

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], 2019). 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

(National Institutes of Health [NIH], 2019)

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 consume fewer than the recommended daily allowance for nutrients such as calcium and vitamin D (Health in Aging, 2018). 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, 2014, 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
- 52% 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, 2014)

**HUNGER IN TEXAS**

In 2017, 11.8% of all U.S. households experienced food insecurity:

➤ **2015-2017 Food Insecure Household Average (with low or very low food security)**

- United states – 12.3%
- Texas - 14.0%

➤ **2015-2017 Food Insecure Household Average (with very low food security)**

- United states – 4.8%
- Texas - 5.8%

(Coleman-Jensen, Rabbitt, Gregory, and Singh, 2018)

The rate of food insecure households in the KCF counties of interest in 2017 was close to the national rate but below the Texas rate for all but one County:

FOOD INSECURE POPULATION		
	Rate	Number
Bandera	14.5%	3,090
Bexar	11.4%	216,220
Comal	11.8%	15,260
Kendall	11.3%	4,560
(Feeding America, 2019)		

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, in Texas (Feeding America, 2019). The following table lists the percentage of those with food insecurity in the KCF counties of interest by reported income level in 2017:

FOOD INSECURE POPULATION SNAP ELIGIBILITY			
	Below 165% poverty	165%-185% poverty	Above 185% poverty
Bandera	52%	6%	42%
Bexar	75%	2%	23%
Comal	49%	4%	47%
Kendall	39%	4%	57%
(Feeding America, 2019)			

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 2019, Texas had the 13<sup>th</sup> highest rate of food insecurity in the nation for adults aged 60 and over with a percentage of senior hunger at 16.5% (America’s Health Rankings, 2019). 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 (OAA) (Colello, 2011).

In 2019, the final allocations for the Older Americans Act include \$486,362,142 in funding for congregate (group) meals, \$246,767,640 towards home-delivered meals, and \$178,146,302 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 2019 include \$32,583,692 for congregate meals, \$16,549,136 for home-delivered meals, and \$11,399,310 for nutrition services incentive program (Administration for Community Living, 2019).

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 and a senior population increasingly threatened by hunger, the gap between those in need and those being served

through the OAA continues to widen” (MOWA, 2017, 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, specifically 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 (Colello, 2011; Torrance Lomita Meals on Wheels, 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, 2019).

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 an “America in which all seniors live nourished lives with independence and dignity” (MOWA, 2019). 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, 2018b).

Meals on Wheels serves 225 million meals to over 2.4 million seniors each year:

Seniors Served	
Home-delivered meal recipients age 75+	59%
Women	69%
Live alone	59%
Live at poverty level	35%
Self-report fair or poor health	46%
Veterans	15%
Live in rural areas	25%
Belong to a racial/ethnic minority group	28%
Take 3+ medications	82%
(MOWA, 2018b)	

Of the more than 130,000 Texans receiving Meals on Wheels assistance:

- 48% live in poverty
  - 53% belong to a minority group
  - 35% live in a rural community
- (MOWA, 2018a)

**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, nearly 15 percent of the population, and accounted for approximately 34 percent of spending in 2014” (Centers for Medicare & Medicaid Services [CMS], 2019).

***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	2017	36,118	10,718	46,836
Bexar	Meals on Wheels San Antonio	2018	1,043,232	-	1,043,232
Comal	Comal County Senior Citizens Center	2017	54,469	29,577	84,046
Kendall	Kronkosky Place (Rainbow Senior Center)	2017	46,550	26,437	72,987

(Bandera County Committee on Aging, 2017; Comal County Senior Citizen’s Foundation, 2017; Meals on Wheels San Antonio, 2018; Rainbow Senior Center, 2017)

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