



**MEALS on WHEELS
AMERICA**

TOGETHER, WE CAN DELIVER.

WHITE HOUSE CONFERENCE ON HUNGER, NUTRITION, AND HEALTH

THEMES & COMMENTS SURFACED DURING MEALS ON WHEELS AMERICA'S JUNE 30, 2022 VIRTUAL LISTENING SESSION

To inform the White House Conference on Hunger, Nutrition, and Health and a national strategy to end hunger and increase healthy eating and physical activity by 2030, Meals on Wheels America hosted a Virtual Listening Session on June 30, 2022. The Virtual Listening session followed the format as provided by the White House toolkit and was open to Meals on Wheels America Membership, consisting of local community-based senior nutrition providers from across the country. The session was attended by more than 80 senior nutrition leaders and staff, and questions were asked by facilitators and answers were recorded by notetakers in six virtual breakout rooms.

Recommendations, ideas and expertise shared by senior nutrition providers at the Meals on Wheels America Virtual Listening Session are compiled below by question, as directed by the White House. Duplicate and similar responses were combined and streamlined. Identifying information of participants was not recorded in the Virtual Listening Session. The information below directly represents the opinions and expertise of individuals, not of Meals on Wheels America as an organization or the senior nutrition network as a whole.

The theme most frequently identified in all breakout rooms is the need for increased funding and financial sustainability. The Older Americans Act (OAA) Nutrition Program (i.e., Meals on Wheels) is designed and has been implemented as a successful private-public partnership for 50 years. Virtual Listening Session participants consistently, frequently and urgently noted increased funding as the critical success factor in providing essential and in-demand nutrition services to older adults in their community. Federal funding was mentioned most frequently, however, consistent and substantial funding was indicated as needed across all streams, including state and local governments, for-profit companies, private donations, grants and healthcare contracts.

1. HOW HAS HUNGER OR DIET-RELATED DISEASE (I.E., DIABETES, HEART DISEASE, HYPERTENSION) IMPACTED YOU, YOUR FAMILY AND/OR YOUR COMMUNITY? *Senior nutrition providers shared experiences on behalf of the older adults who receive their services.*

Tradeoffs between daily living needs

- High costs of living in many cities mean that often people and families must choose between paying for meals or paying their housing costs.
- Our Meals on Wheels program in a rural region of New Hampshire sees that access to healthy food is a problem. This leads to health concerns and nutrition tradeoffs.

Functional decline and nutrition

- Mobility issues prevent many from accessing quality food if it is not nearby. Stores often stock unhealthy items up front, with more fresh produce and unprocessed foods toward the back of the store.

Consequences of poor nutrition

- Increase in observances of falls, lack of proper nutrients and hydration, and medication side effects or interactions in older adults.
- There is increased stress and feelings of helplessness in their family members when older adults refused to seek help or participate in Meals on Wheels.
- **Meals on Wheels clients are overwhelmingly impacted by co-morbidities which have led them to be homebound prematurely.** (e.g., one provider reports that 70% of their meal participants are living under the federal poverty level and 2/3 are communities of color, and they are impacted by diet).
- The link between lack of close, affordable, healthy food and hunger is strong.
- People are being diagnosed with diet-related illnesses earlier in life.
- Vast majority of our program participants need diet-specific foods (diabetes, renal, etc.) for chronic diseases.
- Majority of our clients have diet-related diseases. Chronic health issues continue to increase as the senior population grows.
- Our program made all meals served diabetic friendly due to a requirement of the local Area Agency on Aging (AAA) and have supplied other meals for medically tailored diets.
- Programs want to provide medically necessary meals to meet the growing need. However, as we are not seeing increasing reimbursement it remains a challenge. Per meal costs are going up. Program staff note that **it is hard to provide basic meals let alone specialty or medically tailored meals.**

Positive impact of proper nutrition

- One older meal recipient had uncontrolled diabetes but appropriate proportions and nutrition through Meals on Wheels helped her to lose 12 pounds. She loved the food, and said even when she came off the program she was learning new, healthy habits.
- One individual experienced back and neck pain for many years. She took a food sensitivity test, and nutritional changes helped move her away from pain.



- New clients share stories about how their change in diet and how the frequency of healthy food helps them.
- We have all seen that good nutrition goes to people both who are underweight and overweight. Good nutrition has supported many people in re-gaining weight when they're going from 80 to 100 pounds, or the reverse – people with diabetes that are now finding it easier to control with sound nutrition. Not everyone is looking for weight loss or weight gain, but are looking for healthiest, nutrition-dense foods – which is what senior nutrition programs offer.

Need for tailored meals

- Need for culturally sensitive and medically necessary meals being available.
- Need diet-specific foods (e.g., diabetes and renal) for chronic diseases.

High need for meals

- **Increased demand for meals due to COVID-19 that has not abated.**
- Examples of increased demand: We had a recent experience where a significant amount of funding we received was amended in the AAA contact to serve more meals – 700k meals within a four month stretch (large delivery at once, when can only serve one per day) – and through the process found many clients wanted the additional meals; some just want their one meal, but many seniors could really use more than that.
- Currently, we serve 1,600 meals a day. We found that 600 seniors we served wanted extra meals. Clearly seniors could use more than one meal.

2. WHAT SPECIFIC ACTIONS SHOULD THE U.S. FEDERAL GOVERNMENT, INCLUDING THE EXECUTIVE BRANCH AND CONGRESS, TAKE TO ACHIEVE EACH PILLAR? WHAT ARE THE OPPORTUNITIES AND BARRIERS TO ACHIEVING THESE ACTIONS?

- Many people only became aware of the OAA Nutrition Program and came on during pandemic, even if they should have been and would have benefited from being on beforehand, so they are not going away.
- Improve federal funding for OAA nutrition programs. Current funding levels do not provide enough even for one meal a day, so increase funding to be able to serve more than one meal a day.
- Provide supplemental funding for alternate types of meals through the OAA including medically tailored meals, culturally appropriate meals, and increased fresh produce for older adults.
- Programs need the ability to be flexible with funding, using OAA funding to serve whatever needs they see on the ground and pivot accordingly. This would allow programs to work with other funding streams to maximize impact. Keep flexibility for OAA nutrition programs given during COVID-19.
- More flexibility to move funds between OAA Title III C1 (congregate) and C2 (home-delivered) buckets.



- More flexibility is needed in how meals can be designed (e.g., lighter, less calorie-intensive dinners).
- Construct programs flexible enough to accommodate real world situations – for example, for seniors, it's important to recognize they may also be sharing their meals and food with others in the household, such as grandchildren.
- Continue to consider OAA congregate services and provide guidance on how to reopen and support clients as well as guidance on assessing which clients would benefit from which nutrition services.
- Support aging services workforce development, investments in public housing and integrating aging and nutrition services with the healthcare sector.
- Address poverty and systemic issues, understand and value the role of food, particularly the impact meals play in this cycle.
- Benefit adequacy is very important when it comes to ensuring OAA programs have enough funding and all of the other public benefits that are able to reach seniors like Supplemental Nutrition Assistance Program (SNAP) and Commodity Supplemental Food Program (CSFP). All of those programs are really underfunded and have a lot of barriers to participation. The most immediate action that the federal government can do is better invest in those existing programs and ensure they are making them as client-centered as possible by reducing barriers.
- Ensure that more programs have a simplified application process akin to SNAP in order to boost access to food assistance and realization of positive outcomes.
- Increase investment and reduce barriers to market match (farmer's market) programs and pilots that allow for "double" bucks on SNAP benefits used on fruits and vegetables in grocery stores.
- The Emergency Food Assistance Program (TEFAP) is particularly difficult for Meals on Wheels programs to access. Simplify the processes and requirements involved to let programs utilize and serve more people.
- Support the ability for private companies to pay a living wage. Fewer people would need emergency food resources if they could afford to live.
- Create workforce development programs and pipeline building for people who work in the aging sector and with senior nutrition programs.
- Allow for more considerations related to healthcare accessibility when allocating funding – factors like access to skilled nursing, etc. Such nuanced funding allocation will ensure that more resources are located in resource-limited areas, rural settings and/or places with limited transportation access.
- Nursing-based taskforce research suggests that all seniors, even if not homebound, should be eligible for programs like Meals on Wheels.
- There are adults under the age of 60 that really need food help, but there is no funding for them. Veterans, as an example, who have come home and do not have mobility, cannot rely on food stamps and visiting a food bank.



- The President can provide leadership, direction, set the tone, and direct corporate and healthcare entities to make connections with senior nutrition programs.
- Insurance companies used to cover meals for medical patients. They still do, but now require medically tailored wellness checks, which must be done by a nurse and cannot be done by a volunteer. This is a burdensome requirement for programs.
- There is a great need for appropriate nutrition education on the correct ways to manage diet-related diseases, appropriate nutrition education to counteract widely available misinformation.
- Expand delivery of fresh produce through local Meals on Wheels programs.
- Federal response to supply chain and inflations issues (e.g., local programs cannot access food to meet diet plans, vehicles and storage with increased costs for all these items.)
- Invest in affordable senior housing which is directly related to a senior's ability to afford access and prepare food; invest in improvements to marginal housing, ensure collaboration with senior housing units to accept senior nutrition services.
- Invest in transportation for older adults – directly related to food access.
- Expand OAA eligibility to serve more people with disabilities and under the age of 60.
- All seniors eligible for Meals on Wheels and receive the federal funding for it.
- Gas incentives. **We have meal routes that are between 45 minutes to one hour. A few are very rural and take much more.**
- A universal food and nutrition security assessment tool would be very beneficial to our clients.
- Provide free computer and internet service, and education to every senior in order to increase access to food assistance programs and nutrition education resources.

3. WHAT SPECIFIC ACTIONS SHOULD LOCAL, STATE, TERRITORY AND TRIBAL GOVERNMENTS; PRIVATE COMPANIES; NONPROFIT AND COMMUNITY GROUPS; AND OTHERS TAKE TO ACHIEVE EACH PILLAR?

Increased Funding and Investment

- More funding is desperately needed across all sources; layer funding to increase reach.
- Increase the OAA per meal reimbursement rate.
- Funding to help with the volunteer shortage and to recruit, retain, and pay staff what they deserve. Local providers cannot compete, cannot raise food prices and wages. **The average driver wage is \$18/hour and this is not competitive.** Volunteers have to use their own vehicles, and they are vandalized sometimes as part of the meal delivery experience. Leaning so much on volunteers when there is a shortage of both vehicles and volunteers places organizations at risk. **We have 72 meal delivery routes, so we absolutely need volunteers.**
- Stability in funding from State Departments of Aging would be helpful. In our State, OAA and State funds are distributed among the AAAs. We are now operating under our third funding formula (other than COVID-19 funds) in 4 years.



State Policy and Reimbursement

- Clarify and ensure that nonprofit partnerships with corporate partners will not impact OAA funding. There are opportunities for doing more private social good, offering food services, etc. that are supplementary to programs, but there is not clarity if those services will jeopardize OAA Title III funding. Clarify who OAA providers can partner with that will not impact state and federal funding.
- Ensure state and local OAA contracts are on time.
- Medicaid coverage of meals for medical patients with medically tailored wellness checks that are not burdensome requirements for programs. Make sure they can have a meal delivered and a wellness check without a nurse being present would help achieve goals.
- Continued flexibility around phone support, assessments, and telehealth as a way to expand services to isolated seniors.
- **With regard to physical activity as well as integrating nutrition and health, I think additional OAA Title III funding allocations should be considered to fund congregate and activity center activities. In Texas, there is an obvious imperative to provide a broad range of activities including physical exercise, but these are unfunded mandates.**
- Allow "one time only" OAA funds to be used for microwave and refrigerator purchases for current or potential clients who do not have the necessary appliances for safely storing and/or heating meals, my organizations currently buys small countertop microwaves so seniors can heat up their home delivered meals.



Programs and Operations

- Private sector should step up to help with food distribution; the supply is there, but distribution is the issue. Transportation companies could partner with Meals on Wheels and other programs to offer discounted delivery.
- We make sure that we offer whole, fresh food at a high quality and connections to the land, but staffing is a such a huge concern.
- Create innovative pilot programs for the federal government to invest. Local organizations can be great catalysts for local innovation. Local cities and states can invest in the pilot, but the federal government has to fund successful pilots so they can scale.
- Provide culinary training and nutrition education programming for those who lack the skills to prepare meals for themselves and their families properly. We need to provide recipes and information on what to do with or how to make meals from the produce or items received in food boxes.

Focus on the Experiences of Older Adults

- Need for more advocacy focused on seniors. The larger conversation on food insecurity often does not include seniors and tends to focus more on children.
- Look at gaps in our own communities and identify how to bridge those gaps (e.g., seniors that can cook food but not leave house and seniors that can go out shopping but do not know how to do that electronically, provide resources regarding health choice).
- Acknowledge senior exhaustion and that cooking can be physically difficult.
- Ensure seniors know what services and benefits for which they are eligible. They might learn of one program, apply, and learn that they are not currently eligible, and then assume that they are not eligible for other services. Clear, simple communication, perhaps from the Social Security

Administration (SSA), with State-specific information on the various types of programs available, and how to access them and get support in doing so, distributed annually may help connect need with support.

- We say we offer More Than a Meal® because better nutrition means better life overall, better social capabilities and better contribution in society because they have the energy and health for it. Seniors are able to age in place in a healthy way.
- More outreach to minority groups. **Language barriers, trust issues and isolated communities really create many barriers.** I think often on Native American communities as an example. But there are also Hispanic-language and Black community-trust issues.

4. WHAT ARE OPPORTUNITIES FOR PUBLIC- AND PRIVATE-SECTOR PARTNERS TO WORK TOGETHER TO ACHIEVE EACH PILLAR?

Corporate and For-Profit Partnerships

- Create business acumen and technical assistance for community-based organizations (CBOs) in rural areas to partner with corporations.
- National and regional marketing directed to corporations to uplift the benefits of partnering with CBOs.
- Incentives for corporations like LYFT and other ride share companies to partner with senior nutrition programs to deliver meals and/or assist older adults to the grocery store; to support senior nutrition programs' current operations and not become competitors.

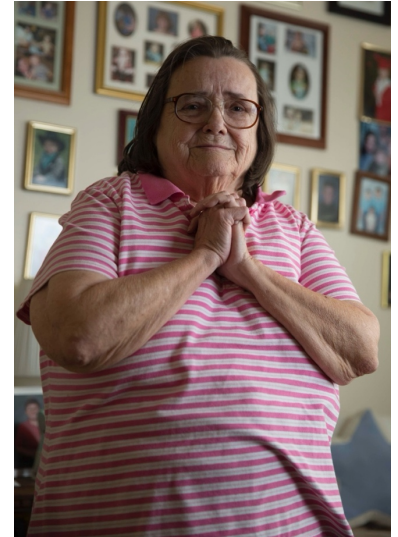
Health Care Partnerships

- Partnerships with healthcare systems and insurance coverage for meals. **We save healthcare providers money by helping seniors stay in their homes.**
- Require Medicare Advantage (MA) plans to include a minimum allotment of nutrition as a part of the benefit package.
- Congress should pass legislation to include a minimum allotment of nutrition support in Medicare benefit packages.
- **Make nutrition a national benefit through healthcare plans; there is no consistency between states and regions regarding nutrition as a covered benefit.**
- Rural Maryland is seeing more and more with healthcare. However, some MA plans are offering meals, some are not.
- Assistance and guidance to facilitate and ease the connect between aging services providers and healthcare systems.
- In our state since COVID-19, we have had to develop all sorts of partnerships to operate. If our federal programs had more flexibility, we could more strategically spend time working on partnerships like with hospitals and insurance companies instead of working hard to fundraise and make up for the gaps in resources.



Community Partnerships

- Senior nutrition programs and restaurant partnerships can help with culturally tailored or appropriate meals, but there are increased costs that need to be offset (e.g., a local Chinese restaurant partnered to provide Chinese and special-diet meals); federal support for these initiatives would be helpful.
- Support for partnering with restaurants that also struggled during the pandemic and finding opportunities in which the restaurant is also lacking capacity.
- Partner with restaurants, both rural and suburban, for OAA congregate nutrition services, so people can go and eat with friends and still have social experience; restaurant pilots for congregate feeding is a great public-private partnership; increase OAA funding for these types of innovations to scale.
- Partner with school districts on summer feeding programs (e.g., if an older adult brings kids to a summer feeding program, they can get a meal and the local program is able to reimburse.)
- Partner with local universities and colleges on hydroponic food and produce production, bring in fresh greens to rural areas.
- **Constraints limit inventiveness.** More federal and state funding is necessary. We have a lot of relationships already and need more time to strengthen and use them by one source versus having to spend time fundraising. We have had to develop all kinds of relationships with recreation centers, landlords and community organizations.
- In Washington, D.C. we have a program called “Feed the Fridge” where restaurants are paid to provide meals for large commercial fridges in communities where anyone can come and take the meals. Fridges are monitored and stocked daily. We have to innovate to feed everyone.



Experiences of Older Adults

- Increase communication and collaboration across service providers to counteract segmentation; service organizations can only reach people they know about.
- Head Start and the OAA Nutrition Program were started around the same time but Head Start has far larger budget today.
- The senior population is not heard, respected or prioritized. Information needs to be shared with public and private entities to achieve this goal. **Seniors are the “hidden hungry.”** They do not have as many opportunities to be seen by others, and, unless you check on them, you would not know how a lot of seniors are doing because they are alone. We must advocate for them and speak up for them. Senior nutrition is need of radical changes.

Nonprofit Costs and Challenges

- Our organization is also struggling to obtain enough volunteers to cover the routes. A few days ago, I was down 18 drivers. I worked to cover it within with our staff.
- A challenge of being in a small, rural area is that it’s all local. It’s challenging when so many initiatives are for larger, urban areas. Look at less urban areas for broader support.
- Conflict between selecting consumer choice versus providing nutrition to every client.
- Local Meals on Wheels are not being prioritized for contracts at the expense of more expensive, often for-profit companies.
- Natural, healthy food costs more and state and federal funds must be made available to home delivered and congregate meal programs.

5. WHAT ARE INNOVATIVE, SUCCESSFUL ACTIVITIES ALREADY HAPPENING AT THE LOCAL, STATE, TERRITORY AND TRIBAL LEVELS THAT COULD INFORM ACTIONS AT THE FEDERAL LEVEL?

Fresh Produce

- Increase fresh produce distributed by Meals on Wheels programs.
- Partnerships with farmers to share gleaned food, free produce distribution programs; using community gardens, and food banks. Make sure that quality control of produce is a part of these partnerships.
- Incentives and funding for farmers to take produce to an urban area and food deserts.
- Partnerships with grocery stores for vouchers for produce.
- Meals on Wheels program partnerships with farms to ensure there is produce that is easy to eat and peel for older adults and helps older adults prepare that produce. Older adults may not be able to lift, prepare, peel and chew all types of produce.

Partnerships

- Current successful partnerships include jails, schools and country public nursing home to prepare meals.
- Community partnerships include garden clubs, colleges and art groups to support older adults.
- We are successfully piloting a project with Instacart. Our pantry has the options on Instacart called food storm for those in need to order online and we use our volunteers to deliver to the doorstep of those individuals.
- There is still a need to engage for-profits organizations more substantially and equitably.

Current Successes

- Medically tailored meals, culturally relevant meals, healthy meal choice, grocery delivery must come with funding reimbursement.
- **Solutions should be tailored to what works best in the local community – not one size fits all. There is already so much success.**

Healthcare Contracts

- There are some healthcare contracts in place, but more nutrition support is needed from hospitals at immediately upon discharge.
- There are some MA contacts, but more is needed to be one source of payment for meals.
- Continue to consider OAA congregate services for how to reopen, and support and guidance in assessing which clients would benefit from which nutrition services.

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