senior citizens.

HUNGER AMONG AMERICA'S SENIORS

For seniors, many factors contribute to food insecurity, hunger, and nutritional deficiencies, including:

- Cost of food
- Expense for necessary medications
- Inability to locate, purchase, and cook food
- Reduced absorption of nutrients from food
- Less acute sense of taste and smell
- Loss of appetite
- Physical impairments
- Poor general and oral health
- Difficulty chewing and swallowing
- Social Isolation
- Depression

(Go4Life, n.d.; Health in Aging, 2012)

As people age, food insecurity and hunger increase health risks. Research has demonstrated that seniors with low food security experienced more depression, lowered quality of life, and reduced physical performance. In fact, the higher the level of food insecurity, the more issues with pain, general health/functioning, and mental health.

In addition, seniors are more likely to have nutrient deficiencies and obesity. Some earlier studies on elderly nutrition (Sharpe, Huston, & Finke, 2003) support the recent research findings that seniors consumed fewer than the recommended daily allowance for eight nutrients like calcium and vitamin D (Health in Aging, 2012). When those seniors also had insufficient supplies of food, the nutrient deficiencies were even more pronounced. “[F]ood insecure seniors consumed less calories and lower quantities of all 10 key nutrients than their food secure counterparts...Notably, many of these nutrients, including iron and protein, are known to be particularly important to the health of the senior population” (Feeding America, n.d., p.6).

Adverse health effects are also associated with food insecurity among the senior population even when other factors such as age, ethnicity, and income are accounted for. Compared to their food secure counterparts, food insecure seniors are:

- 60% more likely to experience depression
- 53% more likely to have a heart attack
- 50% more likely to develop asthma
- 40% more likely to develop congestive heart failure
- 22% more likely to experience limitations in activities of daily life (eating, dressing, bathing, etc.)

(Feeding America, n.d.)

HUNGER IN TEXAS

In 2015, 13.7% of all U.S. households experienced food insecurity. In Texas, the food insecurity rate included 15.4% of all households:

- **2015 Food Insecure Households (with low or very low food security)**
 - United states – 13.7%
 - Texas - 15.4%
- **2015 Food Insecure Households (with very low food security)**
 - United states – 5.4%
 - Texas - 6.0%

(Coleman-Jensen, Rabbitt, Gregory, and Singh, 2016)

The rate of food insecure households in the KCF counties of interest in 2015 was close to the national rate but below the Texas rate for all but one County:

FOOD INSECURE POPULATION		
	Rate	Number
Bandera	14.9%	3,100
Bexar	11.1%	202,440
Comal	12.6%	15,120
Kendall	13.2%	4,920
(Feeding America, 2017)		

The Supplemental Nutrition Assistance Program (SNAP) provides eligible low-income individuals and families with benefits to help supplement their food budgets. Unfortunately, many of those in need of assistance do not meet the stringent eligibility requirements. To qualify for SNAP assistance, a household’s income must be below 165% of the Federal Poverty Level. The following table lists the percentage of those with food insecurity in the KCF counties of interest by reported income level in 2015:

FOOD INSECURE POPULATION SNAP ELIGIBILITY			
	Below 165% poverty	165%-185% poverty	Above 185% poverty
Bandera	48%	7%	46%
Bexar	81%	4%	33%
Comal	57%	7%	43%
Kendall	47%	5%	48%
(Feeding America, 2017)			

Even among those who are eligible for assistance, many do not know of, or apply for, the assistance available to them. “In 2012, seniors age 60 and older comprised just nine percent of all SNAP recipients... Furthermore, only 42 percent of eligible seniors age 60 and older participate in SNAP as of federal fiscal year 2012, compared to 85 percent of eligible adults ages 18 to 59” (Feeding America, 2015, p.17).

In 2017, Texas had the 5th highest rate of food insecurity in the nation for adults aged 60 and over. The percentage of senior hunger in Texas increased from 18.4% in 2014 to 19.8% in 2015 (America’s Health Rankings, 2016). All of the available statistical data and research findings emphasize the need for legislation and programs like Meals on Wheels to enhance the nutritional intake of senior citizens.

**BEGINNINGS OF SENIOR NUTRITION PROGRAMS
*The Older Americans Act***

Some of the initial programs addressing the nutritional and social needs of senior citizens were created by the federal government in 1968. One decade later, Congress funded an elderly nutrition program under Title III of the Older Americans Act (Colello, 2011).

In 2016, the final allocations for the Older Americans Act included \$443,858,580 in funding for congregate (group) meals, \$224,078,580 towards home-delivered meals, and \$117,190,411 for nutrition services incentive program (limited to food purchase). This money is given to state agencies, who then distribute the funds to area agencies, including Meals on Wheels. Texas’ share of the funds in 2016 included \$28,371,616 for congregate meals, \$14,710,221 for home-delivered meals, and \$8,764,672 for nutrition services incentive program (Administration for Community Living, 2017).

Typically, for every dollar of Title III money spent, another \$1.70 for congregate meals and \$3.35 for home-delivered meals must be raised from other state, local, private, and participant funding (Colello, 2011). “With 12,000 individuals turning 60 every day nationwide, a senior population increasingly threatened by hunger

and federal funding failing to keep pace, the gap between those in need and those being served continues to widen” (MOWA, 2017b, p.2)

Programs that receive money from the Older Americans Act, including Meals on Wheels, must abide by several requirements. In Texas, these guidelines are outlined by the Texas Department of Aging and Disability Services (DADS). The guidelines include:

- Offer services to people 60 years and older with the greatest social and economic need, especially low income seniors and those who reside in rural areas
- Provide at least one meal a day, five or more days a week (exceptions allowed in rural areas)
- Meal must contribute to 1/3 of the daily dietary allowance
- Safe and sanitary food preparation conditions
- Initial nutritional screening of participants
- Promote intergenerational meal programs
- Offer congregate meals when possible at facilities like senior centers, community centers, schools, and adult day care centers
- Ask participants for voluntary monetary contribution toward the meal (not required if they lack the means)

(Colello, 2011)

THE MEALS ON WHEELS PROGRAM

The predecessor of Meals on Wheels occurred during World War II when meals were delivered to service members in England. The first Meals on Wheels program in its current form began in Philadelphia during 1954, where “Platter Angels” served hot, nutritious meals to senior shut-ins. Today, a hot lunch is delivered by volunteers at least 5 days a week to seniors either at their home or in a group setting (congregate) such as a senior center (NorthWest Senior & Disability Services, n.d.).

There are more than 5,000 Meals on Wheels programs in the United States that are operated by more 2 million volunteers (MOWA, 2017b).

The mission of Meals on Wheels America is to “empower local community programs to improve the health and quality of life of the seniors they serve” with the vision of “[A]n America in which all seniors live nourished lives with independence and dignity” (MOWA, 2017c). The Meals on Wheels Association of America can provide one year of meals to its participants for the average cost of one day in a hospital (MOWA, 2017b).

Meals on Wheels serves over 2.4 million seniors each year:

Meals on Wheels National Client Profile		
Seniors Served	Home-Delivered	Congregate
Women	64%	63%
Live in poverty	38%	28%
Belong to a minority group	29%	28%
Live in rural communities	36%	37%
Live alone	51%	38%
Take 6+ medications	54%	34%
Have 3+ ADL impairments	42%	n/a
Single meal helps provide ½ or more of total food for the day	61%	49%
(MOWA, 2017c)		

Of the more than 124,000 Texans receiving Meals on Wheels assistance:

- 50% live in poverty
 - 53% belong to a minority group
 - 34% live in a rural community
- (MOWA, 2017b)

Extra Benefits of Meals on Wheels

In addition to supplementing clients’ daily nutrition, Meals on Wheels services provide other direct and indirect benefits:

- *Reduces isolation and provides social interaction and support.* This occurs when the senior eats at group meal sites or through daily interaction with the Meals on Wheels volunteers.
- *Supports seniors with disabilities.* An important study on health risks for seniors (Sharkey, 2002) suggested that difficulty in shopping for food and preparing meals were associated with increasing severity of disability.

➤ *Lowers the cost of health care.* Poor nutrition increases the risk of disease and therefore the cost of health care, particularly for seniors. “The elderly were the smallest population group at 14 percent of the population and accounted for 34 percent of spending in 2012”

(Centers for Medicare & Medicaid Services, 2017).

Bexar and Surrounding Counties

Exclusive Meals on Wheels programs exist in Bandera, Bexar, Comal, and Kendall counties. The scope of the program depends, in part, on the size of the county. The table at the end of this brief lists the most recent data available.

GROWING CRISIS

The number of seniors experiencing hunger continues to grow at an alarming rate. “Since the start of the recession in 2007, the percentage of seniors experiencing food insecurity rose by 40 percent, and the number of seniors at risk of hunger increased by 63 percent” (Feeding America, 2015, p.5). Surprisingly, the majority of seniors in this position are living with an income above the poverty line. The need for services such as Meals on Wheels can be expected to rise as the number of seniors increases with the aging of the Baby Boom generation.

SAN ANTONIO REGION MEALS ON WHEELS PROGRAM STATISTICS					
County	Meals on Wheels Provider	Year	Meals Delivered	Congregate Meals	Total
Bandera	Silver Sage Corral Senior Activity Center	2016	32,339	8,578	40,917
Bexar	Christian Senior Services	2016	956,984	56,577	1,013,561
Comal	Comal County Senior Citizens Center	2016	63,287	41,250	104,537
Kendall	Kronkosky Place (Rainbow Senior Center)	2016	51,821	27,357	79,178

(Bandera County Committee on Aging, 2016; Christian Senior Services, 2016; Comal County Senior Citizen’s Foundation, 2016; Rainbow Senior Center, 2016)

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