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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. Understanding the need for Meals on Wheels programs first requires an examination of hunger among Americans, particularly senior citizens.

Need for Meals on Wheels:

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
- Physical impairments
- Poor general and oral health
- Difficulty chewing and swallowing
- Social Isolation
- Depression

(Comfort Keepers, 2009)

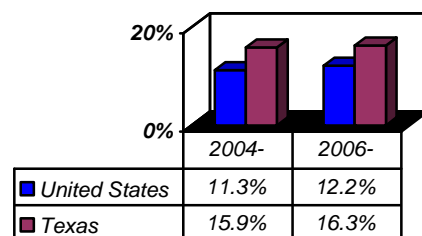
As people age, food insecurity and hunger increase health risks. Research has demonstrated that seniors with low food security experienced more depression, lowered quality of life, and reduced physical performance. In fact, the higher the level of food insecurity, the more issues with pain, general health/functioning, and mental health. In addition, seniors are more likely to have nutrient deficiencies and obesity (Ziliak, Gunderson, & Haist, 2008). Some earlier studies on elderly nutrition (Myrick, 2004; Sharpe, Huston, & Finke, 2003) supported the current research findings that seniors consumed fewer than the recommended daily allowance for 8 nutrients like calcium and vitamin D. When those

seniors also had insufficient supplies of food, the nutrient deficiencies were even more pronounced and appeared for 12 nutrients, including protein, iron, and the B vitamins.

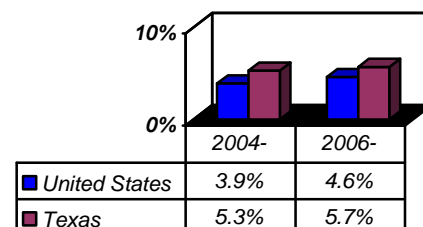
Hunger in Texas

In Texas, the food insecurity rate was 16.0% of households between 2003 and 2005 (Food Research and Action Center (FRAC), 2009). By 2006-2008, the food insecurity rate increased slightly to 16.3%; however, it is still well above the national average of 14.6% of households (FRAC, 2009; US Department of Agriculture, 2009). Texas ranked second in the nation for percentage of food insecure persons and was sixth in the nation for people with the very highest amounts of food insecurity (Feeding America, 2010).

**2004--2008 Food Insecure Persons
(with low or very low food security)**



**2004-2008 Food Insecure Persons
(with very low food security)**



(Nord, Andrews, & Carlson, 2009)

Recent research provides detailed demographic information on Texas senior citizens who are classified as food insecure. Those results appear in the table in the next column. All of the previous 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. As a result, the number of home delivered meals increased by 290% from 1980-2002 (O’Shaughnessy, 2004).

In 2010, allocations for the Older Americans Act included \$436,375,170 in funding for congregate, or group, meals, \$215, 499,240 towards home-delivered meals, and \$21,026,000 for nutrition services incentive grants. This money is given to state agencies, who then distribute the funds to area agencies including Meals on Wheels. Texas’ share of the grants in 2010 included \$26,625,327 for congregate meals, \$13,416,508 for home-delivered meals, and \$1,253,246 for nutrition services (Administration on Aging, 2010). 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 (O’Shaughnessy, 2004).

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, known as DADS.

- 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)

(O’Shaughnessy, 2004)

Distribution of Food Insecurity in Texas Senior Citizens	
	%
Age	
60-70 years old	51.4
70-80 years old	33.9
Older than 80	14.7
Gender	
Female	61.2
Male	38.8
Ethnicity	
White	70.4
African-American	24.5
Other	5.1
Hispanic	27.2
Education	
Less than high school	52.3
High School	28.8
Some College	15.7
College Degree(s)	3.2
Employment	
Employed	14.2
Unemployed	2.3
Retired	54.5
Disabled	29.0
Income	
< 50% Federal Poverty Line (FPL)	8.9
50%-100% FPL	34.1
100%-200% FPL	26.2
> 200% FPL	12.8
Income not provided	18.0
Location	
Metro	83.2
Non-metro	16.8
Family	
No grandchildren or parent in home	80.8
Grandchild and parent in home	9.4
Grandchild in home	9.9
Living Alone	28.9
Homeowner	70.9

(Ziliak & Gunderson, 2009)

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. There are more than 4,000 Meals on Wheels programs in the United States which serve on average 30 to 3000 daily meals. Meals on Wheels focus is on two participant bases, those who are frail elderly needing long-term support and those who need a short-term intervention (such as rehabilitation from a hospital stay). The average American Meals on Wheels participant is a woman in her late 70’s-80’s who lives alone, is likely physically impaired, has three or more chronic health conditions, maintains an income below 200% of the poverty level, and experiences an inability to shop, cook, and prepare

meals (Meals on Wheels Association of America, 2003).

“The mission of Meals on Wheels Association of America is to provide national leadership to end senior hunger” (Meals on Wheels Association of America, n.d.). The organization’s vision is to end senior hunger by 2020. In a briefing before the Special Senate Committee on Aging, a Meals on Wheels representative estimated that the company could feed an individual for a whole year in 2003 at the approximate cost of \$840. This cost matched the rate of one Medicare day in the hospital (Meals on Wheels Association of America, 2003).

Meals on Wheels Close to Home: 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 following chart lists the most recent data available:

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	2009	19,117	4,637	23,754
Bexar	Christian Senior Services	2009	806,849	26,925	848,304
Comal	Comal County Senior Citizens Center	2009	128,700	49,140	177,840
Kendall	Rainbow Senior Center	2009	14,572	30,678	45,259

(Bandera County Committee on Aging, 2009; Christian Senior Services, 2009; Comal County Senior Citizen’s Foundation, 2009; Rainbow Senior Center, 2009)

Beyond Just a Meal: 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 meals 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. For example, in 2003, the “elderly comprised about 12 percent of the U.S. population, (but) they accounted for one out of three hospital stays (13.2 million hospitalizations) and 43.6 percent of the national hospital bill—nearly \$329 billion” (Healthcare Cost and Utilization Project, 2006).

By 2007, one-third of hospitalizations continued to be for those 65 years and older, the majority of which were paid for by Medicare. "As the U.S. population ages, older adults will put increasing demands on health care providers and payers; older adults are at higher risk for a variety of diseases than younger adults and these diseases will occur with greater frequency among an older population than among a younger population" (Healthcare and Utilization Project, 2009, p. 1).

Growing Pains: The Call for Additional Meals on Wheels Services

Currently, 4 out of 10 programs have waiting lists, likely due to lack of funding, volunteers, or awareness of the program. Though the Meals on Wheels Association of America delivers more than 1 million meals every day, it estimates the demand to be closer to 2 million (SeniorJournal.com, 2006).

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