

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], 2021b). 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 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, 2020). 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).

In a study that analyzed trends in senior health and nutrition outcomes using data from the 1999-2014 National Health and Nutrition Examination Survey, it was determined that:

- Food insecure seniors have lower nutrient intakes
- Average intakes were lower by between 9% and 26% for food insecure seniors in comparison to food secure seniors
- Difference in nutrient intakes held across time

(Gundersen and Ziliak, 2017)

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:

- 65% more likely to be diabetic
- 2.3 times more likely to experience depression
- 30% more likely to report at least one ADL limitation
- 19% more likely to have high blood pressure
- 66% more likely to have a heart attack
- 91% more likely to develop asthma
- 57% more likely to develop congestive heart failure
- Twice as likely to have gum disease (Gundersen and Ziliak, 2017)

**HUNGER IN TEXAS**

In 2018, 11.5% of all U.S. households experienced food insecurity:

- United States – 11.5%
- Texas - 15.0%

(Feeding America, 2020b)

The rate of food insecure households in the KCF counties of interest in 2018 was higher than the national rate but below the Texas rate for all but one County (respectively):

FOOD INSECURE POPULATION		
	Rate	Number
Bandera	15.6%	3,390
Bexar	14.1%	271,790
Comal	12.2%	16,480
Kendall	11.2%	4,720
(Feeding America, 2020a)		

The Supplemental Nutrition Assistance Program (SNAP) provides eligible financially under-sourced 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. One-third of people who are food insecure may not qualify for federal food assistance (Feeding America, 2020b). To qualify for SNAP assistance, a household’s income must be below 165% of the Federal Poverty Level, in Texas. The following table lists the percentage of those with food insecurity in the KCF counties of interest by reported income level in 2018:

FOOD INSECURE POPULATION			
SNAP ELIGIBILITY			
	Below 165% poverty	165%-185% poverty	Above 185% poverty
Bandera	52%	11%	37%
Bexar	71%	5%	24%
Comal	45%	7%	48%
Kendall	36%	8%	56%
(Feeding America, 2020a)			

Even among those who are eligible for assistance, many do not know of, or apply for, the assistance available to them. “Only 48% of eligible seniors are enrolled and receiving SNAP benefits (formerly Food Stamps) — making assistance programs for SNAP enrollment that much more important for seniors” (Feeding America, 2021).

In 2020, Texas had one of the highest rates of food insecurity in the nation for adults aged 60 and over with a percentage of senior hunger at 18% (America’s Health Rankings, 2020). Texas ranked at number 49 of 50 states. 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 2021, the allocations for the Older Americans Act include \$504,157,466 in funding for congregate (group) meals, \$270,471,632 towards home-delivered meals, and \$153,288,029 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 2021 include \$33,795,326 for congregate meals, \$18,377,421 for home-delivered meals, and \$10,850,239 for nutrition services incentive program (Administration for Community Living, 2021).

In recent years, local meals programs have struggled to keep up with demand. “Meal on Wheels is now serving 20 million fewer meals than in 2005 because food, transportation and other costs have increased while funding remains stagnant...8 out of 10 low income, food insecure seniors are not receiving the home-delivered or congregate meals they likely need” (MOWA, 2020c).

“Nationally, the OAA funds 39% of the total cost to provide meals for seniors...the other 61% of funding that serves seniors each year comes from state and/or local sources, private donations from foundation, corporations and individuals, and federal block grants” (MOWA, 2020c).

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).

#### **IMPACT OF COVID-19 PANDEMIC**

At the onset of the Coronavirus pandemic, local programs were faced with a dramatic increase in requests for meals, soaring costs, shifts in volunteer bases and other unfamiliar challenges. The *Coronavirus Aid, Relief and Economic Security CARES Act* provided an additional \$480 million for nutrition programs under Title III-C of which Texas received \$32,411,593 in April 2020. The *Families First Coronavirus Response Act (2020) Supplemental Funding of OAA Nutrition Programs* provided \$240,000,000 in March 2020 of which Texas received \$16,205,796 in supplemental funds (Administration for Community Living, 2021).

Meals on Wheels America reported that, by July 2020, its local programs had “successfully scaled to serve 47% more seniors that they were pre-pandemic, and had increased the number of meals by 77%” (MOWA, 2021a).

Programs that receive money from the Older Americans Act, including Meals on Wheels, must abide by several requirements. The guidelines include:

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- 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 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 so that no one is left hungry or isolated” with the vision of an “America in which all seniors live nourished lives with independence and dignity” (MOWA, 2021c). 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 or 10 days in a nursing home (MOWA, 2020b).

“Meals on Wheels operates in virtually every community in America through our network of more than 5,000 independently-run local programs” (MOWA, 2021b).

Released in May 2020, Meals on Wheels America published the “first comprehensive, data-driven national profile of Meals on Wheels clients and the programs that serve them” (MOWA, 2021d). Based on data collected between 2018 and 2019 the report provided the following:

- 97% of local programs offer home-delivered meals (exceptions in Area Agencies on Aging and other State agencies)
- Lunch is the most common meal
- Over 40% of local programs provide at least five minutes of client interaction per visit
- 74% of programs provide both home-delivered and congregate meals
- 73% of local programs have more than one congregate site
- Over 66% of programs provide at least one formal safety program such as in-home assessments

(MOWA, 2019)

Meals on Wheels serves 220 million meals to over 2.4 million seniors each year:

Seniors Served	
Home-delivered meal recipients age 75+	79%
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, 2019)	

Of the more than 124,145 Texans receiving Meals on Wheels assistance:

- 44% live in poverty
- 35% belong to a minority group
- 34% live in a rural community
- 44% live alone
- 63% are women

(MOWA, 2020a)

**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. 52% of Meals on Wheels network members provide

telephone reassurance and pet assistance while 31% also provide formal senior companion programs (MOWA , 2019).

- *Supports seniors with disabilities.* Nearly half of local Meals on Wheels programs offer a variety of care coordination and transportation service and about one-third offer safety programs such as home repairs (MOWA, 2019).
- *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], 2020).

**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. “The rate of hunger among seniors aged 60 and older has increased by 38% since 2001, a lingering effect of the 2008-09 recession. At the current rate, the number of food-insecure seniors may grow to more than 8 million by 2050....Households served by the Feeding America network that includes an adult of the age 50 or older are at an increased risk of having someone with a chronic health condition, including diabetes (41%) and high blood pressure (70%) — conditions that can be mitigated by healthy food options” (Feeding America, 2021). 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.

**LOCAL COVID-19 RESPONSE**

**MEALS ON WHEELS SAN ANTONIO (MOWSA)**

The Coronavirus pandemic has caused MOWSA to make a number of changes to its usual operations including:

- No hot meals or fresh fruit delivered – meals delivered chilled and can be frozen up to 30 days
- Meal deliveries will be made twice a week to clients (versus the usual once-a-day)
- Staff will conduct a safety call to clients once a week
- In-home assessments have been suspended – new inquiries for service will be conducted over the phone
- Grace Place Alzheimer’s Activity Center is closed with projected opening date in early 2021

(MOWSA, 2021)

**Rainbow Senior Center Nutrition Program**

At the onset of the pandemic, it was determined that all seniors over the age of 60 would be considered homebound and thus

qualified for home-delivered meals. Additional drivers were recruited as meal deliveries increased by 42% (Rainbow Senior Center, 2020).

**Comal County Senior Citizens Center**

The Center closed in mid-March for all activities except meal service. Congregate meals were moved to a drive-thru model and seniors not able to drive were placed on the home-delivery rolls. Hot meals continued to be delivered five days per week (Comal County Senior Citizens Center, 2020).

**Bandera County Committee on Aging (Silver Sage Senior Center)**

The Center closed in April and congregate meal service was moved to a drive-thru model. Seniors unable to drive were offered home-deliveries. Partnership with San Antonio Food Bank allowed for the delivery of 834 supplementary food boxes weekly or monthly to clients in need of extra pantry staples (Bandera County Committee on Aging, 2020).

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	2020	57,259	12,1447	79,363
Bexar	Meals on Wheels San Antonio	2020	1,200,000	-	1,200,000
Comal	Comal County Senior Citizens Center	2020	60,820	17,169	77,989
Kendall	Kronkosky Place (Rainbow Senior Center)	2020	61,134	10,902	72,036

(Bandera County Committee on Aging, 2020; Comal County Senior Citizen’s Foundation, 2020; MOWSA, 2020; Rainbow Senior Center, 2020)

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