



MEALS on WHEELS
AMERICA

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COVID-19 AND OLDER ADULTS: RESEARCH FINDINGS AND IMPLICATIONS FOR MEALS ON WHEELS

SPRING 2021

Submitted by
NORC at the University of Chicago

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EXECUTIVE SUMMARY

In the Fall of 2020, NORC at the University of Chicago (NORC) conducted a study on behalf of Meals on Wheels America as part of its COVID-19 strategic research portfolio. The study explored how COVID-19 had affected older adults (i.e., 60+ years of age); older adults' perceptions of and experiences with Meals on Wheels; how older adults anticipated their behaviors would change as the pandemic evolves; and recommendations for improving Meals on Wheels services. To assess these topics, NORC conducted two data collection activities with adults aged 60 and older: a nationally representative survey with 1,535 respondents and 24 in-depth interviews.

KEY FINDINGS

Below, we summarize the key findings from this research:

IMPACTS OF COVID-19 ON OLDER ADULTS AGED 60 AND OLDER

- Results from the survey and interviews indicated that the COVID-19 pandemic had affected many aspects of older adults' lives and well-being, including their physical and mental health, social connectedness, volunteer opportunities, employment, use of technology and use of services. In particular, respondents reported that the pandemic had negatively affected their social lives and dramatically increased their feelings of loneliness.
- More than 9 in 10 survey respondents reported wearing face masks, washing and sanitizing their hands often and keeping six feet distance from those outside their household.
- Among this population, levels of food insecurity were similar at the time of the survey compared to pre-pandemic. Results from the survey indicated that 16 percent of older adults had received or applied for nutrition assistance via the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) or a food pantry. Older adults with lower annual household incomes were more than twice as likely as those with higher annual household incomes to report being food insecure in the past 30 days, as were Meals on Wheels clients (25 percent vs. 9 percent of non-clients).
- Results from the survey indicated that there were differential impacts of COVID-19 based on income level, rurality, disability status and living situation. Adults with lower incomes and those living in rural areas were less likely to say they were worse off at the time of the survey than before the pandemic. Older adults who lived alone and those with a functional disability expressed the highest levels of loneliness during the pandemic. Older adults with a lower income were more likely to be food insecure both at the time of the survey and before the pandemic.

OLDER ADULT NEEDS

- Across the surveys and interviews, older adults reported a variety of unmet needs during the pandemic. The majority of older adults surveyed reported at least one unmet need, but types of needs varied overall and by respondent characteristics. Survey respondents who had a lower income, were Black, were age 75 and older, or lived alone were more likely to report having unmet needs during the pandemic.
- Most commonly, survey respondents reported a need for activities to help keep busy at home and stay socially connected while physically distancing from others.

USE OF SERVICES AND ASSISTANCE

- Many survey and interview respondents reported receiving help from their informal networks (i.e., a family member, friend, relative or neighbor). Informal networks had been the primary source of assistance for older adults during the pandemic.
- More than half of survey respondents said that they had applied for or received help from other, more formal sources, such as government health insurance or a health coverage plan.
- Analysis of the survey data found differences in the types of assistance sought based on living situation, race/ethnicity, disability status, income level and age. Adults who lived alone were more likely to report receiving help from family or from someone else, and Black older adults were more likely to report receiving help from volunteers. Adults with a disability and those who were 75 years or older were more likely to report using ongoing living services or assistance. Adults with lower income or disabilities were more likely to say they had applied for assistance.
- Sixteen percent of survey respondents said they have ever used a Meals on Wheels service. Those who are Black or Hispanic, have a lower income, live in a rural community and have a disability were more likely to be current clients or to have used Meals on Wheels services in the past.
- Meals on Wheels programs provide frequent in-home visits, which offer opportunities to meet older adults' nutritional needs, combat social isolation and address safety hazards. Many Meals on Wheels programs also manage congregate nutrition sites – such as senior centers – which provide more mobile seniors the opportunity to socialize. The most commonly reported Meals on Wheels service used by interview respondents was meal delivery, and most Meals on Wheels clients we interviewed reported using at least one other Meals on Wheels service. Most interview respondents reported that the pandemic had not affected the types of Meals on Wheels services that they use, but there had been changes in how volunteers deliver services.

FACTORS AFFECTING OLDER ADULTS' DECISION TO RESUME PRE-COVID-19 ACTIVITIES

- The survey and interview data suggested that older adults had put many of their regular activities on hold during the pandemic and expected they would not resume again for quite some time. More than half of interview respondents anticipated that there would be a “new normal” after the pandemic.
- Survey respondents with disabilities were less likely to report resuming their normal pre-pandemic activities; however, they were more likely to say that they use ride sharing services and free ride services.
- The vast majority of older adults who responded to the survey reported taking actions recommended by the Centers for Disease Control and Prevention (CDC) to stay safe during the pandemic. Rurality was associated with less compliance with CDC guidelines. Adults who lived alone were less likely to take actions to avoid contact with others.
- The survey and interview findings indicated that key factors for improving older adults' comfort with resuming pre-COVID-19 activities included: requirements for the use of face masks, staying at least six feet apart and quarantining after exposure to the coronavirus; widespread testing; a vaccine; and reduced prevalence of COVID-19 in the community.
- Analysis of the survey data found differences in the factors that would affect decision-making about resuming pre-COVID-19 activities based on race/ethnicity. Black and Hispanic survey respondents were more likely to say that temperature checks, widespread testing, social

distancing in public places, location tracking and quarantine requirements are essential for them to resume their normal social and economic activities.

PERCEPTIONS AND EXPERIENCES WITH MEALS ON WHEELS

- Findings from the survey and interviews suggested broad general awareness with and positive perceptions of Meals on Wheels. Interview respondents described a number of benefits to using Meals on Wheels services, including nutritional benefits and the ability to enjoy meals safely despite physical limitations (e.g., disability or other health conditions).
- Though majorities of White, Black and Hispanic survey respondents were very or somewhat familiar with Meals on Wheels, a significant minority of Black and Hispanic respondents expressed unfamiliarity. 28 percent of Hispanic older adults and 31 percent of Black older adults said they had only heard of the name Meals on Wheels or had never heard it at all, compared with 15 percent of White older adults.
- Survey respondents most commonly described Meals on Wheels meals as convenient, affordable and nutritious; however, few respondents described the meals as high quality, modern, tasty and as having a good selection. Those who had used Meals on Wheels services were more likely than non-clients to positively describe the meals across a variety of attributes, though fewer than half described the meals as modern, appealing, having a good selection or high quality.

ANTICIPATED CHANGES IN NEED FOR AND USE OF SERVICES

- While most older adults reported that they do not anticipate changes in their use of Meals on Wheels services during the pandemic, 20 percent of survey respondents said that they were likely to use at least one Meals on Wheels service in the coming months. This is roughly equal to more than 15 million Americans. Survey respondents with a lower income were more likely to report that they would use Meals on Wheels services in the next six months.
- Most interview respondents indicated that COVID-19 would not affect their use of Meals on Wheels services; instead, the most commonly cited factors that would precipitate a need for Meals on Wheels services were the potential death of a spouse, deteriorating health and a decrease in self-sufficiency (e.g., inability to drive to the grocery store or prepare a meal).
- Survey respondents with lower incomes were more likely to report that they would accept help with specific services or items related to COVID-19, such as receiving face masks, gloves, and cleaning supplies and grocery deliveries.
- While respondents reported varying levels of comfort with technology, more than two-thirds of survey respondents reported using a smartphone, email and/or a computer at least several times a day. However, Meals on Wheels clients were less likely to report using these technologies several times a day compared to non-clients. Older adults who have a lower income, Black older adults and older adults who had a disability were more likely than others to say they would use their technology less when the pandemic is over.

RECOMMENDATIONS FOR IMPROVING MEALS ON WHEELS SERVICES

- Some interview respondents who had used Meals on Wheels said that they did not have any recommendations for improving Meals on Wheels services. However, of those who did offer recommendations, most focused on improvements to meal offerings (e.g., larger portions, greater choice); additional services that Meals on Wheels could provide (e.g., more socialization programs, help around the house, transportation services); and improvements to Meals on Wheels' outreach efforts (e.g., efforts to increase awareness of services).

IMPLICATIONS AND OPPORTUNITIES

Key implications and opportunities for Meals on Wheels identified through this research include:

1. **Expand service offerings or referrals/connections to meet key needs.** Findings suggested a need for additional socialization programs and services geared towards reducing loneliness and isolation at this time. There is an opportunity for Meals on Wheels programs to support older adults in connecting with others and meeting their social needs during the pandemic. In addition to socialization services, respondents also expressed an interest in and need for activities to keep busy at home; transportation services; help with household chores (e.g., getting the mail, taking the garbage out, cleaning); grocery shopping assistance; and assistance in planning for longer-term needs that arise. Meals on Wheels programs can help seniors to meet these needs by offering these additional services directly, or they may assist clients to connect with other organizations that provide those services.
2. **Conduct ongoing assessments to identify evolving needs and preferences.** Meals on Wheels programs could benefit from conducting rapid and continuous assessments with Meals on Wheels clients to: identify potential improvements to the quality and appeal of meals; plan expanded meal options so that older adults have greater choice in their meals; identify specific needs and how needs change over time; and identify additional services that would benefit older adults.
3. **Improve partnerships with other older adult-serving organizations.** Increasing and deepening partnerships with other community-based organizations could help to address the diverse needs of older adults and could also support increased awareness of Meals on Wheels services and referrals to Meals on Wheels programs. Based on some of the needs described by respondents, potential partners could include housing authorities, healthcare organizations and transportation providers, among others.
4. **Enhance assistance for informal support networks.** Older adults received support from informal networks and also planned to leverage informal support networks to address future needs. As such, Meals on Wheels programs could support informal networks and improve awareness of and referrals to Meals on Wheels and other services in the community. For example, Meals on Wheels programs could connect client households with agencies that provide respite care or provide supportive services for caregivers.
5. **Plan to continue socially distanced offerings.** Given older adults' concerns about the pandemic, Meals on Wheels programs should not plan to resume or offer new physically close in-person services or activities at this time. Further, when Meals on Wheels programs do resume usual in-person services, they should clearly communicate to older adults the safety procedures and preventive measures that are in place to protect them from exposure to COVID-19. In the meantime, virtual services that leverage technology should consider the need for troubleshooting and technological support for older adults participating in activities and should accommodate individuals with varying levels of technological literacy and access to technology.
6. **Enhance supports and resources for local Meals on Wheels programs.** Due to the continued projected increase in the number of Meals on Wheels clients during the pandemic, local service providers may need additional support in developing the infrastructure and making plans to accommodate the influx of new clients.

7. **Improve awareness and perceptions of Meals on Wheels services.** Findings from the survey and interviews suggested that older adults lacked awareness of the diverse Meals on Wheels services available to them and how these services related to their needs. There was also a lack of awareness about the eligibility requirements for using Meals on Wheels services. While most (88 percent) of the survey respondents who said they were unlikely to use Meals on Wheels services in the next six months said the reason was that they do not need the services, 8 percent reported that the reason was because they do not want to accept charity. These findings indicate a need to improve awareness of Meals on Wheels offerings – especially non-meal services – and of eligibility criteria for services among clients and non-clients alike, and to combat stigma associated with Meals on Wheels use. In particular, the findings show a need to conduct outreach with Black and Hispanic older adults, who were less likely than White older adults to be familiar with Meals on Wheels. Outreach efforts could also focus on how Meals on Wheels services can help meet longer-term needs.

RESEARCH OBJECTIVES AND STUDY DESIGN

On behalf of Meals on Wheels America, NORC at the University of Chicago (NORC) conducted the COVID-19 and Older Adults research study to examine how COVID-19 had affected older adults; older adults' perceptions of and experiences with Meals on Wheels; and how older adults anticipated their behaviors would change in the future. To address these areas, NORC conducted a nationally representative survey of and qualitative in-depth interviews with adults aged 60 and older.

COVID-19 has had a profound effect on older adults in the United States and has increased the need for services and resources for this population. Adults aged 60 and older are at greater risk than the rest of the population of serious illness or death from COVID-19.¹ These risks increase with age. A survey conducted earlier in 2020 by the National Association of Area Agencies on Aging found that one of the most commonly requested services during COVID-19 was nutritious food, with nearly all member agencies underscoring the importance of “immediate and ongoing” nutrition assistance during this crisis.² Older adult-serving organizations have had to shift their services and strategies to meet the increased demand for meal services, including home-delivered meals, during the pandemic.^{3,4} Home-delivered meals can help older adults to stay healthy and continue to live independently in their own homes.

NORC's study aimed to provide actionable insights to inform Meals on Wheels America's directions and efforts, including programmatic and strategic planning, advocacy, fundraising and thought leadership. This study is part of its comprehensive COVID-19 research strategy in response to the COVID-19 pandemic, which also includes two complementary research projects – a study to assess member organization experiences and perceptions conducted by Trailblazer Research, and a landscape analysis conducted by The Bridgespan Group. This final report details the methods, analyses and findings of the NORC COVID-19 and Older Adults research study and presents recommendations for Meals on Wheels programs to enhance their activities to support older adults as the COVID-19 pandemic evolves.

NORC implemented a mixed-methods research design to address a list of research questions developed in collaboration with Meals on Wheels America to guide the study (Exhibit 1). After

Headlines in newspapers across the country reveal that food pantries and meal service providers are seeing a rise in demand:

“County food pantries continue to see increases in clients as pandemic continues” – *The County*, December 2020

“Placer Food Bank works to meet huge need during COVID-19 pandemic and holiday season” – *The Sacramento Bee*, December 2020

“Meals on Wheels deliveries triple during COVID-19 pandemic in Hampton Roads” – *13 News Now*, November 2020

¹ Centers for Disease Control and Prevention. (2020, December 13). Older Adults. <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html>

² National Association of Area Agencies on Aging. (2020). *A Snapshot of Area Agency on Aging Responses to COVID-19*. https://www.n4a.org/Files/n4a_MemberSurveyReport2020_Web_07July2020.pdf

³ Wilson, T.L., Scala-Foley, M., Kunkel, S.R., & Brewster, A.L. (2020). Fast-track innovation: area agencies on aging respond to the COVID-19 pandemic. *Journal of Aging & Social Policy*, 1-7.

⁴ Brewster, A.L., Wilson, T.L., Kunkel, S.R., Markwood, S., & Shah, T. (2020, April 8). To Support Older Adults amidst the COVID-19 Pandemic, Look to Area Agencies on Aging. Health Affairs Blog. <https://www.healthaffairs.org/doi/10.1377/hblog20200408.928642/full/>

finalizing the research questions, NORC conducted a nationally representative survey of and in-depth interviews with older adults aged 60 and older. We describe the methods for the survey and the interviews – including development of the data collection instruments, sampling and recruitment, data collection and analysis – in the Appendix.

EXHIBIT 1. Study research questions

1. How has COVID-19 **affected** older adults, including those who use Meals on Wheels services and those who do not?
 - a. What are older adults' **needs** at this time and **how are they getting help**?
2. What factors will affect older adults' **readiness** to resume pre-COVID-19 activities, including Meals on Wheels services (including to what extent they already have or if they never stopped)?
3. What are older adults' **perceptions** of Meals on Wheels services, including meals, visits and additional services?
4. How do older adults think they **benefit** from Meals on Wheels services?
5. How have Meals on Wheels clients' **experiences** with Meals on Wheels changed in the wake of COVID-19?
6. How do older adults, including clients and non-clients, anticipate that their **preferences for and use of** Meals on Wheels will change after COVID-19?
7. How do older adults expect their **needs for Meals on Wheels will change** as the COVID-19 pandemic evolves?
8. How could Meals on Wheels services **improve** to best meet older adults' needs and preferences during and after COVID-19?
9. How do all of the questions addressed on the survey vary for **diverse groups of seniors**?

FINDINGS

Respondents shared their perspectives about how COVID-19 had affected them, their needs and their use of services and assistance; factors that would affect their decisions to resume pre-COVID-19 activities; their perceptions and experiences with Meals on Wheels; anticipated changes in their needs for and use of services; and opportunities for improvement. Findings related to each of these areas follows.

IMPACTS OF COVID-19 ON OLDER ADULTS

The survey and corresponding interviews revealed the deep toll the pandemic is taking on older adults' well-being. Older adults were feeling lonelier, more isolated and more depressed. They had been overwhelmed by the news cycle this year and were feeling the effects. Their social connections were suffering, as many have had to put their lives on hold. Taken together, the findings suggested an increased need for services like the ones provided by Meals on Wheels programs that help with combating loneliness and isolation.

In fall 2020, **52 percent** of adults aged 60 and older reported being **worse off now** than they were before the pandemic began.

SURVEY FINDINGS

The COVID-19 pandemic has had a clear and direct impact on the lives of those age 60 and older. Fifty-two percent of adults aged 60 and older

reported being worse off in the Fall of 2020 than they were before the pandemic began, and 43 percent said their lives were about the same. Four percent said their lives were better.

Adults with lower incomes were less likely to say they are worse off in the Fall of 2020 than before the pandemic (46 percent vs. 55 percent) and were more likely to say their lives have not changed.

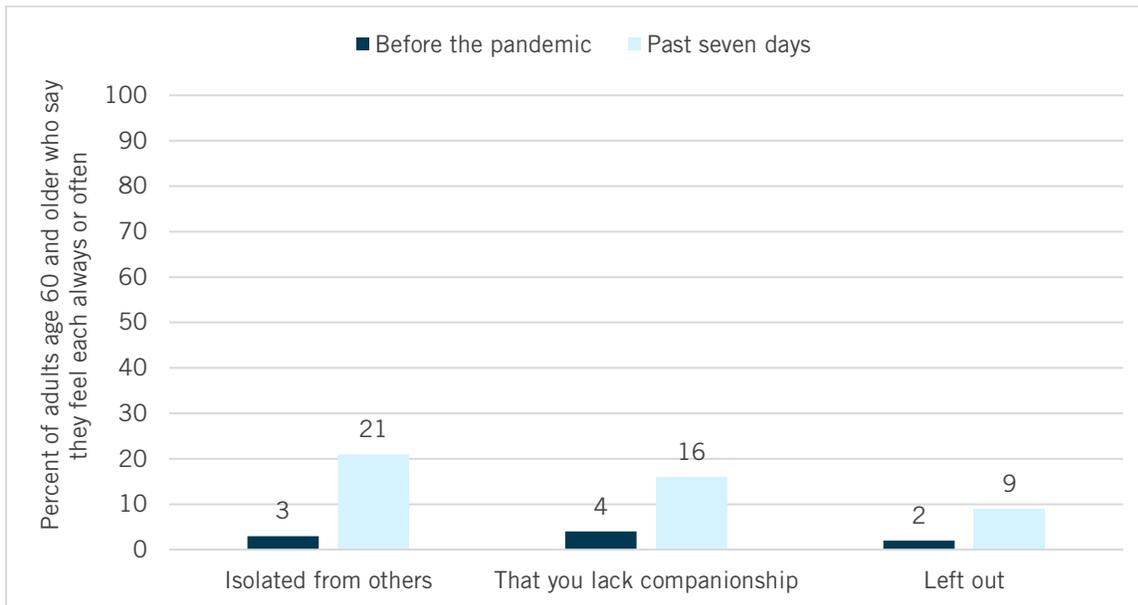
The impact on older adults living in rural areas had been less than for those living in more urban areas. Those living in rural areas were less likely to say their lives have worsened since the pandemic (39 percent vs. 54 percent) and were more likely to say their lives were about the same.

The survey asked respondents a series of three questions to gauge loneliness before the pandemic using a 15-point loneliness scale, using a modified version of a scale that was created to gauge loneliness in the past seven days.⁵ Older adults had an average score of 5 prior to the beginning of the pandemic. This increased to 6.9 when asked about the past seven days.

Three times as many respondents reported **feeling left out**, four times as many reported that they **lacked companionship** and seven times as many reported **feeling isolated**.

Looking at the specific questions on the scale, while 26 percent of respondents overall reported experiencing feelings of loneliness and isolation, the numbers had increased significantly since the beginning of the pandemic (Exhibit 2). Three times as many respondents reported feeling left out at the time of the survey, four times as many reported that they lack companionship and seven times as many reported feeling isolated.

⁵ To measure loneliness in the past seven days, respondents were asked, “Thinking about the past seven days, how often did you feel each of the following? That you lack companionship, left out, and isolated from others.” Using a 5-point scale, each response of “always” was scored a 5, “often” was scored a 4, “sometimes” was scored a 3, “rarely” was scored a 2, “never” was scored a 1 and nonresponse was scored a 0. To measure loneliness before the pandemic began, respondents were asked, “Now, thinking back to before the pandemic began, how often did you feel each of the following? That you lack companionship, left out, and isolated from others.” This scale used the same questions, but different response option categories, as the UCLA Three-Item Loneliness Scale. Hughes, M.E. et al. (2004). A short scale for measuring loneliness in large surveys: results from two population-based studies.” *Research on Aging*, 26(6): 655-672. doi:10.1177/0164027504268574

EXHIBIT 2. Feelings of loneliness had increased dramatically during the pandemic.


Questions: Thinking about the past seven days, how often did you feel each of the following?

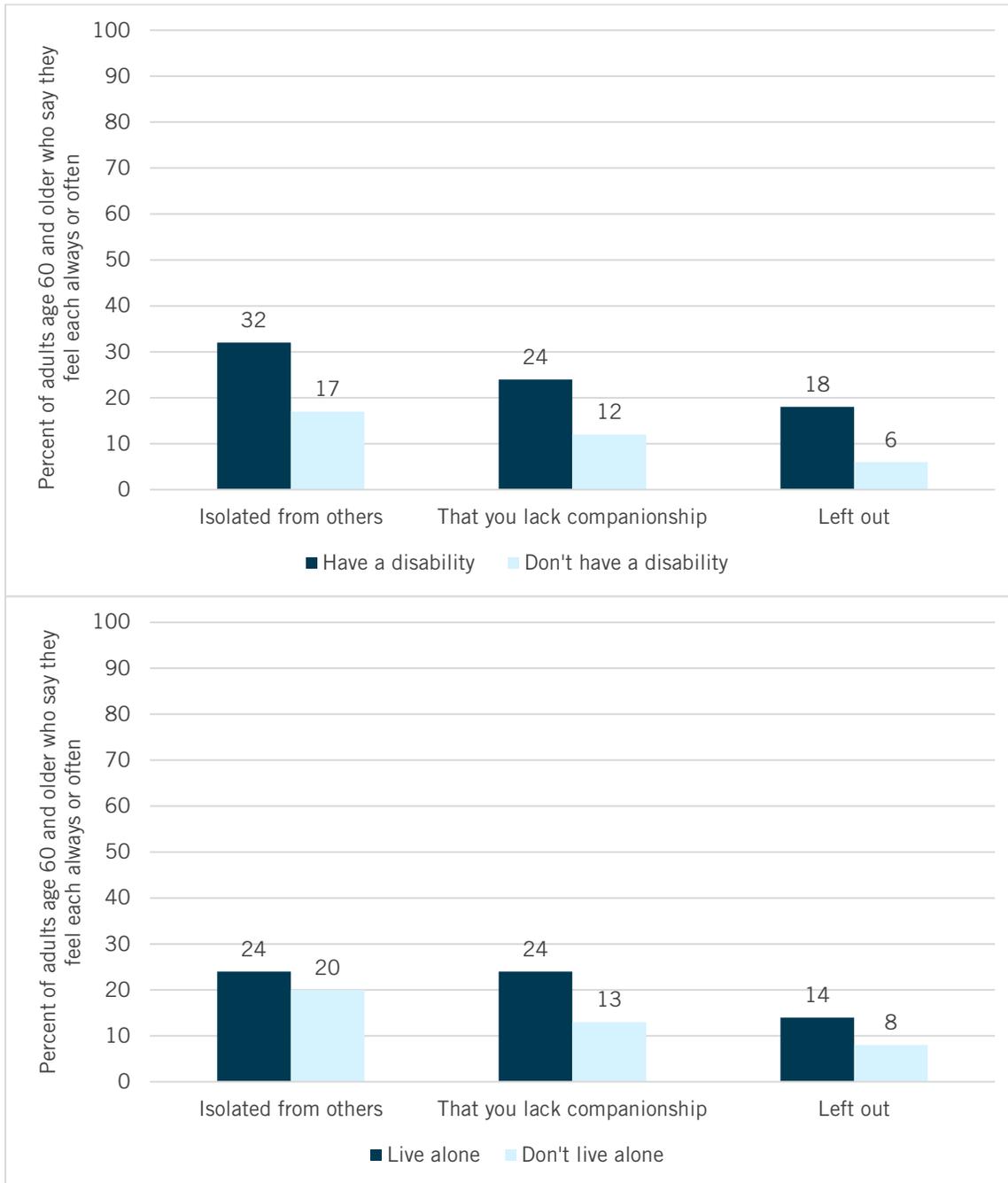
Now, thinking back to before the pandemic began, how often did you feel each of the following?

Source: Meals on Wheels America survey conducted by NORC at the University of Chicago, October 29–November 5, 2020, with 1,535 adults aged 60 and older nationwide.

Older adults who lived alone and those who have a functional disability affecting their mobility, their ability to live independently, their ability to care for themselves or their cognition⁶ expressed the highest levels of loneliness during the pandemic (Exhibit 3). Living alone was associated with feeling left out and lacking companionship. Those with a disability were more than three times as likely to feel left out, and about twice as likely to say they are isolated and lack companionship.

⁶ Functional disability is measured using four of the six standard disability measurement questions established by the U.S. Department of Health and Human Services (HHS). In this report, respondents are classified as having a disability if they answered yes to any of the following questions: “Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor’s office or shopping?”; “Do you have serious difficulty walking or climbing stairs?”; “Do you have difficulty dressing or bathing?”; “Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?” The HHS measure of disability also includes questions on hearing and vision. These measures were not included in this survey.

EXHIBIT 3. Having a disability and living alone were associated with stronger feelings of loneliness.

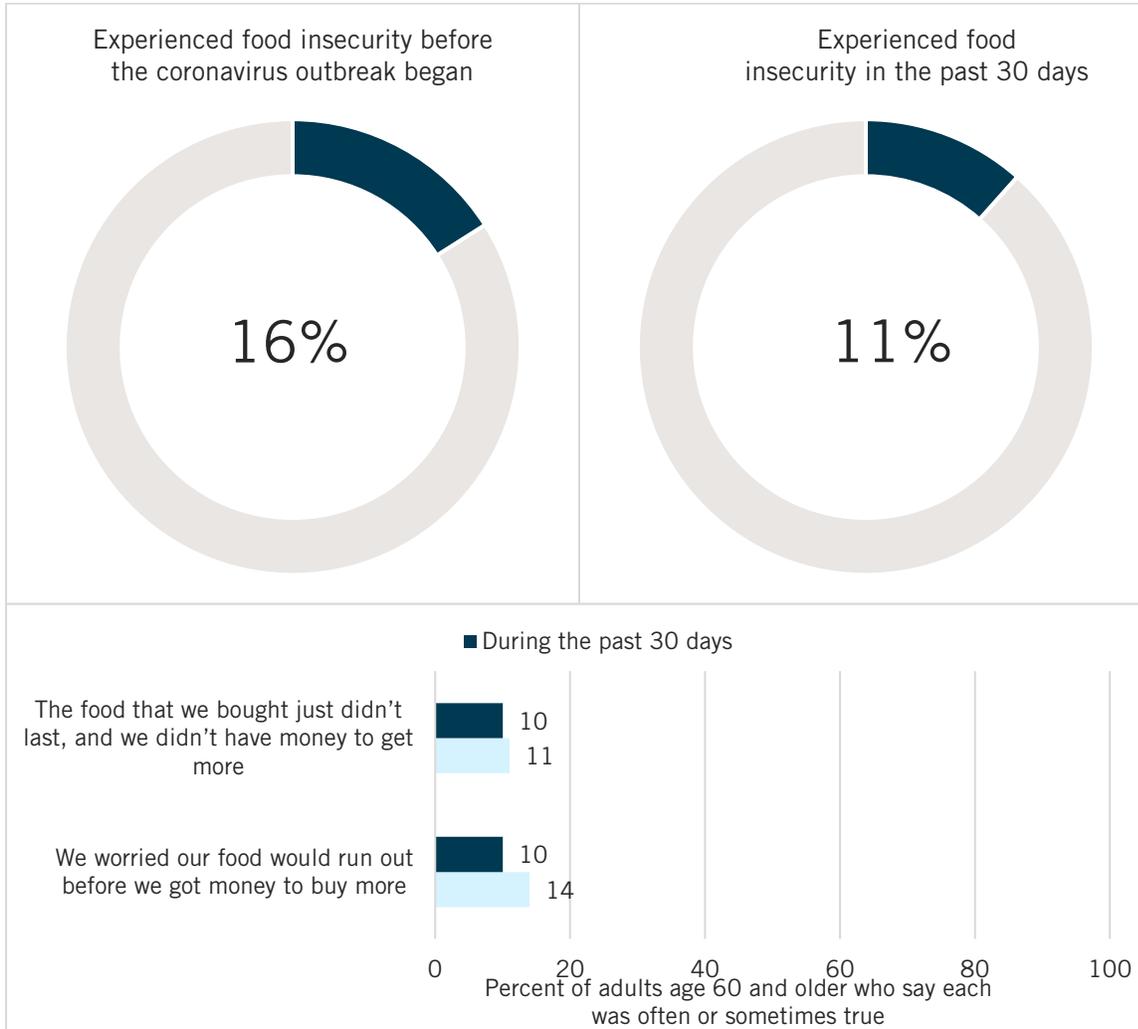


Levels of food insecurity have remained stable since before the pandemic began.⁷ Looking at the specific measures, few older adults said the food they bought did not last or that they worried

⁷ To measure food insecurity, we used the Hunger Vital Sign™, a widely used and validated two-question screening tool derived from the 18-item food security survey originally developed by the [USDA Economic Research Service](#). Hager, E.R. et al. (2010). Development and validity of a 2-item screen to identify families at risk for food insecurity. *Pediatrics*, 126(1): e26-32. doi:10.1542/peds.2009-3146

their food would run out before they had money to buy more (Exhibit 4). One potential reason for this lack of change is that the survey asked about food insecurity in the last 30 days, so it is possible some respondents had benefits in place to ease earlier insecurity.

EXHIBIT 4. Older adults’ levels of food insecurity were similar to pre-pandemic levels.



Questions: Please indicate whether the following statements were often true, sometimes true or never true for you or your household before March 1, 2020, when the coronavirus outbreak began.

Please indicate whether the following statements were often true, sometimes true or never true for you or your household during the past 30 days.

Source: Meals on Wheels America survey conducted by NORC at the University of Chicago, October 29–November 5, 2020, with 1,535 adults aged 60 and older nationwide.

An older adult was considered food insecure if they said “often true” or “sometimes true” to the following items: “We worried our food would run out before we got money to buy more”; “The food that we bought just didn’t last, and we didn’t have money to get more.” Respondents to the survey were asked about their food insecurity at two separate points in time: before March 1, 2020 – when the coronavirus outbreak began – and during the past 30 days.

Older adults with a yearly income of less than \$30,000 were more likely to be food insecure both now (20 percent vs. 8 percent) and before the pandemic (29 percent vs. 11 percent) than those with higher incomes.

Those who were food insecure were more likely to receive meals from Meals on Wheels programs via home delivery, pick-up or in person during the pandemic, though many were going without. Twenty-two percent of older adults who were food insecure had received meals from Meals on Wheels programs compared with 7 percent who were not food insecure. However, that indicates that 78 percent of older adults who were food insecure were going without Meals on Wheels meals.

INTERVIEW FINDINGS

Interview respondents reflected on how COVID-19 had affected aspects of their life and the extent to which they are concerned about COVID-19. We summarize key themes related to these topics below.

PHYSICAL HEALTH

Interview respondents provided mixed feedback in terms of whether COVID-19 had affected their physical health, with many respondents reporting no change, several respondents reporting a negative change and one respondent reporting a positive change to their physical health. Approximately half of all respondents reported no change in their physical health due to the COVID-19 pandemic. Instead, these respondents were more likely to ascribe recent changes in their physical health to factors unrelated to the pandemic, such as preexisting medical conditions or medical procedures unrelated to COVID-19. As one client respondent explained, “[COVID-19] hasn’t done anything to me physically. The problems I had, I already had them.”

Several interview respondents noted that COVID-19 had had a negative impact on their physical health. Changes included weight gain due to “eating more,” “sit[ting] around the house more,” “not getting out to exercise” and being less active overall. One client respondent noted that their doctor “is very concerned that [they] have put on a lot of weight because [they are] not getting out to exercise.”

Another non-client respondent reported that the COVID-19 pandemic had had a positive effect on their physical health, noting: “Since the pandemic I guess I’ve lost about 16, 17 pounds. I exercise more. During the shutdown when the gyms closed, I walked a lot more in the park...mostly everything else is closed and it’s easier to be outside. I’m eating less food. I’m taking care of my health much better.”

MENTAL HEALTH, LONELINESS AND SOCIAL CONNECTIONS

Interview respondents also provided mixed feedback in terms of how the COVID-19 pandemic had affected their mental health. While most respondents reported that COVID-19 had had a negative impact on their mental health, some reported no impact, and one respondent reported a positive impact. The majority of respondents replied that the COVID-19 pandemic had had harmful effects on their mental health, including “loneliness,” “sadness,” “depression” and the reality that “[you] can’t be around your friends, can’t be around your family.” One non-client respondent described feeling disconnected

“In addition to the depression that I run most of the other time, it’s been depression added to that.”

- User Since COVID-19

from family members: “There is a sadness that I can’t be with my family. I’m not able to hug my great-grandchildren. There is a new baby, and I can’t hold the baby or feed the baby. I can only talk to him from a distance.”

A client respondent indicated that using technology to connect with family members does little to attenuate their feelings of social isolation, as it is “not a substitute for in-person interaction.” Several respondents said that virus restrictions have resulted in a loss of autonomy, which had had a detrimental impact on their mental health. As one client respondent articulated, “It gets frustrating that I’m not allowed to do some of the things I was accustomed to doing...[it] weighs on you mentally.” Multiple respondents cited the 24-hour news cycle and reports of individuals shirking virus restrictions as negatively impacting their mental health. One client respondent explained, “I follow the news a great deal...I hear about what’s going on out there with people who disagree with the masks and with social distancing and I know how that must bother the people who use the elevators like me.”

Some interview respondents reported that the COVID-19 pandemic had had no impact on their mental health. Some of these respondents were homebound before the pandemic and perceived no change to their normal course of activities. As one respondent described, “Well actually it hasn’t affected us too much...I’m coming up on 87 years old, so we are pretty much homebodies anyway.” One non-client respondent reported that the pandemic had had a positive impact on their mental health, explaining, “I’ve had PTSD for decades, so in some ways the COVID-19 pandemic has been a blessing because it’s kept a lot of people from interfering with my life.”

Most interview respondents also reported that the COVID-19 pandemic had had a negative impact on their social life, precluding them from seeing friends, family and other social networks. Describing an overall change in socialization, one non-client respondent summarized that their social life “is still pretty much on hold because of the pandemic.” Respondents reported disruptions to their regularly scheduled social activities, including bingo games, book clubs, quilting clubs and social dinners. As one non-client respondent described, “I used to play bingo three times a week, which I can’t do. I have a book club which used to meet at a restaurant, which we can’t do anymore.” Of respondents who reported engaging in religious activities, the majority reported attending virtual services. As one client respondent described, “The church I attended does Zoom services, and I may do those...I haven’t been able to go in person since COVID started. Before COVID, I used to go regularly, and I used to sing in the choir.” Few respondents reported attending church services in person since the onset of the pandemic. Several respondents reported that the pandemic had strained relationships with their spouses. As one client respondent articulated, “[M]y wife and I, we get along very well on a normal basis. It’s had a couple of points that we’ve been a little uneven with each other, irritable, and that hurts because we’re not like that with each other normally.”

“We haven’t been seeing our friends as much. I have phone conversations with them, but we don’t get together in person...We don’t go to the movies, and we don’t go to the casino. We don’t have anyone over, and it’s been this way since March.”

-Non-User

VOLUNTEERING AND EMPLOYMENT OPPORTUNITIES

A minority of interview respondents reported engaging in volunteering activities. Of these respondents, most reported that COVID-19 had diminished or halted their participation in volunteer activities. For example, one non-client respondent explained that many volunteer organizations “are not really doing anything. Their doors are closed because of COVID.” A client respondent articulated the negative impact this loss of volunteer opportunities had had on their peers’ social connectedness: “[E]very Sunday after mass there was always a get-together in the hall, they would pour coffee and they would have a bake sale. It was a moment to visit with others. I would volunteer to help with the bake sales and making coffee. That’s gone. I’m not negatively affected by it, but I know that a lot of the people that participated in that, the seniors, for some that was the only social outlet they had.”

“I can’t be around my friends – I used to volunteer home Bible study, where I would go to people’s homes and help them study the Bible. I can no longer do that. I stay in. I can only go to my doctor, to the grocery store and to pay my bills. That’s it.”

-User Pre-COVID-19

Most interview respondents reported that they are not currently employed due to factors unrelated to COVID-19 (i.e., age or disability). Of the respondents who reported either current or recent employment, most reported that the pandemic had either significantly reduced their hours or pushed them out of the labor force entirely. As one non-client respondent explained, “I am employed part-time [at] an organization for developmentally delayed adults and children. Right now, we are limited with what we can do with them because of the virus. I cut back the hours a bit, but I didn’t work a lot of hours before the pandemic.” In some cases, the pandemic compelled respondents to exit the labor force entirely. One non-client respondent noted, “I was a caregiver before the pandemic. And once it hit, I had to give up one of my clients because she was in an assisted living, and I have now given them all up as this pandemic is raising its head again. And I’ve retired for the last time.”

TECHNOLOGY USE

The majority of interview respondents reported an increased use of technology due to COVID-19. Respondents most often cited Zoom and FaceTime as examples of new technologies that they have embraced. Most respondents reported utilizing new forms of technology to remain connected to friends, family and other social circles, such as their religious community. As one non-client respondent explained, “I do Zoom for my Sunday religious meeting, and I have a Bible study group that also does theirs over Zoom now...and I visit with my granddaughter over FaceTime.” Some respondents reported that the widespread adoption of technologies such as Zoom had facilitated their participation in social and educational events. As one non-client respondent described, “Before the COVID pandemic, attending seminars was costly and distant, and usually involved driving to a given place and spending on hotels and meals and other necessary things. All that is gone. Now all of the sudden, you can pick up webinars from all over the country from a variety of people. And the interaction is even better.”

Besides maintaining social connections, interview respondents reported using technology to remain informed about world events, cultivate new hobbies and attend medical appointments. One non-client respondent said that they are “Googling more” and “using computers, cell phones, technical devices much more now,” and a client respondent said that they are now “attempting to blog.” Several respondents described using new forms of technology to connect to

their healthcare providers. Several respondents indicated that they were reticent to try out new technologies and, as a result, reported feeling isolated from activities that had transitioned to a virtual medium. One client respondent said, “I’m not able to engage in many [social activities] because they’re not active, or they are active in a way that I can’t participate, like Zoom meetings. I’m going to have to find out how to do those.”

CHANGES IN COVID-19 CONCERNS

Most interview respondents reported that they were *more* concerned about the pandemic in Fall 2020 than at the beginning of the pandemic in March 2020. Respondents most commonly indicated that the primary cause of their concern was the recent resurgence in COVID-19 cases nationwide. One non-client respondent explained, “We thought it would be under better control by now...but across the country numbers are spiking.” Respondents also addressed the reasons for the recent spike in cases, which fueled their concern. One non-client respondent noted that it was getting colder and “the science said...this virus is more dangerous inside than outside. Schools [and] colleges [are] opening up, [but] a lot of people aren’t social distancing [and are] not wearing masks, so right now things are getting pretty bad.” In addition, respondents expressed anxiety that their preconceived timetables for safely reopening schools and businesses had not been realized. As one client respondent who had a disability noted, “[W]e had originally earmarked the month of November for when we thought we would come out of it. Now it’s growing worse and worse, and I fear that I will be housebound before this is over.” Further, some respondents relayed concerns about contracting the virus, mainly due to health conditions that put them at an increased risk; one client respondent shared, “I’m more concerned about me getting it. Because of health reasons – [my] kidneys and heart and stuff like that.” Other respondents were more worried about inadvertently exposing their family members; one client respondent said, “I’m not willing to get on the bus. It’s just too risky. Not just for myself, but then I would expose my daughter and she would expose the rest of the family. So, it’s like dominoes, and I just don’t want to be the one to start it.”

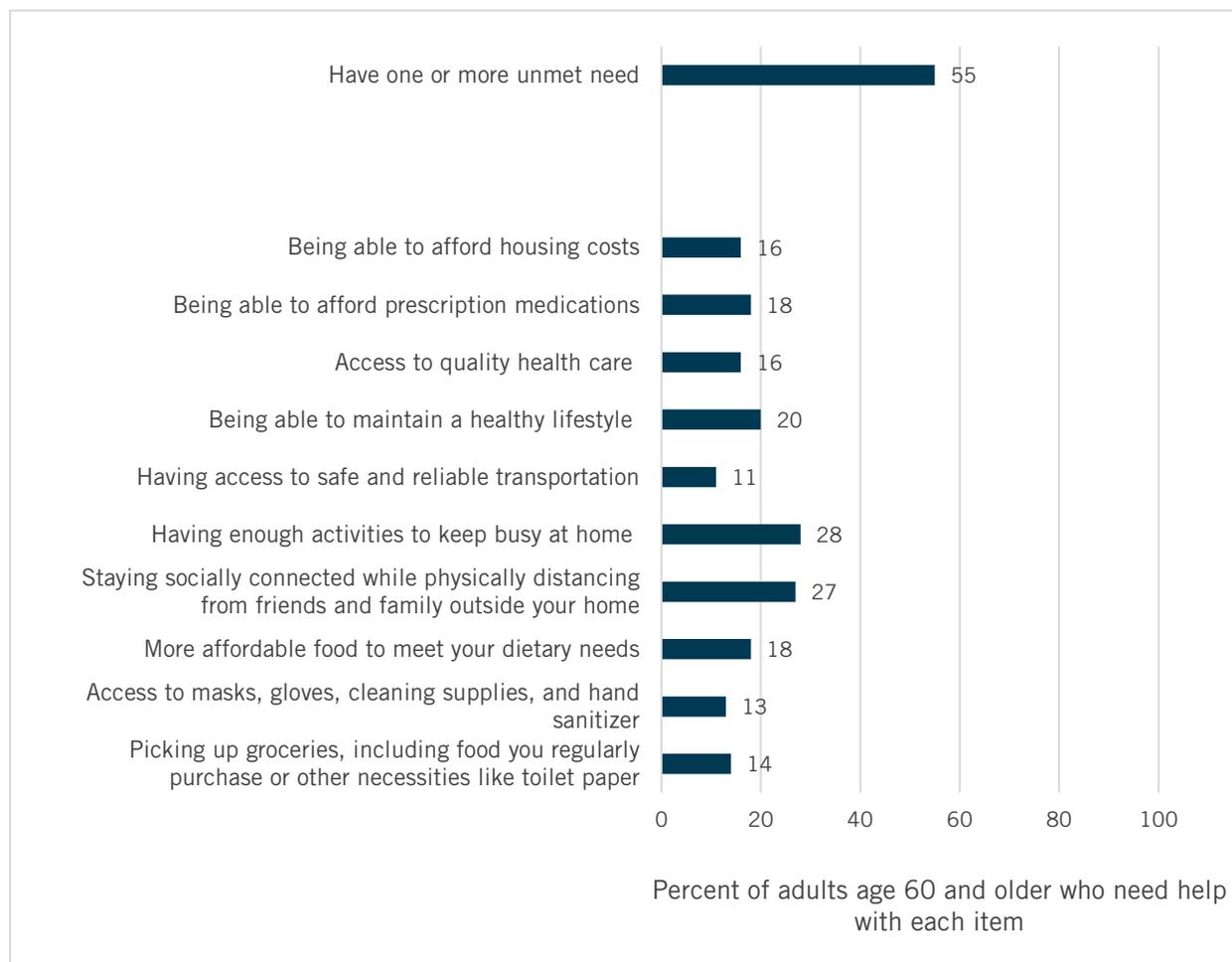
OLDER ADULT NEEDS

Levels of need were consistent across the survey and interview components, with some respondents suggesting that they had no unmet needs and others describing a need for specific assistance. Types of needs varied overall and by respondent characteristics. This suggests an opportunity to support local Meals on Wheels organizations in conducting needs assessments and expanding partnerships to help identify and address diverse needs and provide comprehensive services. In particular, there is also an opportunity for Meals on Wheels programs to support older adults in safely connecting with others and meeting their social needs during this time.

SURVEY FINDINGS

Adults aged 60 and older reported a variety of needs that are going unmet during the pandemic, but these needs are quite variable (Exhibit 5). There is not a single need that is going unmet for most people, but 55 percent of older adults reported at least one unmet need. Most commonly, older adults said they need activities to help keep busy at home and help stay socially connected while physically distancing from others.

There is not a single need that is going unmet for most people, but **55 percent of older adults reported at least one unmet need.**

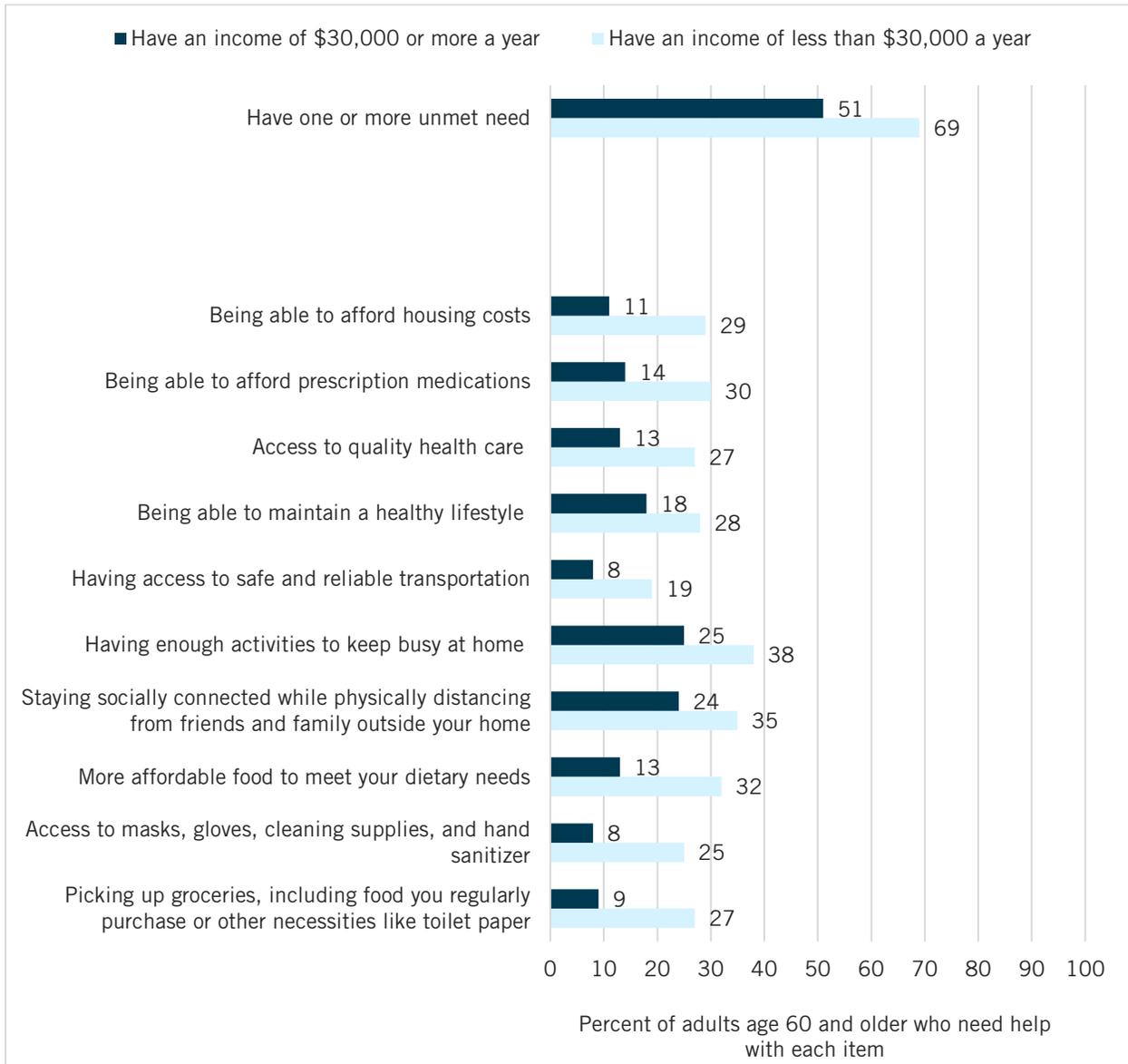
EXHIBIT 5. Older adults reported a wide variety of unmet needs.


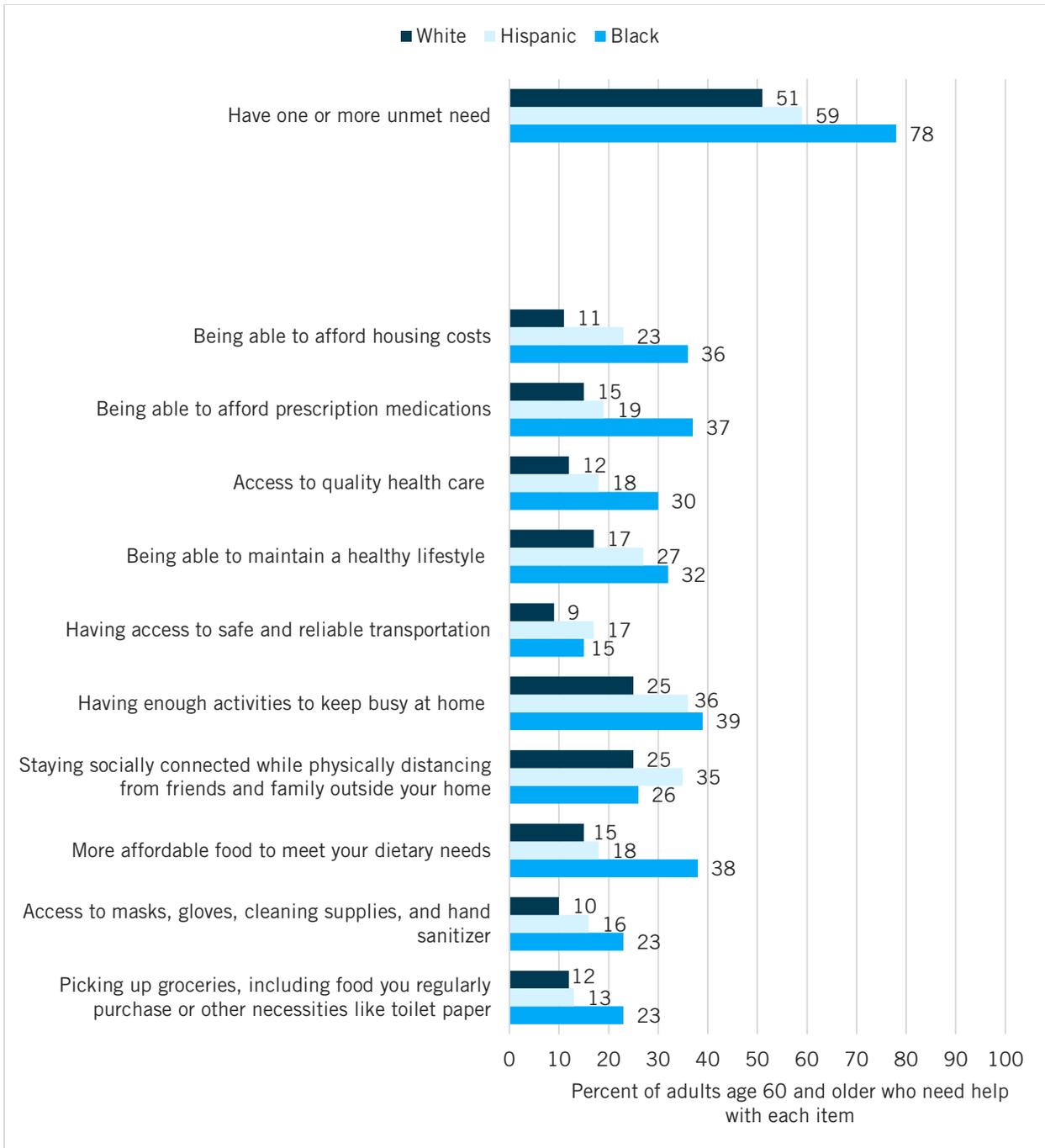
Question: Do you need help with each of the following at this time, or not?

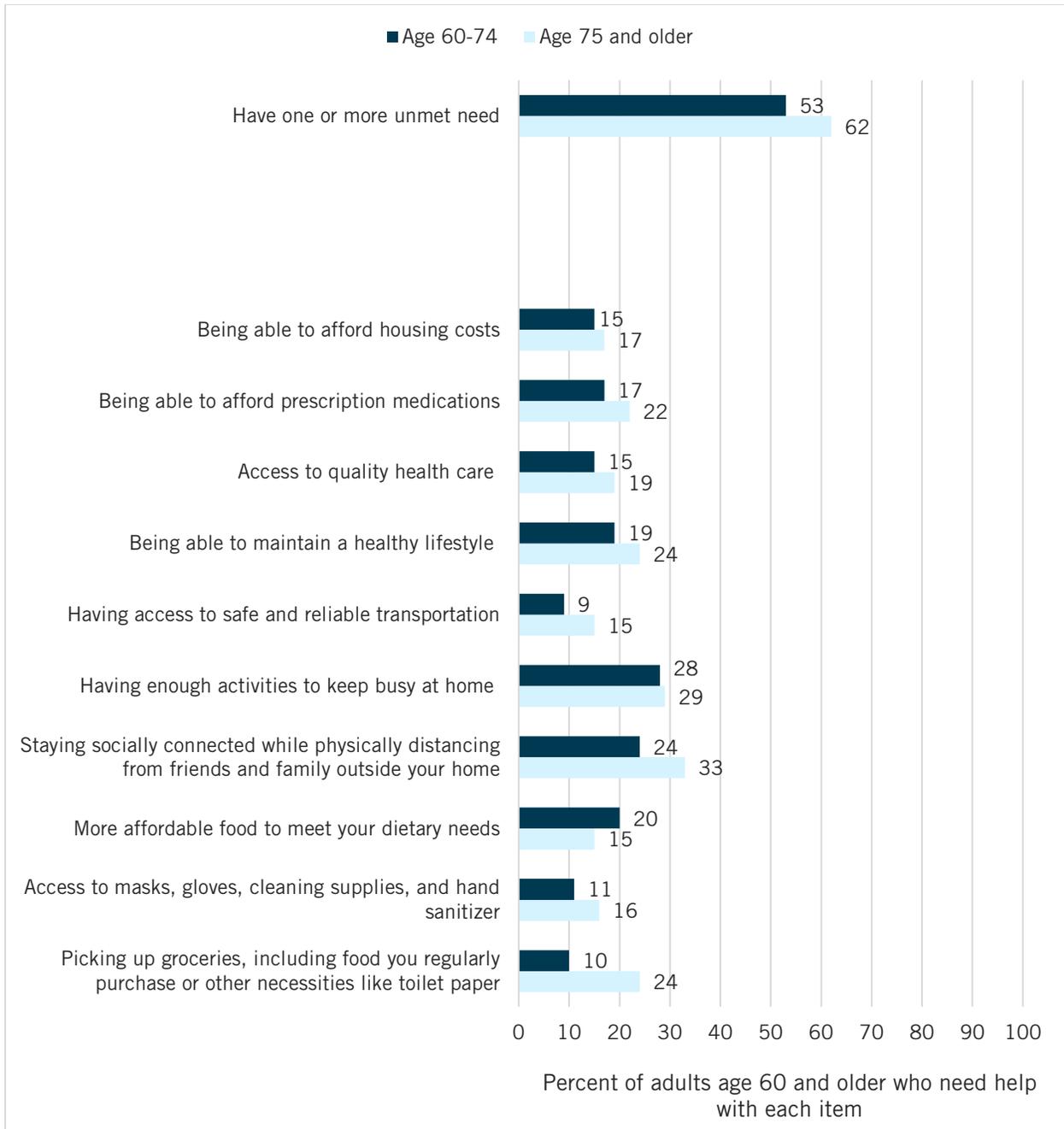
Source: Meals on Wheels America survey conducted by NORC at the University of Chicago, October 29–November 5, 2020, with 1,535 adults aged 60 and older nationwide.

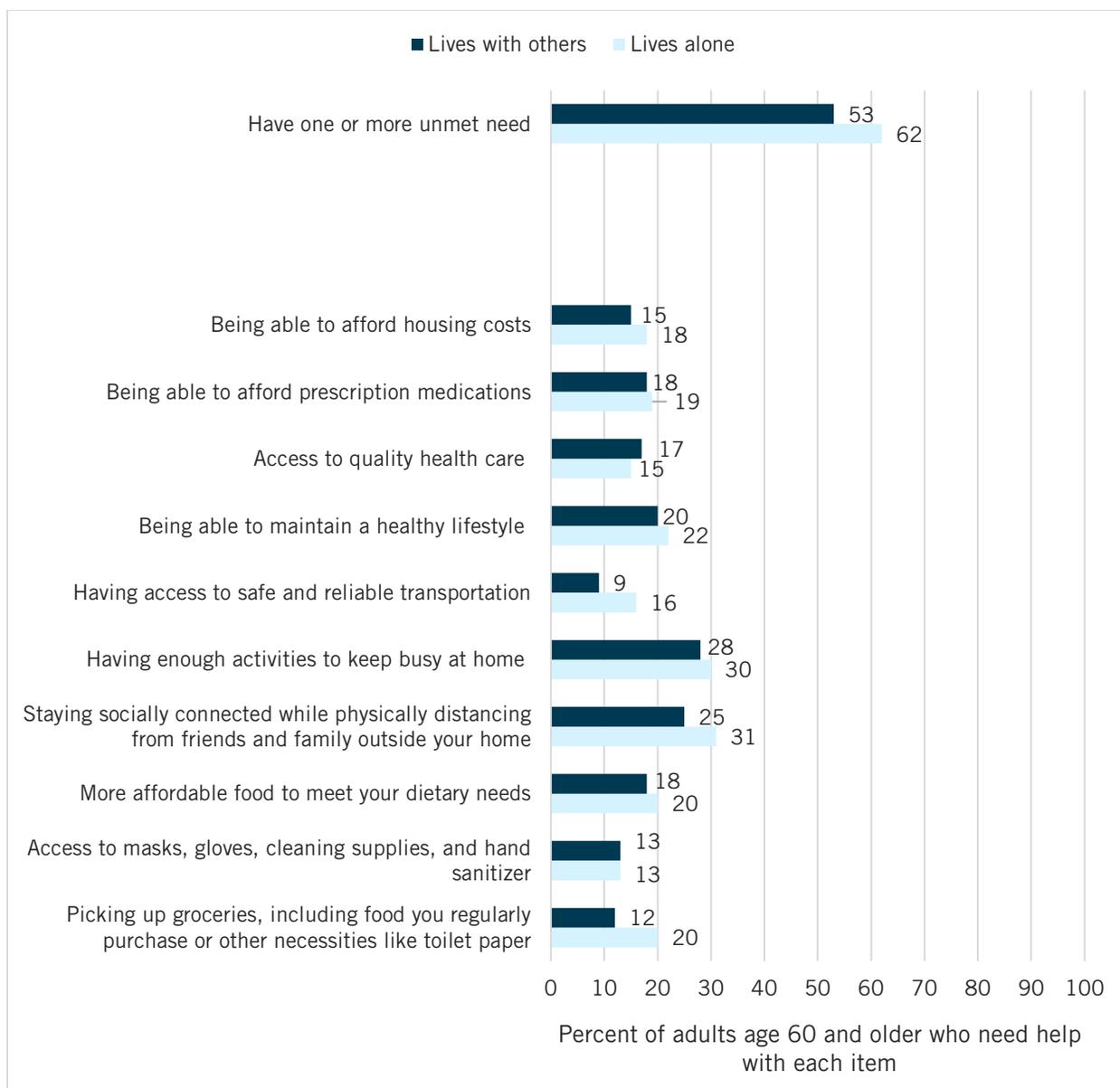
Older adults who have a lower income, are Black, age 75 and older or live alone were more likely to have unmet needs during the pandemic (Exhibit 6). For example, adults over age 75 were more than twice as likely to need help picking up groceries or essential items (24 percent vs. 10 percent). Black older adults were twice as likely as White older adults to need access to masks, sanitizer and other medical supplies (23 percent vs. 10 percent) and nearly three times more likely to need help affording housing costs (36 percent vs. 11 percent).

EXHIBIT 6. Adults who had lower incomes, were Black, were age 75 and older or lived alone reported having more needs.









Question: Do you need help with each of the following at this time, or not?

Source: Meals on Wheels America survey conducted by NORC at the University of Chicago, October 29–November 5, 2020, with 1,535 adults aged 60 and older nationwide.

Older adults who said things have gotten worse during the pandemic were also more likely to report having unmet needs. Sixty-two percent of adults who said things have gotten worse for them had an unmet need, compared to 48 percent who did not say things have gotten worse. In particular, they were twice as likely to need help staying socially connected (34 percent vs. 16 percent).

INTERVIEW FINDINGS

During the interviews, respondents described their nutritional, social and home safety needs.

NUTRITIONAL NEEDS

Most interview respondents said that they did not have any unmet nutritional needs when asked. However, several of these respondents described nutritional needs in response to other interview questions. Some respondents explained that they do not have unmet nutritional needs because they do not have heart problems or diabetes and “eat pretty healthy” or said that family members or community services help them to meet their nutritional needs. Respondents who indicated that they had nutritional needs described: having to “watch [their] sugars” or avoid specific foods due to health conditions, such as diabetes or colitis; lack of availability or affordability of healthy food options; a need for grocery shopping assistance; lack of appetite; or not having enough meals or large enough portions.

“Now I get one meal per day (lunch). Each meal has a good amount of food, so I can stretch it out to dinner. I want to reach out [to Meals on Wheels] to see if I can also begin to receive dinners as well.”

- User Since COVID-19

SOCIAL NEEDS

About half of interview respondents said that they did not have any unmet social needs when asked; however, some of these respondents described social needs in response to other interview questions. Respondents said that they did not have unmet social needs because they are “close to [their] family and...friends,” are “computer savvy” and “can call people and people can call [them].” Some respondents described themselves as “loner[s]” or “hermit[s]” and explained that “not being around people doesn’t bother [them] and that they “don’t need a lot of visitation” or “companionship.” Of respondents who identified unmet social needs, some described social needs related to COVID-19, such as “missing the family” or socialization provided by Meals on Wheels volunteers, or social activities or groups being canceled due to COVID-19 (see the Impacts of COVID-19 section for a detailed summary of social impacts). Several respondents described social needs unrelated to COVID-19, including wishing to live closer to family or wanting “people to visit [them] more.” One client respondent explained that “it is hard to make friends” since their spouse and most of their friends and relatives have passed away. In addition, one non-client respondent who volunteers with Meals on Wheels commented, “A lot of the seniors we serve are isolated...[and] need the socialization” offered by Meals on Wheels and may not be aware of the additional services that Meals on Wheels offers.

“I do get lonely for company. I never had that problem when my wife was alive – she had a lot of friends, so we had a lot more company.”

-User Pre-COVID-19

NORC also asked respondents if they would be interested in participating in social activities in the future. Several respondents indicated that they would not be interested in participating in social activities in the future, noting that they are “fully booked” or “do not need more [social activities].” One-quarter of respondents said that they would be interested in participating in social activities in the future, including volunteering, “old folks’ clubs,” bingo, “daycare for senior citizens,” crafts, exercising and political activities. One-third of respondents said that they plan to return to the social activities that they did prior to COVID-19, including: participating in exercise classes, going to the casino, entertaining friends, seeing movies and plays, volunteering, participating in clubs (e.g., sportsman’s club, Scandinavian club or book club), playing bingo, crafting, playing cards and attending church services.

HOME SAFETY NEEDS

More than half of respondents reported that they did not have any unmet home safety needs. Most of the respondents without home safety needs said that they or community organizations had already addressed their home safety needs, for example, by “making [safety] accommodations early,” installing handrails in the shower and having “all of the doors custom made so they are wider.” Respondents who identified unmet home safety needs described the following needs: handrails in the bathroom; a service to remove furniture or other tripping hazards; assistance getting into the shower; a shower chair; an assistive device for sitting down on the toilet; assistance with walking down steps; falls prevention services; and a ramp to get outside of the home.

“I’m on an electric chair and I don’t have a ramp, and my landlord won’t put a ramp up for me, so I need to have someone help me get down the steps.”

- User Pre-COVID-19

OTHER NEEDS

Several respondents also described a need for transportation, sometimes with serious implications. As one respondent said: “I have a car but can’t get anybody to drive me, so a lot of times I have to miss doctor appointments.” Respondents also described other needs or challenges, such as: unemployment; health conditions, including those that cause chronic pain or impair their ability to conduct activities of daily living; difficulty walking; difficulty using technology; a need for respite care; and needs for specific medical devices or items, such as incontinence bed pads and medical support stockings.

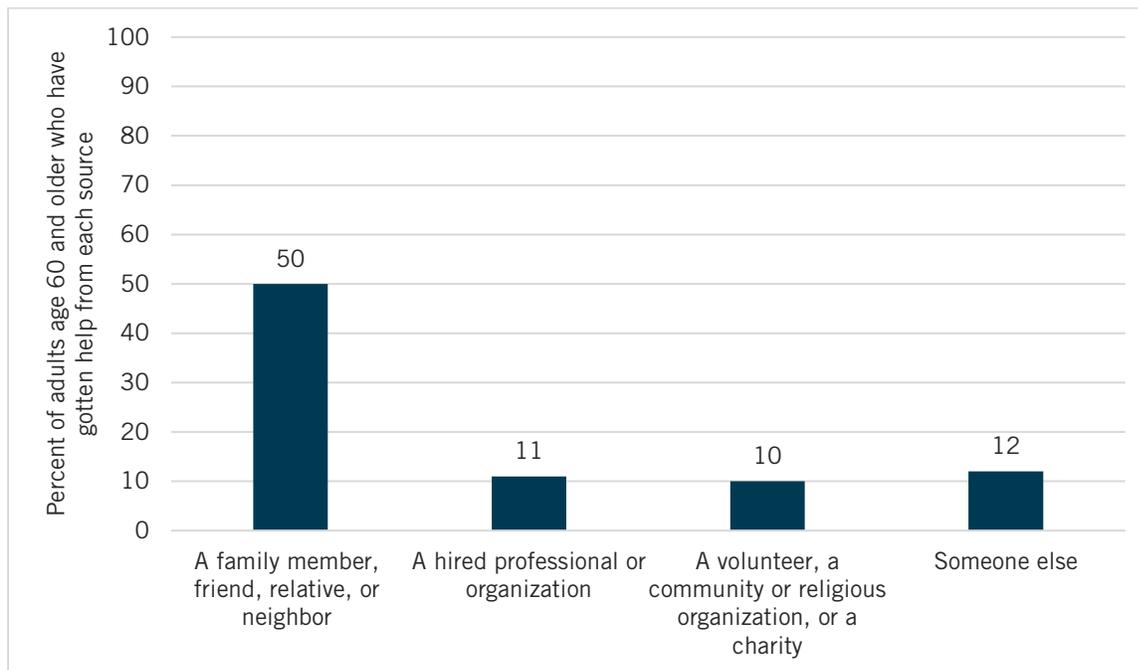
USE OF SERVICES AND ASSISTANCE

Older adults reported receiving a variety of services and assistance during the pandemic. In particular, findings indicate that informal networks have been the primary source of assistance to older adults during the pandemic. Findings also indicate that those who use Meals on Wheels services most frequently receive meal-related services, such as meal pick-up and congregate dining. These findings highlight opportunities for Meals on Wheels programs to provide support to informal networks and to improve awareness of non-meal services.

SURVEY FINDINGS

Many older adults reported receiving help from their informal networks, with half saying they have received help from a family member, friend, relative or neighbor. Far fewer reported hiring a professional or receiving help from a volunteer, community, religious organization or someone else (Exhibit 7).

EXHIBIT 7. Family, friends, relatives and neighbors had been the biggest source of help to older adults during the pandemic.



Question: During the pandemic, have you gotten at least some help from any of the following sources, or not?
Source: Meals on Wheels America survey conducted by NORC at the University of Chicago, October 29–November 5, 2020, with 1,535 adults aged 60 and older nationwide.

Adults who live alone were more likely than those who do not live alone to receive help from family (58 percent vs. 47 percent),⁸ from a hired professional (16 percent vs. 9 percent) or from someone else (19 percent vs. 9 percent). Black older adults were more likely than those who are White or Hispanic to have volunteer help (22 percent vs. 8 percent vs. 12 percent, respectively).

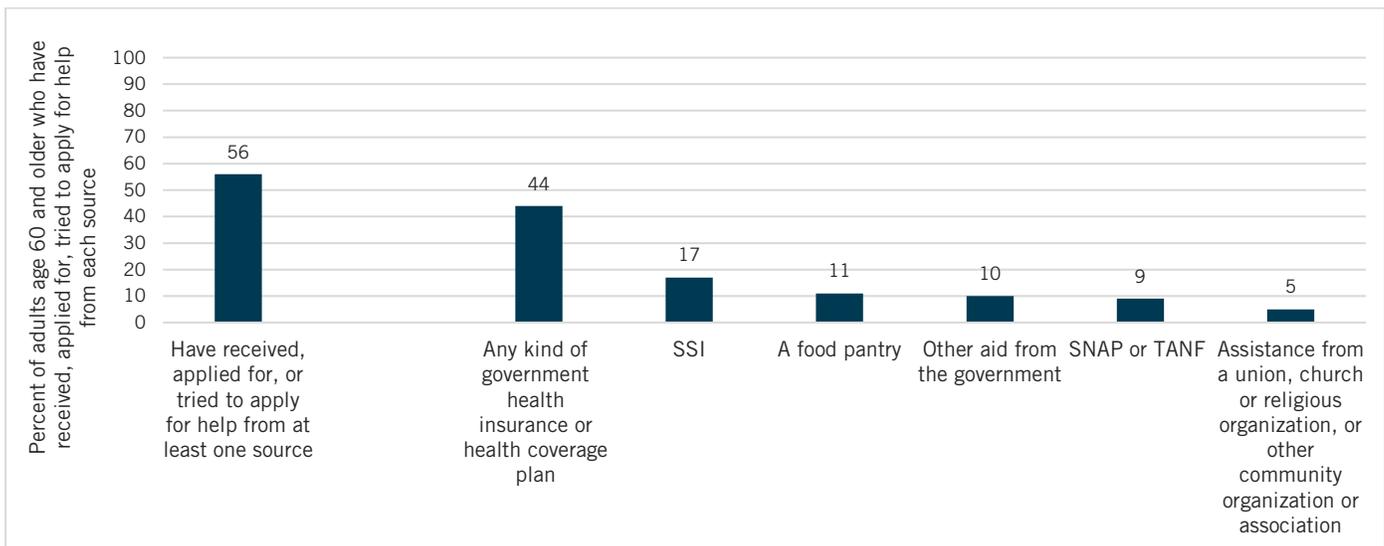
Ten percent of older adults have received ongoing living assistance⁹ since the pandemic began. Those with a disability were more likely to report using ongoing living services, with 27 percent who have a disability requiring assistance compared to 3 percent who do not have a disability. Adults who are 75 years or older were also more likely to receive ongoing living assistance (19 percent) than older adults under age 75 (9 percent).

More than half of older adults have applied for or received help from other, more formal sources. Most commonly, it had been via a government health insurance or a health coverage plan. Fewer had applied for or received benefits from Supplemental Social Security (SSI), SNAP or TANF; a food pantry; other aid from the government; or assistance from a community organization (Exhibit 8).

⁸ This figure does not remain significant in the multivariate model.

⁹ Ongoing living assistance was defined for respondents as: “This assistance can be a help with things like keeping house, cooking, bathing, getting dressed, getting around, paying bills, remembering to take medicine or just having someone check in to see that everything is okay. This can happen at your own home, in a family member’s home or in a senior community. And, it can be provided by a family member, a friend, a volunteer or a healthcare professional.”

EXHIBIT 8. More than 4 in 10 older adults had received, applied for or tried to apply for a government health insurance plan during the pandemic.



Question: Have you either received, applied for or tried to apply for any of the following forms of income or assistance during the pandemic, or not?

Source: Meals on Wheels America survey conducted by NORC at the University of Chicago, October 29–November 5, 2020, with 1,535 adults aged 60 and older nationwide.

Adults with lower income and adults with disabilities were more likely than others to say they have applied for help from these sources. Sixty-nine percent of older adults with incomes of less than \$30,000 have received, applied for or tried to apply for help from at least one of these sources compared to 52 percent of older adults with higher incomes. Similarly, 67 percent of older adults with disabilities have received, applied for or tried to apply for help from at least one of these sources compared to 52 percent of older adults without a disability.

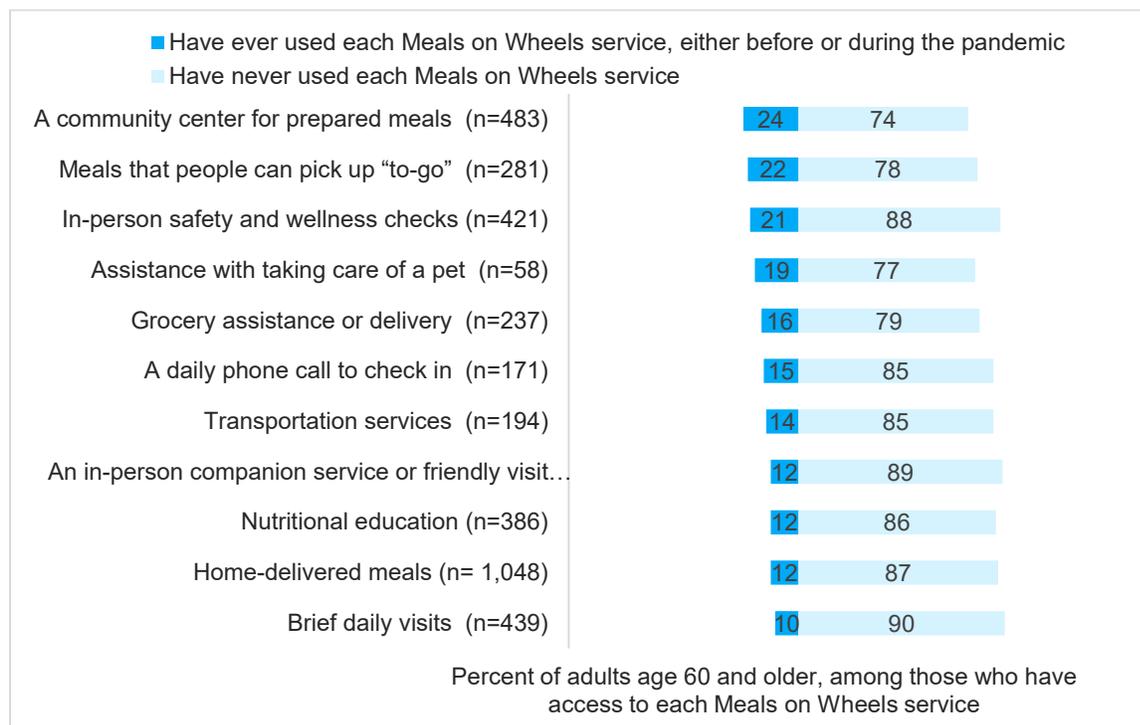
Among all older adults aged 60 and older, 16 percent said they have ever used a service provided by Meals on Wheels, either before or during the pandemic. The survey finds that during the pandemic, Meals on Wheels had served 10 percent of older adults, which is estimated to be approximately 7.6 million Americans.¹⁰

16 percent of survey respondents said they have ever used a service provided by Meals on Wheels, either before or during the pandemic.

Among older adults with access to Meals on Wheels services, 21 percent have used their services. Meal pick-up and meals at community centers are the most commonly used, though fewer than 30 percent use either (Exhibit 9).

¹⁰ The survey data is weighted to reflect the U.S. population of adults aged 60 and older using the 2020 Current Population Survey.

EXHIBIT 9. Meals on Wheels usage among adults aged 60 and older was low, both before and during the pandemic.



Question: When, if ever, have you used each of the following Meals on Wheels services offered in your community?
Source: Meals on Wheels America survey conducted by NORC at the University of Chicago, October 29–November 5, 2020, with 1,535 adults aged 60 and older nationwide.

Those who are Black or Hispanic, have lower income, live in a rural community or have a disability were more likely to have used Meals on Wheels services (Exhibit 10). For example, Black older adults are twice as likely as White older adults to have used Meals on Wheels services. This is consistent with the targeting goals of the Older Americans Act, to focus on older adults in greatest need, including those with lower incomes, people from racial and ethnic minority groups or those living in rural communities.¹¹ Those with a disability are three times as likely to have used Meals on Wheels services as those who do not have a disability.

¹¹Language from the Older Americans Act: “Programs target adults aged 60 and older who are in greatest social and economic need, with particular attention to the following groups: low-income older adults, minority older individuals, older adults in rural communities, older individuals with limited English proficiency, and older adults at risk of institutional care.” <https://acl.gov/programs/health-wellness/nutrition-services>

EXHIBIT 10. Meals on Wheels service clients were more likely to be White, Black or Hispanic, low-income, rural or have a disability.

	Percent of respondents overall who have ever used Meals on Wheels services	Percent of respondents with access who have ever used Meals on Wheels services
Overall	16	21
Race/Ethnicity		
White	13	17
Black	27	33
Hispanic	23	32
Income		
Household income of less than \$30,000	28	34
Household income of \$30,000 or more	12	16
Rurality		
Lives in a rural area	24	31
Lives in an urban or suburban area	16	20
Disability Status		
Has a disability	31	41
Does not have a disability	10	13

Source: Meals on Wheels America survey conducted by NORC at the University of Chicago, October 29–November 5, 2020, with 1,535 adults aged 60 and older nationwide.

Among those who said home-delivered meals are available in their community, adults with low incomes and those with a disability were more than twice as likely to report receiving home-delivered meals. Similarly, those who are Black or Hispanic, have low incomes and those who live in rural communities were more likely to report going to a community center for prepared meals.

INTERVIEW FINDINGS

All client respondents reported using Meals on Wheels meal delivery services, and most client respondents have also used at least one other Meals on Wheels service. A third of client respondents indicated that meal delivery was the only Meals on Wheels service that they had used. A few respondents indicated that they were aware of other Meals on Wheels services but chose not to use them. Respondents noted, “I was made aware of all those services, and I didn’t need any of them” and that Meals on Wheels “offered those services to me but I declined.” However, not all respondents intentionally received meal delivery only; one client respondent

reported that they had “never heard of” the other services provided by Meals on Wheels. In addition to meal delivery, respondents reported receiving other services:

- A third of client respondents reported receiving pet assistance from Meals on Wheels. Respondents reported that pet assistance mostly entailed dog and/or cat food and treat deliveries, and one respondent indicated that Meals on Wheels provided assistance and “handled everything” for costly veterinary procedures.
- A third of client respondents reported receiving grocery assistance, such as boxes of food to use “in case of emergencies,” canned goods and produce and a grocery shopper.
- Nearly one-third of client respondents indicated that Meals on Wheels volunteers provided help around the house, including assistance “getting the leaves off the top of the garage,” mowing the lawn, shoveling snow, preparing meals, getting the mail and cleaning.
- Several client respondents reported receiving wellness and safety checks from Meals on Wheels. The wellness checks included weekly or annual phone calls or evaluations to assess respondents’ well-being and needs or identify whether they require additional assistance, such as “a social worker [to] come over and check on [them].” One respondent reported receiving an evaluation every year where Meals on Wheels assesses “if you still don’t have to use a cane or things like that, or if you have fallen.”
- Other Meals on Wheels services reported by fewer respondents included: congregate dining services; transportation services; companionship and socialization services, including a “telephone companion” and socialization with volunteers; and miscellaneous services and help around the house, such as helping “with an attorney to handle [a loved one’s] case,” hosting a loved one’s memorial service, providing “puzzles or little game[s],” providing masks and picking up prescriptions.

NON-MEALS ON WHEELS SERVICES AND HELP

Respondents reported meeting their needs through some combination of self-sufficiency, assistance from family or friends and non-Meals on Wheels services. Most Meals on Wheels clients and all non-clients indicated self-sufficiency in at least one aspect of their lives, such as doing their own in-person grocery shopping, cooking meals, driving and/or attending to their own home safety needs (e.g., purchasing a cane or walker, having a safety bar installed in the shower). Still, nearly all Meals on Wheels clients and most non-client respondents reported receiving some type of assistance from family members, friends or neighbors, who supported them by bringing groceries to their home; cooking or providing meals; doing household chores (e.g., getting the mail, doing laundry, cleaning); providing in-home care; performing regular in-person wellness checks; and/or providing transportation. Additionally, almost all Meals on Wheels clients and a few non-client respondents reported utilizing at least one non-Meals on Wheels service, such as medical assistance; in-home care; services addressing social needs; home safety provisional services; and transportation services.

Only one-third of Meals on Wheels client respondents and a few non-client respondents reported ever going to a community program or senior center to eat prepared meals. These respondents reported receiving these prepared meals through local organizations such as a senior center, church and a Council on Aging. However, most respondents reported that they have never had a prepared meal at a community or senior center. Respondents indicated that “it wasn’t necessary,” or that they had “no desire” to receive such services.

CHANGES IN USE OF MEALS ON WHEELS SERVICES DUE TO COVID-19

While most client respondents reported no changes in the types of Meals on Wheels services that they use due to COVID-19, they did report that COVID-19 affected aspects of the services that they receive. Several client respondents reported changes to the meal delivery process due to COVID-19. These included changes in meal delivery schedules, such as changing from daily deliveries to a single delivery once a week and changes in the day of delivery. One respondent began receiving breakfast in addition to lunch during the pandemic. Several client respondents also indicated that COVID-19 led to restrictions on the Meals on Wheels services that they used. For example, one respondent noted that volunteers now place their meals on a table outside instead of bringing them inside. Respondents reported that prior to COVID-19, Meals on Wheels volunteers would “come in and help a little bit” or “do household repairs” but due to the pandemic, volunteers only deliver meals or do not come into the home, but still provide services outside of the home. Two respondents indicated that they no longer eat meals offered through Meals on Wheels programs at local community centers, and instead chose to pick up meals or have them delivered. Since the pandemic, one respondent reported starting to use a “Meals on Wheels transportation service” for medical appointments.

“COVID-19 hasn’t affected how much I need [Meals on Wheels] or how much I use it, it’s just how it’s distributed.”

- User Pre-COVID-19

CHANGES IN USE OF NON-MEALS ON WHEELS SERVICES DUE TO COVID-19

Interview respondents provided mixed feedback in terms of whether the pandemic had affected their ability to access services like transportation, healthcare or medication. In terms of access to medication, most respondents reported using a pharmacy delivery or drive-in service. Respondents noted that while these services reduce their potential exposure to COVID-19, they often require a higher degree of proactivity and organization to ensure that medications are delivered in a timely manner. As one client respondent explained, “I started getting my medication delivered by mail, but if I should get down to a week’s worth of medicine, there might be a gap before I get my next medicine.” Several respondents reported that they are hesitant to visit a healthcare provider in person for fear that they may contract COVID-19. As one client respondent articulated, “When it comes to going to the doctor, I have anxiety, and it’s a big emotional problem. I was terrified.” Other disruptions in healthcare services due to the pandemic included providers cancelling appointments, experiencing difficulty scheduling appointments due to demand and pausing services such as home health aides. As one non-client respondent explained, “My dentist, they cancelled. My eye doctor cancelled. Services like that. Orthopedics were cancelled.”

“I’m reticent about going to the dentist’s or going to the doctor...[but] I will need to go. I’m fighting with myself to make that appointment.”

- User Since COVID-19

In terms of transportation, while most interview respondents reported no change in their use of transportation due to COVID-19, several reported trepidations in utilizing public transportation due to concerns about potential exposure to the virus. As one client respondent noted, “I get free tickets to ride the [area transit] bus to go to medical visits or the grocery store. I haven’t been using it since COVID-19 because I’m not willing to get on the bus.”

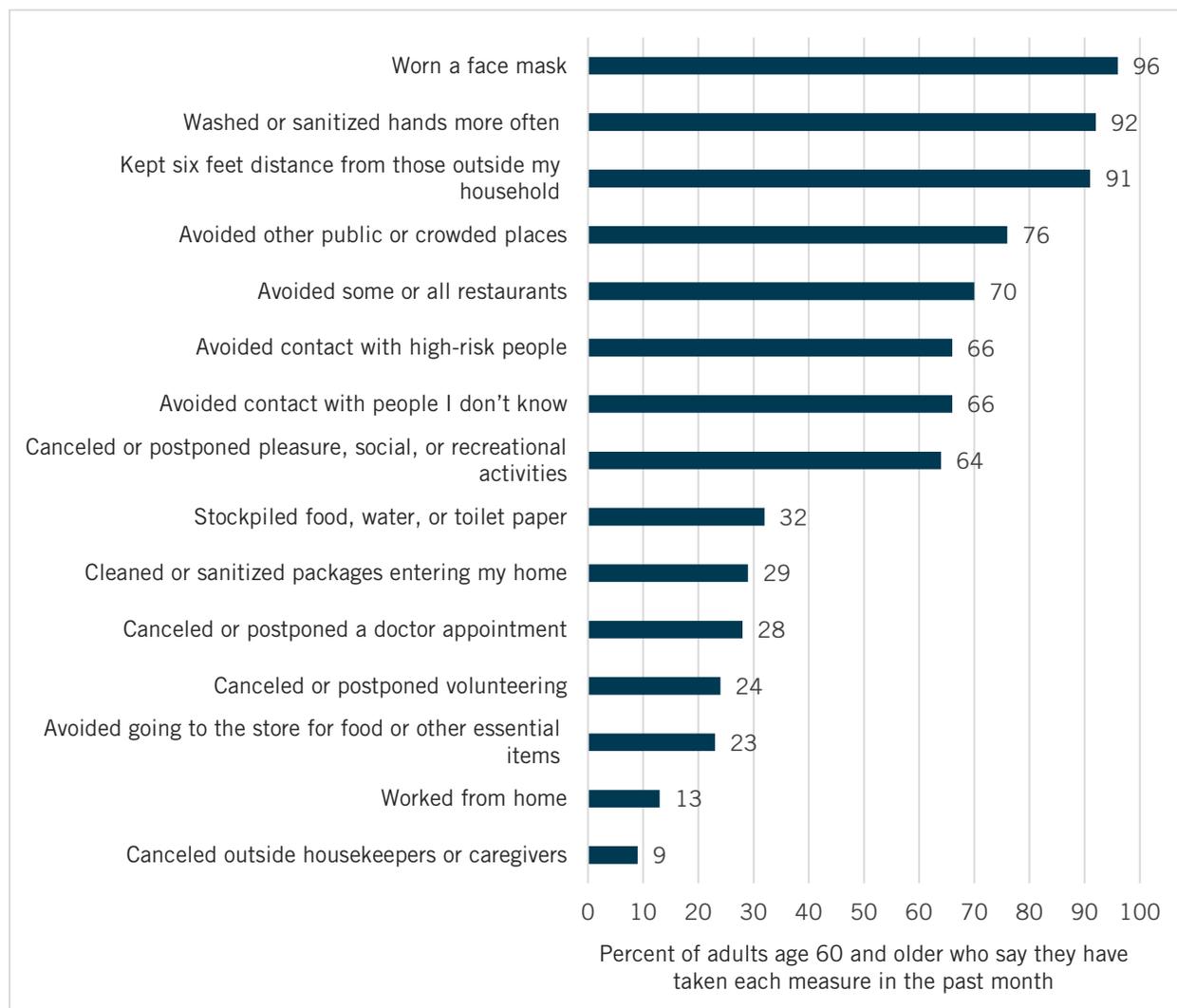
FACTORS AFFECTING OLDER ADULTS' DECISION TO RESUME PRE-COVID-19 ACTIVITIES

The results of the survey and interviews underscored just how much of an impact the pandemic has had on older adults' day-to-day lives. While they have resumed some of their more essential regular activities such as doctor appointments and grocery shopping, most respondents were hesitant to resume fewer essential activities. When they did leave the home, they took precautions to protect themselves and others. They also questioned whether things would ever return to their pre-pandemic state again. Many interview respondents expressed concern that social distancing would continue in some form long after the pandemic ends. These results suggest that Meals on Wheels clients or potential clients may be reluctant to accept in-person services for some time. Offerings will need to be adapted to this new way of life, and safety precautions will need to remain in place to provide peace of mind to those who receive services.

SURVEY FINDINGS

The vast majority of older adults reported that they are taking actions recommended by the CDC to stay safe during the pandemic (Exhibit 11). More than 9 in 10 said that they are wearing face masks, washing and sanitizing their hands often and keeping six feet distance from those outside their household. Majorities also reported avoiding other people and public gatherings or spaces.

More than 9 in 10 respondents reported wearing face masks, washing and sanitizing their hands often and keeping six feet distance from those outside their household.

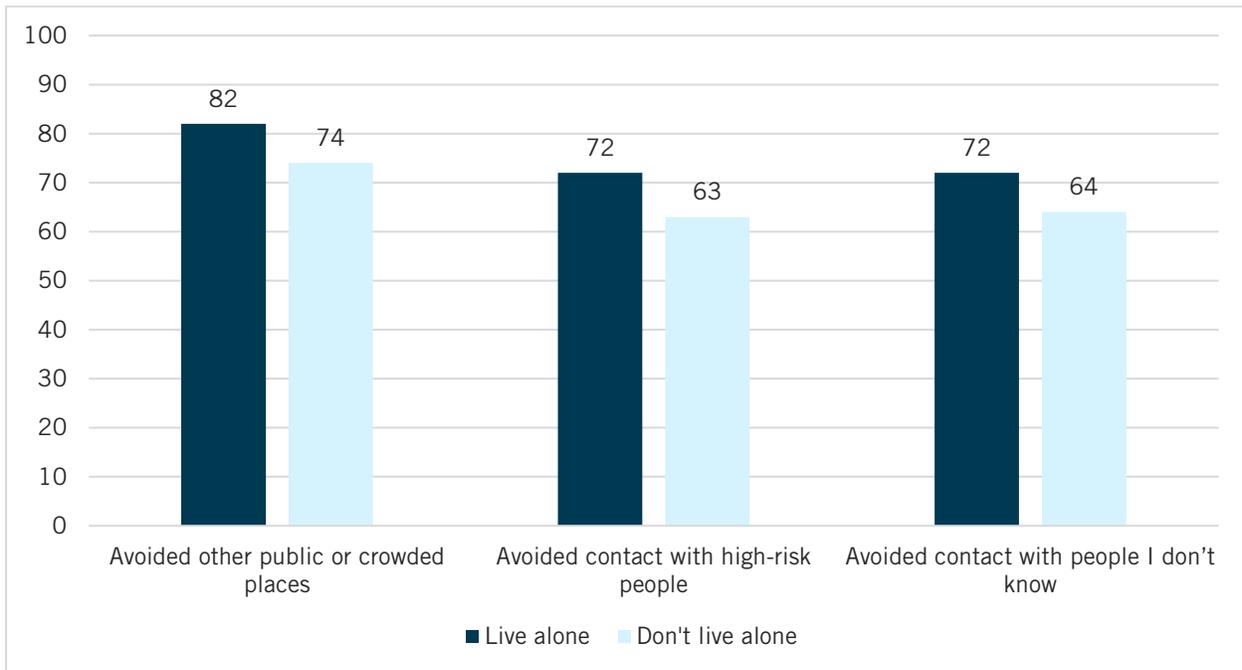
EXHIBIT 11. Most older adults reported following guidelines set forth by the CDC.


Question: Which of the following measures have you taken in the past month to keep safe from the coronavirus?

Source: Meals on Wheels America survey conducted by NORC at the University of Chicago, October 29–November 5, 2020, with 1,535 adults aged 60 and older nationwide.

Rurality was associated with less compliance with CDC guidelines. Fifty-six percent of rural residents said they have canceled or postponed social activities, compared to 65 percent of non-rural older adults. Rural residents were also less likely to report that they avoid restaurants (61 percent vs. 71 percent). However, rural residents were more likely to report that they avoid shopping for essential items (29 percent vs. 22 percent).

Adults who live alone were less likely to take actions to avoid contact with others (Exhibit 12).

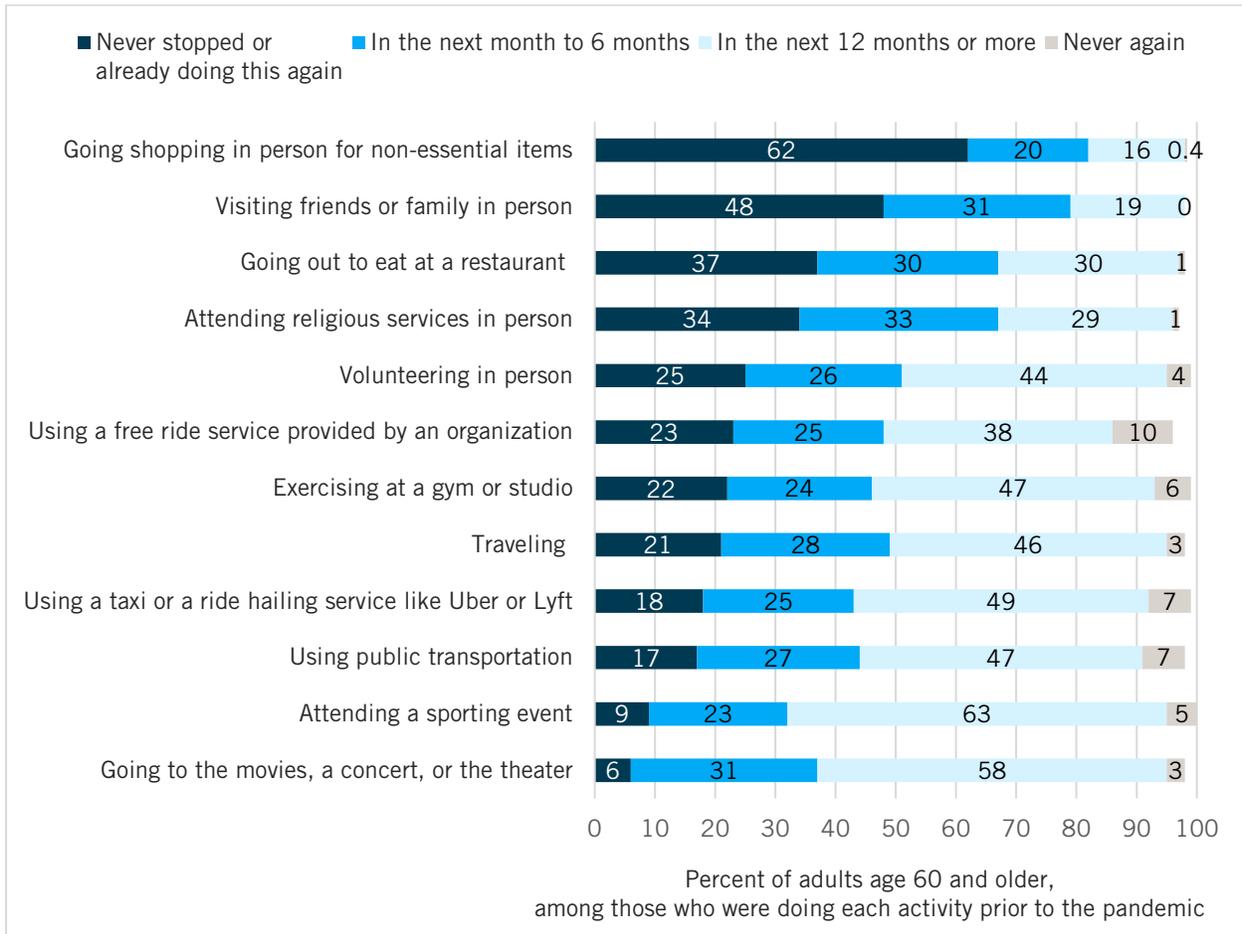
EXHIBIT 12. Older adults who lived alone were less likely to avoid others.


Question: Which of the following measures have you taken in the past month to keep safe from the coronavirus?

Source: Meals on Wheels America survey conducted by NORC at the University of Chicago, October 29–November 5, 2020, with 1,535 adults aged 60 and older nationwide.

Like the rest of the population, older adults' day-to-day activities had been greatly affected by the pandemic. While nearly half reported that they never stopped or have already resumed visiting family or friends in person or going to a gym, nearly half expected that it would be more than six months before they would be able to use a taxi or ride share service, attend a sporting event, volunteer in person or use public transportation (Exhibit 13).

EXHIBIT 13. Older adults put many of their regular activities on hold during the pandemic and expected they would not resume again for quite some time.



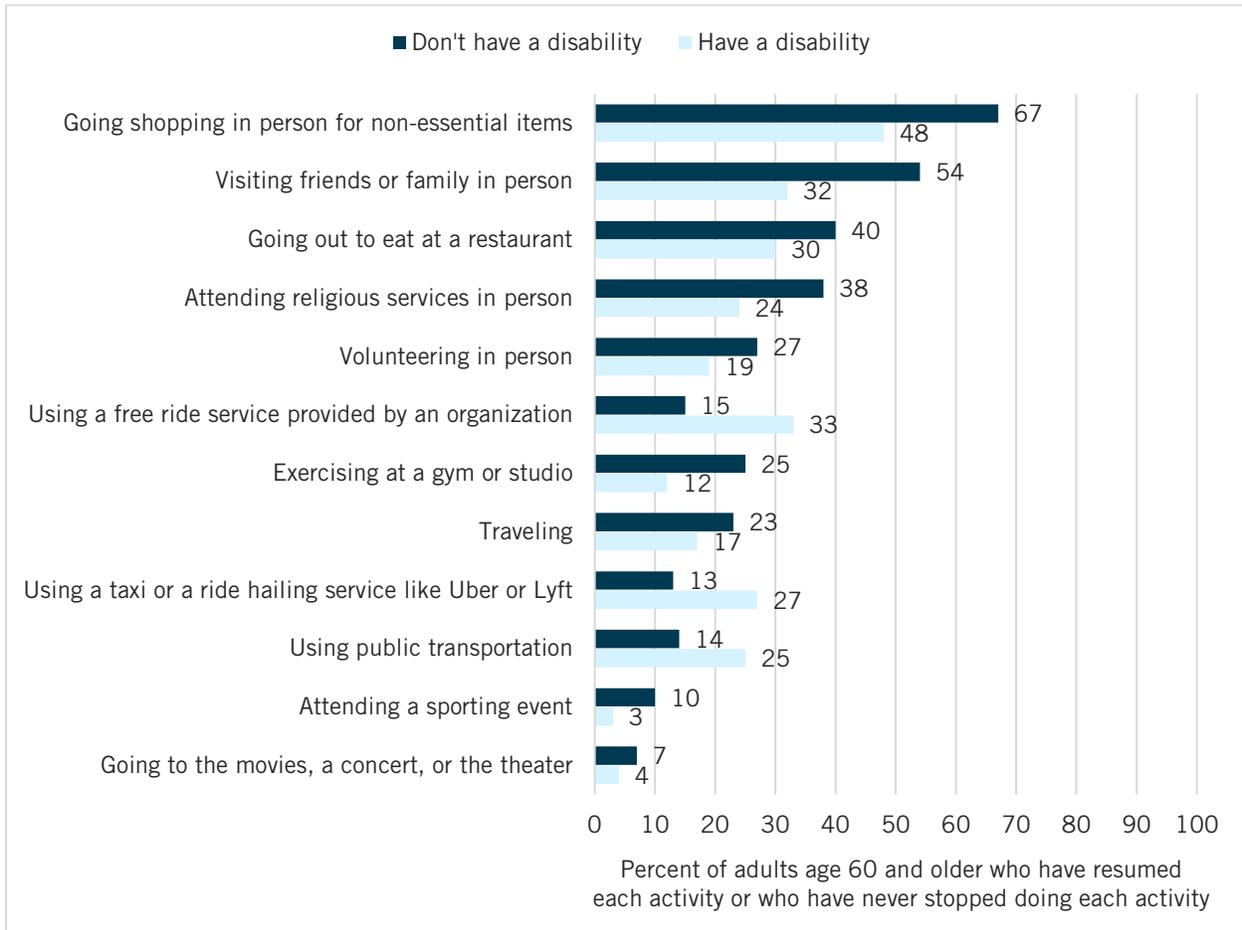
Question: Which best describes when you expect to resume each of the following activities?

Source: Meals on Wheels America survey conducted by NORC at the University of Chicago, October 29–November 5, 2020, with 1,535 adults aged 60 and older nationwide.

Older adults with disabilities were less likely to report that they have resumed their normal pre-pandemic activities (Exhibit 14). They were much less likely to say that they are visiting friends and family, exercising at a gym or eating out at a restaurant, as well as other activities. However, they were more likely to say that they are using ride sharing services¹² and free ride services provided by an organization.

¹² This figure does not remain significant in the multivariate model.

EXHIBIT 14. Older adults with a disability were less likely to report that they expect to resume activities soon.

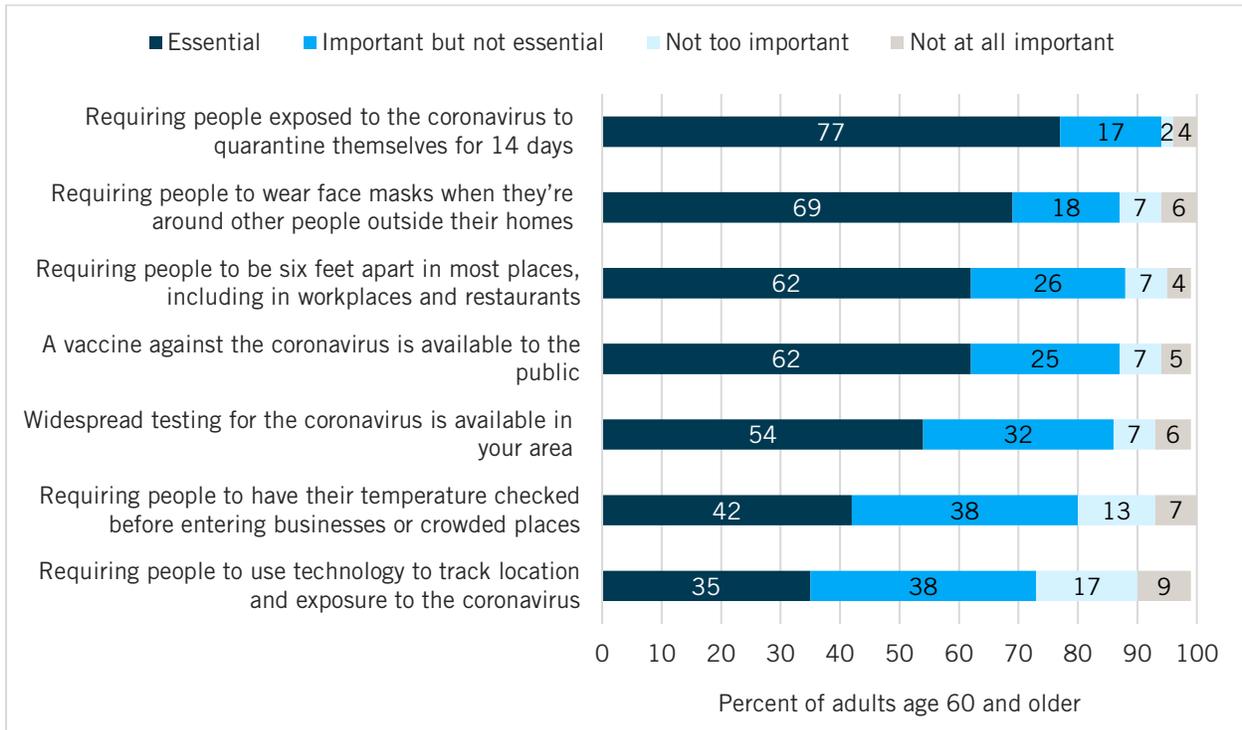


Question: Which best describes when you expect to resume each of the following activities?

Source: Meals on Wheels America survey conducted by NORC at the University of Chicago, October 29–November 5, 2020, with 1,535 adults aged 60 and older nationwide.

A large majority of older adults said that quarantine requirements for those exposed to the coronavirus and face mask requirements are essential for feeling comfortable to resume normal activities. Majorities also said requiring people to be six feet apart, widespread testing and a vaccine are essential for them to resume their normal lives. Most measures included on the survey were supported but requiring temperature checks and tracking people’s locations were less popular.

EXHIBIT 15. Self-quarantine and face masks were seen by most as essential to feel comfortable resuming activities.

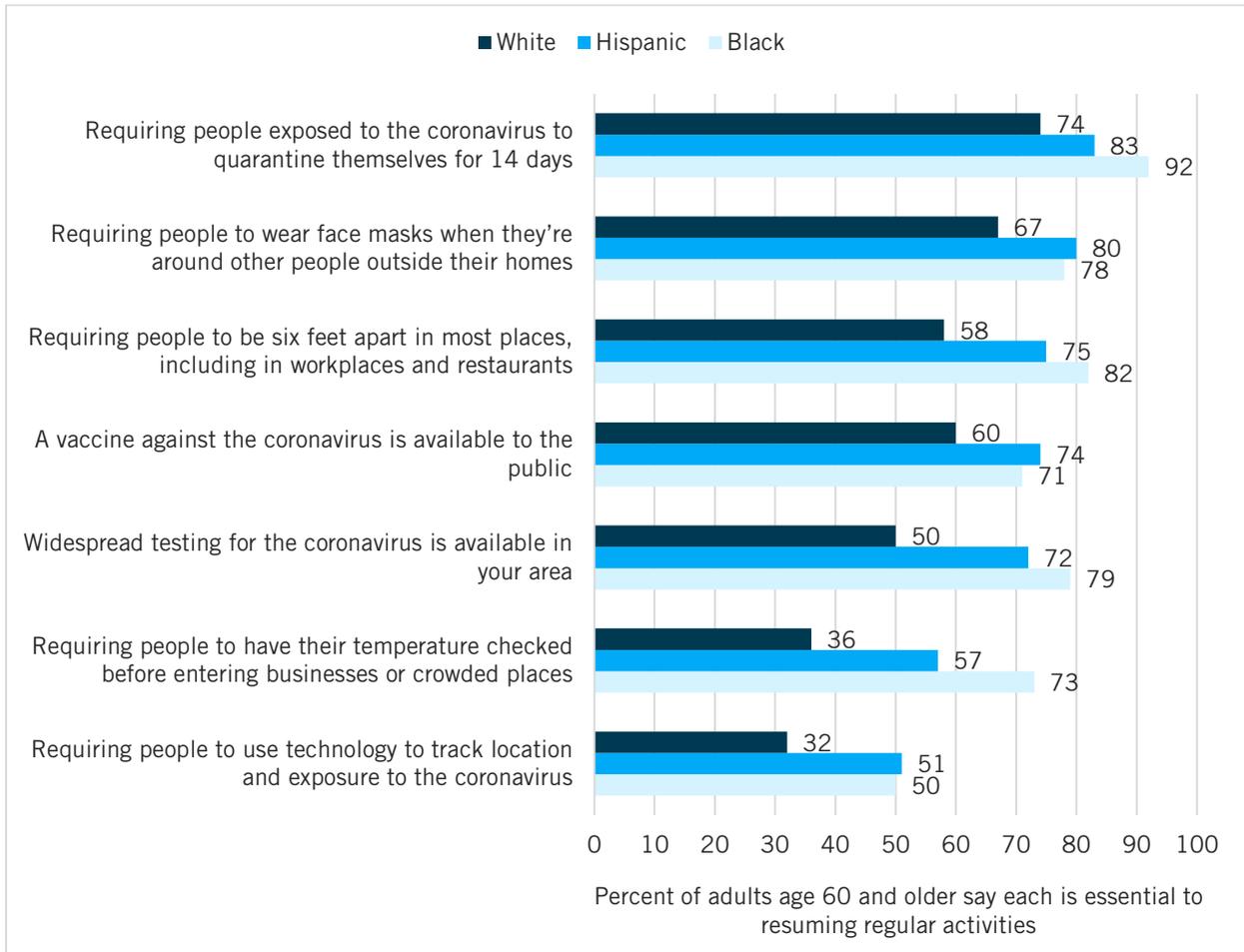


Question: How important is it that each of the following happens before you feel comfortable resuming your normal social and economic activities?

Source: Meals on Wheels America survey conducted by NORC at the University of Chicago, October 29–November 5, 2020, with 1,535 adults aged 60 and older nationwide.

Black and Hispanic older adults were more likely than White older adults to say temperature checks, widespread testing, social distancing in public places, location tracking and quarantine requirements are essential for them to resume their normal social and economic activities (Exhibit 16).

EXHIBIT 16. Black and Hispanic older adults required more safety measures in place before they would be comfortable resuming their normal activities.



Question: How important is it that each of the following happens before you feel comfortable resuming your normal social and economic activities?

Source: Meals on Wheels America survey conducted by NORC at the University of Chicago, October 29–November 5, 2020, with 1,535 adults aged 60 and older nationwide.

INTERVIEW FINDINGS

Interview respondents provided insight on the extent to which they have resumed their pre-COVID-19 activities and lifestyle, whether they expect that the world would return to its pre-COVID-19 state and factors that would affect their decisions to resume activities. Below, we summarize key findings related to these items.

EXTENT TO WHICH RESPONDENTS HAVE RESUMED ACTIVITIES

More than half of respondents indicated that they have resumed their pre-COVID-19 activities and lifestyle “very little,” “not at all” or that they had resumed essential or specific activities

only, such as healthcare, “urgent” shopping, golfing, getting a haircut, “having breakfast with a group” or church services. As one client respondent said, “I don’t think I’ve gone back to normal. I can’t get out; I can’t see friends. I have had a couple of friends pass away because of it, and we can’t have funeral services for them. If it wasn’t for appointments later today, I wouldn’t go out. There are weeks where the most I do is walk to my mailbox outside my door.” Respondents also provided examples of activities that they have not yet resumed, including dining out “even when restaurants take the appropriate precautions,” “interacting with friends,” church services and volunteering.

“There’s nothing normal about my life right now...I don’t feel free to go out and visit friends, or to go out to do any shopping that isn’t absolutely urgent. I’m not participating in anything at church which was important to me in the past.”

-Non-User

Notably, within the group of respondents who indicated that they had resumed few activities, some respondents were comfortable resuming activities that others had not yet resumed (e.g., eating at restaurants, church services), underscoring the differences in individuals’ risk-benefit calculations and comfort levels. Approximately one-third of respondents reported that they have gone back to their pre-COVID-19 routine to a greater extent, for example, returning to most or more of their usual activities but taking precautions such as wearing a mask or gloves, using hand sanitizer, “still avoiding people [and] not getting in large crowds” or not “do[ing] the travelling that [they] want to do.” A couple of respondents reported that they experienced minimal disruptions to their pre-COVID-19 activities, as they “did not leave the house before COVID” or were “home all the time” prior to the pandemic.

RETURN TO PRE-COVID-19 STATE

More than half of respondents said that “things will never be the same” or that they anticipate that there will be a “new normal.” Some respondents predicted that specific activities would never return to normal and expressed concern that “people are going to be wary about going...to movie theaters,” “sporting venues may not be able to ever be fully occupied” and “the social effects of this pandemic should be fairly long lasting.” Several respondents also posited that maintaining some COVID-19-related precautions could be necessary in the future; as one non-client respondent said, “We might have to always social distance...and we might end up wearing these masks forever.” Several respondents expressed a loss of hope that the world would return to normal “in [their] lifetime,” or expressed frustration that the differential responses to the pandemic by certain groups would make it difficult to return to a pre-COVID-19 state. For example, one client respondent noted that some individuals “don’t think that this stuff is serious...people are not taking precautions...they don’t care,” while a non-client respondent expressed that younger groups “are not as concerned as the elderly population in this country.” Conversely, approximately one-third of respondents were more optimistic, and anticipate a return to normalcy “eventually.” Some respondents expressed that they were hopeful that “everyone gets the vaccine” or “have faith that we will overcome it, whether it’s a vaccine or it just peters out” naturally.

“Things won’t go back to normal in my lifetime. You might not have as many [cases], but it’s still going to be out there.”

- User Pre-COVID-19

FACTORS AFFECTING DECISIONS TO RETURN TO PRE-COVID-19 ACTIVITIES

NORC also asked interview respondents to identify factors that would affect their decisions to return to their pre-COVID-19 routine and resume activities such as congregate dining and social activities. Respondents commonly mentioned more than one factor that would affect their readiness to resume activities. More than half of respondents said that the existence of a vaccine for COVID-19 would affect their decision about whether to resume activities.¹³ As one client respondent noted, “If I take the vaccine, I think I would feel more safe getting out there, but still, you have to be cautious.” However, one-quarter of respondents indicated that they were reticent to take the vaccine or expressed skepticism about whether a vaccine would end the pandemic. One non-client respondent explained that they “asked everybody at [their] job...and nobody said they would take the vaccine,” and other respondents remarked that “there will be a certain number of people that will be afraid to get it, because they’ll feel like it’s been rushed,” and “you can’t get everybody to wear a mask...they’re never going to get everybody to take the vaccine.” A couple of respondents also had concerns about whether they would be able to take the vaccine due to experiencing adverse reactions to other vaccines, but one of these respondents indicated that if “everybody else take(s) the vaccine...that would still keep [them] from getting the virus.”

Approximately half of respondents said that they would feel more comfortable resuming activities if they felt that COVID-19 was “under control,” “a little bit more resolved,” “not a threat to the country anymore,” “over” or less prevalent in their community or in the United States. As one non-client respondent said, “When you don’t hear about people getting it, that’s when I’ll feel safe going back to normal 100 percent.” A couple of respondents noted that they would need to hear that authorities – such as the government, health agencies and academic institutions – consider it safe to resume activities.

“I wouldn’t feel safe going out around people, until they can get this under control. At my age, if I got the virus, it would probably kill me.”

- User Pre-COVID-19

Slightly fewer than half of respondents indicated that widespread adoption of preventive measures (e.g., social distancing, mask wearing and cleaning procedures) would make them feel more comfortable resuming activities that they engaged in prior to COVID-19. Some respondents noted that they would feel comfortable participating in activities or returning to their routine if organizations followed “the guidelines set up by the medical community” or had an “overall state of caution and cleanliness,” or if “people [are] wearing masks and social distancing.”

PERCEPTIONS AND EXPERIENCES WITH MEALS ON WHEELS

Findings from the survey and interviews suggest broad general awareness and positive perceptions of Meals on Wheels. However, the level of familiarity with Meals on Wheels varies by specific groups of older adults, and awareness of non-meal services and eligibility criteria for receiving services among older adults is limited. These findings indicate that there may be opportunities for Meals on Wheels programs to leverage clients’ positive perceptions of and gratitude for Meals on Wheels services to increase use of services and awareness of the variety of benefits to use. The data also illuminate opportunities for Meals on Wheels programs to:

- Improve awareness of non-meal services among clients and non-clients alike

¹³ NORC conducted the interviews before the COVID-19 vaccines received approval.

- Better advertise eligibility criteria
- Target marketing campaigns to specific groups that are less aware of Meals on Wheels services
- Deepen partnerships with and refer older adults to other services in the community that provide services that Meals on Wheels does not
- Improve the quality of meals and expand meal options so that older adults have greater choice in their meals and find meals more appealing

SURVEY FINDINGS

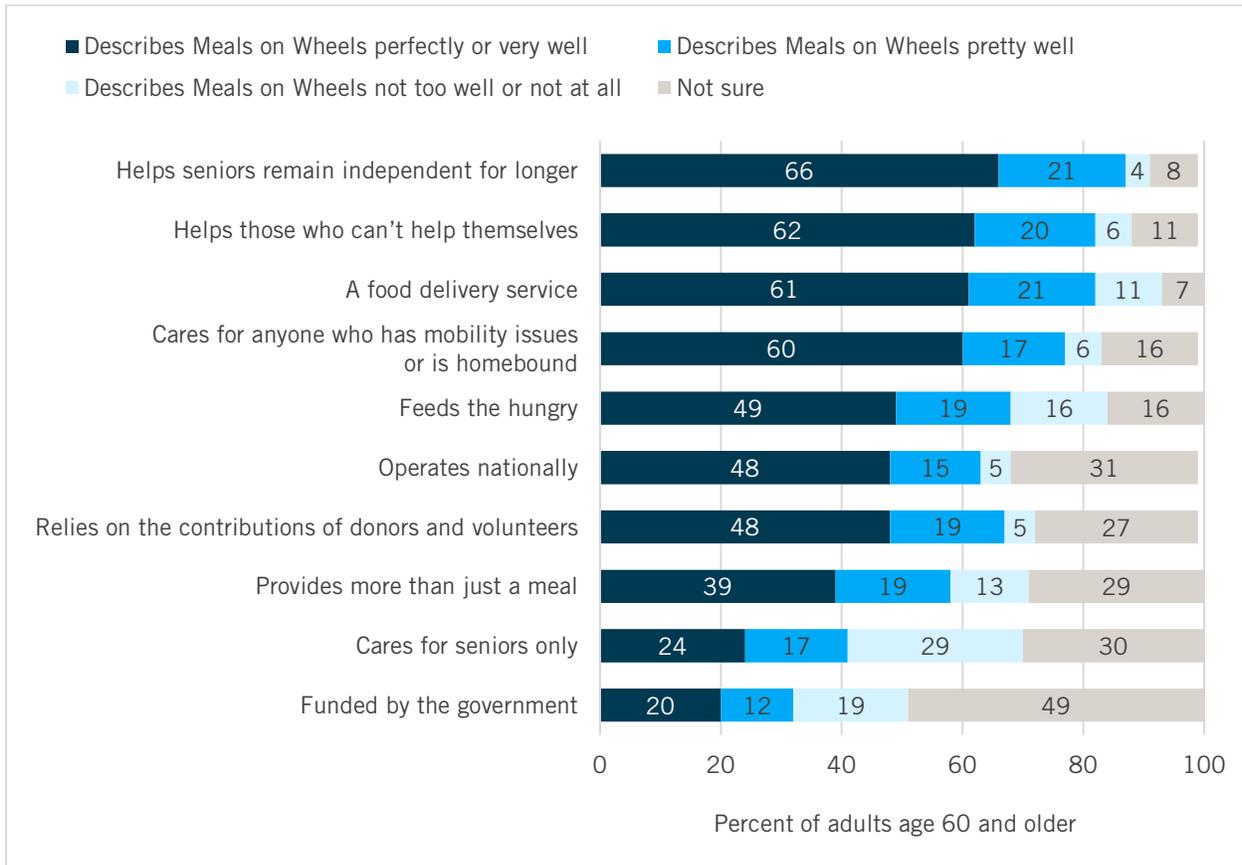
Meals on Wheels is a household name among many older Americans. Thirty-one percent of older adults said that they are very familiar with Meals on Wheels, 51 percent said that they are somewhat familiar, 17 percent had heard the name only and just 1 percent had never heard of the organization.

Although a majority of all older adults were very or somewhat familiar with Meals on Wheels, Black and Hispanic older adults were less likely than White older adults to have heard of Meals on Wheels. Fifteen percent of White older adults said they have heard the name Meals on Wheels only or have never heard it at all compared with 28 percent of Hispanic older adults and 31 percent of Black older adults.

Views about Meals on Wheels are largely positive, but awareness about the organization is narrowly focused on food services. Among older adults who said they have heard of Meals on Wheels, more than 6 in 10 said it was an organization that helps seniors remain independent, helps those who cannot help themselves, delivers food and cares for those with mobility issues. Yet, there is a large portion of adults over the age of 60 who said they are not sure about its funding sources, the scale of the organization, the populations served or that it provides more than just a meal.

Among older adults who have heard of Meals on Wheels, **more than 6 in 10** said it is an organization that helps seniors remain independent, helps those who can't help themselves, delivers food and cares for those with mobility issues.

EXHIBIT 17. Views about Meals on Wheels were largely positive, but narrowly focused on food services.

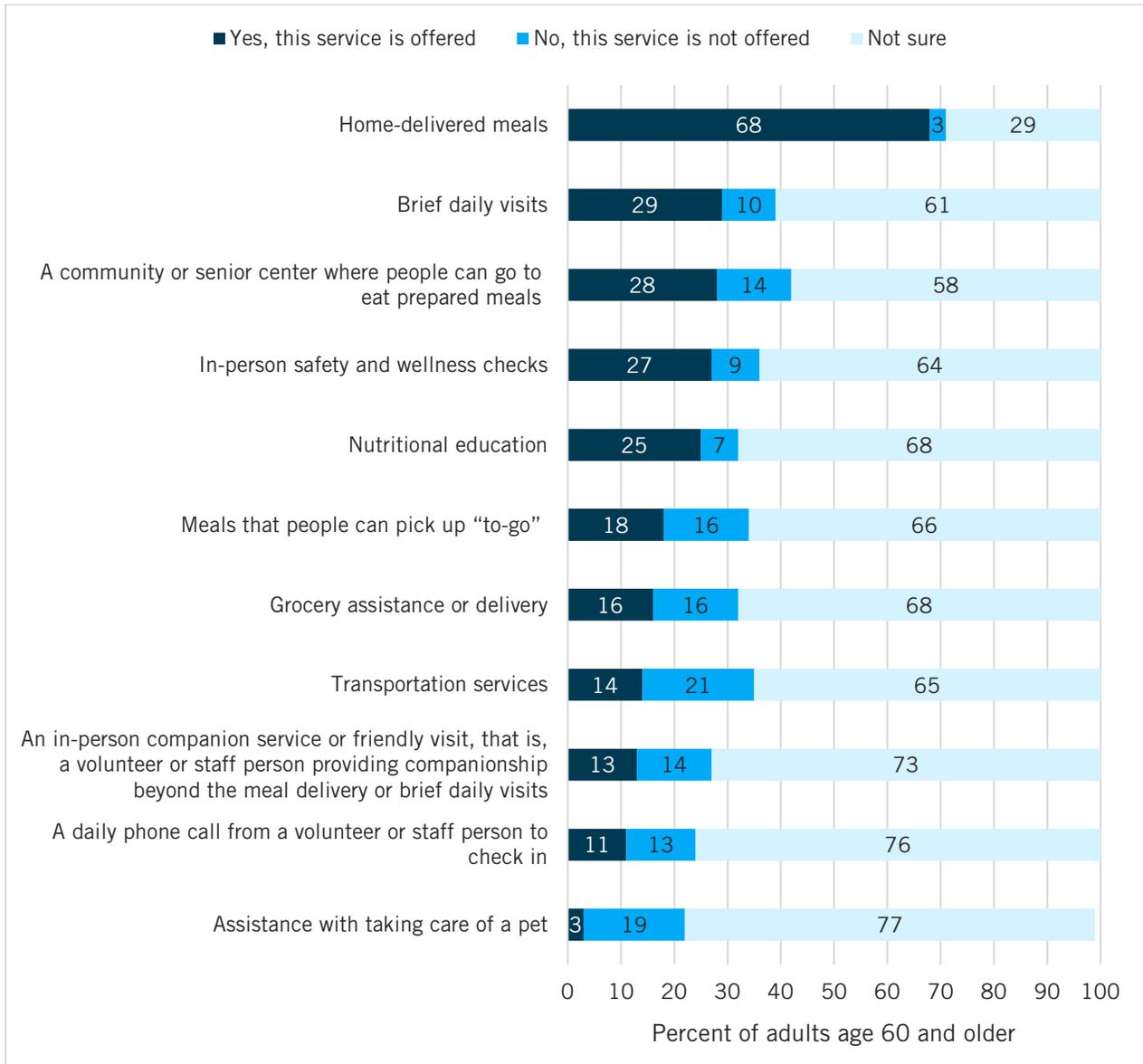


Question: The following is a list of words and phrases that could be used to describe Meals on Wheels. Based on your impressions, how well does each of these describe Meals on Wheels?

Source: Meals on Wheels America survey conducted by NORC at the University of Chicago, October 29–November 5, 2020, with 1,535 adults aged 60 and older nationwide.

More than three-quarters of older adults said they are aware of at least one service offered by Meals on Wheels in their community, but there is a great deal of uncertainty about the other services that may be available. Home-delivered meals was the most commonly known service, with 68 percent saying this service is offered in their community. Older adults were least aware of assistance with pet care, phone check-ins, in-person visits and transportation services.

EXHIBIT 18. Outside of home-delivered meals, a majority of older adults had little knowledge of the many Meals on Wheels services that may be offered in their community.



Question: As you may know, Meals on Wheels provides meals and other services to seniors to help them live healthier lives. To the best of your knowledge, which of the following Meals on Wheels services are offered in your community?

Source: Meals on Wheels America survey conducted by NORC at the University of Chicago, October 29–November 5, 2020, with 1,535 adults aged 60 and older nationwide.

EXHIBIT 19. Access to Meals on Wheels home-delivered meals varied by race, language, income, rurality, and disability status

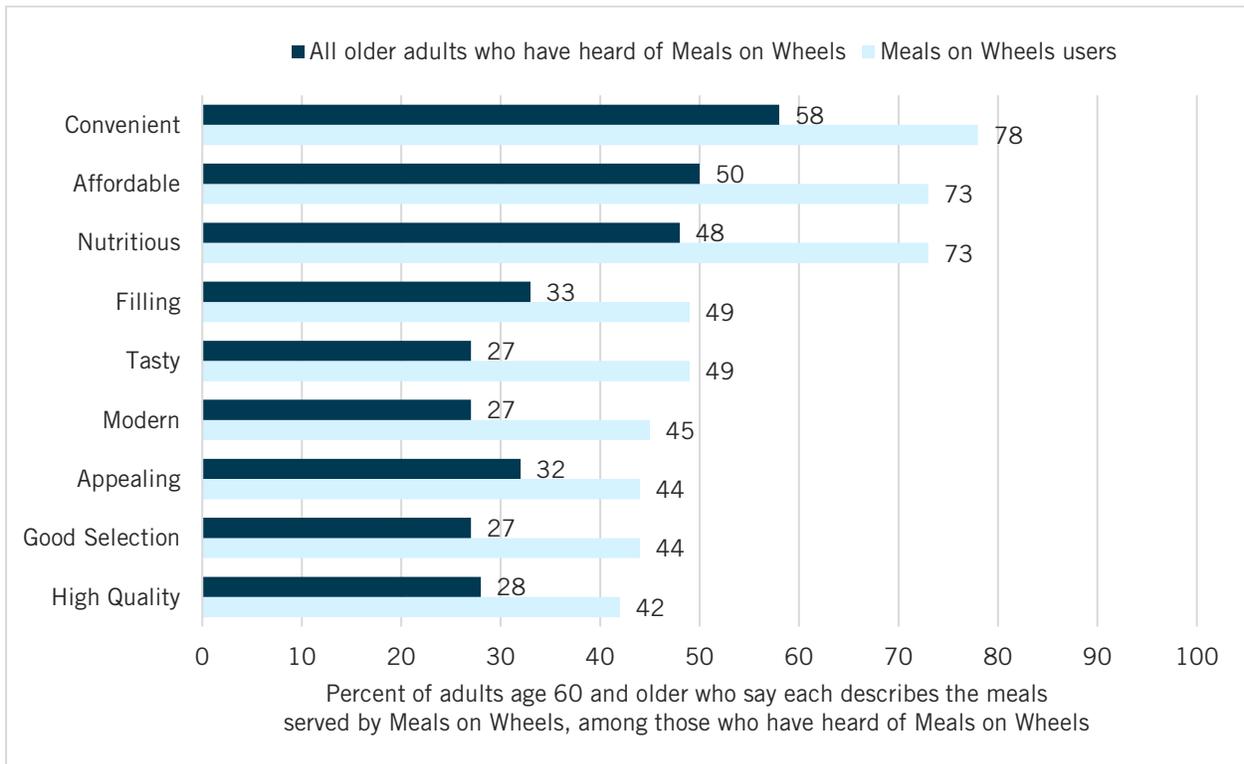
Percent of respondents overall who say that Meals on Wheels home-delivered meals are offered in their community	
Overall	
Race/Ethnicity	
Black	75%
White	67%
Hispanic	63%
Survey language	
Spanish	53%
English	68%
Income	
Household income of less than \$30,000	71%
Household income of \$30,000 or more	67%
Rurality	
Lives in a rural area	61%
Lives in an urban or suburban area	69%
Disability Status	
Has a disability	67%
Does not have a disability	69%

Source: Meals on Wheels America survey conducted by NORC at the University of Chicago, October 29–November 5, 2020, with 1,535 adults aged 60 and older nationwide.

Meals served by Meals on Wheels were most commonly described as convenient, affordable and nutritious. Fewer than 3 in 10 described the meals as high quality, modern, tasty and as having a good selection.

Meals on Wheels clients were more likely than non-clients to positively describe the meals across a variety of attributes, though fewer than half described the meals as modern, appealing, having a good selection or high quality (Exhibit 19).

EXHIBIT 20. Clients were generally more positive about the meals served by Meals on Wheels.

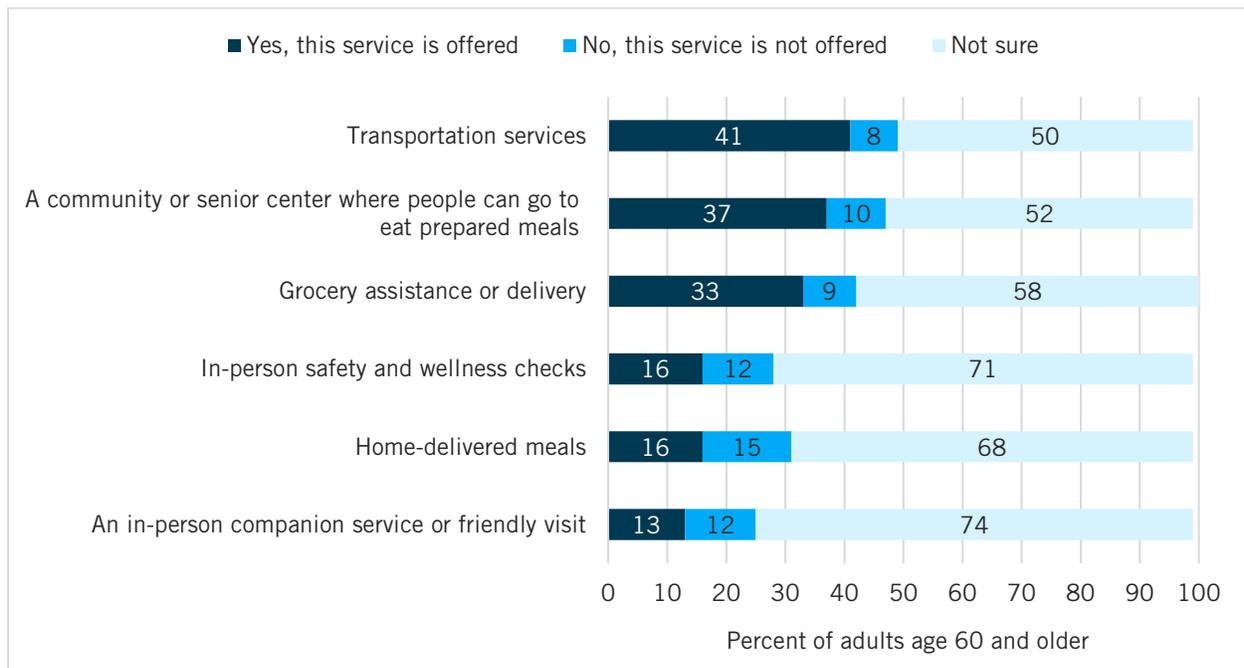


Question: For each of the following, please say if the phrase does or does not describe the meals served by Meals on Wheels.

Source: Meals on Wheels America survey conducted by NORC at the University of Chicago, October 29–November 5, 2020, with 1,535 adults aged 60 and older nationwide.

Beyond Meals on Wheels, some adults were aware of similar services offered in their community via other organizations (Exhibit 20). However, there was considerable uncertainty about what other services might be available in their community. About 4 in 10 were aware of transportation services and a community center where people can go to eat prepared meals provided by other organizations.

EXHIBIT 21. Older adults were aware of services provided by other organizations in their community.



Question: To the best of your knowledge, is there a different organization, other than Meals on Wheels, that offers each of the following services in your community, or not?

Source: Meals on Wheels America survey conducted by NORC at the University of Chicago, October 29–November 5, 2020, with 1,535 adults aged 60 and older nationwide.

INTERVIEW FINDINGS

Interview respondents described their familiarity with and perceptions of Meals on Wheels, changes in their opinions of Meals on Wheels over time, benefits to using Meals on Wheels services and changes in the benefits of using Meals on Wheels services.

NON-CLIENT FAMILIARITY WITH MEALS ON WHEELS SERVICES

All non-client respondents were familiar with Meals on Wheels broadly; however, their familiarity ranged from those who have a “limited understanding of the program” or are “not terribly familiar with it” to those who serve as a Meals on Wheels volunteer or have family members who volunteer with Meals on Wheels. Most non-client respondents reported that their family members or friends have received Meals on Wheels meal delivery services. One respondent reported volunteering to deliver meals themselves. Only the non-client respondent who volunteers with Meals on Wheels was familiar with any services beyond meals. That respondent said that they are “familiar with the daily check to call somebody, and the meals, of course [but not] with in-home safety checks.”

PERCEPTIONS OF MEALS ON WHEELS

NORC also asked non-clients to explain why they do not use Meals on Wheels services. All non-client respondents reported that they “do not need” Meals on Wheels services, noting that they “buy [their] own groceries,” “cook [their] own food” and are “more than capable of being somewhat independent.” While some non-client respondents indicated that they would use Meals on Wheels if needed, two-thirds of non-client respondents characterized Meals on Wheels

as an organization that provides services for individuals with greater needs than themselves, such as those who are “financially in dire straits,” “less fortunate” or “slightly incapacitated.” Some respondents indicated that they “would not want to take advantage of free services when [they] can afford to buy [their] own food” and that services “should be reserved...[for] someone who needs it more.”

Respondents also described overall perceptions of Meals on Wheels and the extent to which their experiences with and opinions of Meals on Wheels have changed due to COVID-19. Overall, respondents had positive perceptions of Meals on Wheels, describing Meals on Wheels as “satisfy[ing] a needed niche,” “very important,” “a godsend,” “wonderful,” “dependable,” “tremendous,” “doing a fantastic job” and “an absolutely amazing service.” In particular, client respondents expressed deep gratitude and appreciation for Meals on Wheels volunteers and said that volunteers are “rays of sunshine,” “so friendly,” “really nice, fantastic people,” “courteous” and “very upbeat and very careful.” Several respondents also commented that the volunteers “look out for [them]” and “always [ask] if there’s anything they can do” to help. While respondents generally held Meals on Wheels in high regard, nearly half of client respondents described issues with specific Meals on Wheels services or offerings. Most of the issues were related to specific food items or isolated instances. In addition, several respondents shared that the portions are too small, and one client respondent described that it was “hard to find” and keep a Meals on Wheels grocery shopper, and once they found a shopper “he never came...[and] didn’t call back,” Two client respondents said that their meals are not customized in accordance with their health conditions, and as a result, they avoid some food items in the delivered meals.

“Meals on Wheels has our back; they are going to make sure that we are going to eat. I feel really positive about that.”

- User Since COVID-19

CHANGES IN PERCEPTIONS

About half of client respondents indicated that their opinions of Meals on Wheels are the “same as they were before [COVID-19].” Respondents said that Meals on Wheels are “great [and] they were great before” and that they “still enjoy [Meals on Wheels].” Some respondents shared that their opinion of Meals on Wheels had improved due to COVID-19, noting that they “have been impressed even more by the fact that they have been able to continue service during the pandemic” and that Meals on Wheels is “more important during this time” and had “stepped up” during COVID-19.

“I thought they were terrific before. Now I think they’re amazing. I don’t know how they do it...they’re doing everything. It’s impressive. I don’t mean to sound like an advertisement for them, but that truly is how I see it.”

- User Pre-COVID-19

BENEFITS OF USING MEALS ON WHEELS

NORC asked client respondents to identify the benefits of using Meals on Wheels services. Client respondents described a variety of benefits to using Meals on Wheels services, including nutritional benefits, the ability to enjoy meals despite physical limitations, convenient meals and other benefits.

Most client respondents reported achieving nutritional benefits. Respondents described Meals on Wheels offerings as “extremely nutritionally balanced,” “good quality,” “very varied,” “help[ful] with [their] diet” and supportive in “embrac[ing] [healthier] alternatives.” In addition to providing a balanced and varied diet, several respondents indicated that Meals on Wheels meals can “offset other foods” and that they are able to “stretch” meals or make extra meals out of the food provided.

Approximately half of client respondents indicated that receiving Meals on Wheels services enables them to enjoy quality meals safely and despite physical limitations. For example, some respondents indicated that it is “not safe” for them to cook because they require supplemental oxygen or they forget about meals on the stove, while others reported that it was “painful” for them to cook or that they are “not able to stand up in the kitchen” due to surgery or physical limitations. About half of respondents also indicated that Meals on Wheels offers “convenience” by “keep[ing] them from cooking, and not having to go to the store as frequently” or aligns with their personal preferences, for example, if they “do not like to cook” or do not consider themselves “good at cooking.” Fewer respondents reported other benefits, including:

- One-third of client respondents commented on the **affordability** of meals and pet assistance, indicating that Meals on Wheels provides “affordably priced” meals and that they “wouldn’t be able to afford [their pets] without Meals on Wheels.”
- Several respondents described the **social benefits** of Meals on Wheels services, including making “very, very good friends” with Meals on Wheels volunteers and telephone companions and meeting “so many different people from different walks of life.” One respondent noted that “even before the virus, I didn’t always have people at my house anyways, so [Meals on Wheels volunteers] were the majority of the people that I saw daily,” and another indicated that Meals on Wheels keeps them “in touch with people.”
- Several respondents shared that Meals on Wheels provides **peace of mind** because it is “dependable” and ensures that they do not “have to worry about having food.”
- A couple of respondents noted that Meals on Wheels helps them to **maintain their “independence.”** For example, in reference to assisted living or a nursing home, one respondent said, “Meals on Wheels is keeping me out of that situation.”

“I don’t think I’d eat so many vegetables on my own. When you retire you get kind of spoiled. Ice cream starts looking like a vegetable. So, I’m staying healthy in many ways because of the balanced diet.”

- User Pre-COVID-19

“If we didn’t have Meals on Wheels...we’d be spending everything we have on food...[it would be] not a question of having a couple extra dollars in the bank at the month but having no extra dollars in the bank.”

- User Since COVID-19

CHANGES IN BENEFITS

While some client respondents noted that the benefits to using Meals on Wheels services have remained “about the same” during the COVID-19 pandemic, several respondents identified changes in the benefits of using Meals on Wheels services. Specifically, a few respondents noted that changes in delivery frequency have reduced their opportunities for socialization, noting that this had led to fewer “social visit(s)” with volunteers and that they “miss the daily routine.” One client respondent indicated that the socialization offered by Meals on Wheels had become more important during the pandemic, noting, “If it wasn’t for the lady who brings my meals, there’s

times that I have no one to talk to all day.” One client respondent described changes in availability of foods but said that “the quality of the food has not gone down, and there’s certainly a lot of variety.” Another client respondent shared that Meals on Wheels began sending meals for their son who had a disability, as the program that previously provided his meals is on hold because “no one wants to come and work” due to COVID-19.

ANTICIPATED CHANGES IN NEED FOR AND USE OF SERVICES

Findings indicate that most older adults do not anticipate changes in their use of Meals on Wheels services during the pandemic; however, the 20 percent of respondents who are likely to use at least one Meals on Wheels service in the coming months could overwhelm Meals on Wheels service providers. It will be vital for local organizations to assess the level of anticipated need in their service areas in order to be prepared.

In addition, some groups would accept help with specific services or items related to COVID-19, such as receiving masks, gloves and cleaning supplies, and grocery assistance and delivery. This suggests that Meals on Wheels programs could target outreach and awareness campaigns to specific groups that may be the most likely to need and accept help during this time.

Respondents’ varying levels of comfort with technology indicates that it could be beneficial for Meals on Wheels programs to offer services designed to help older adults improve their technology skills. Any services or activities that leverage technology should take into consideration the need for troubleshooting and assistance for older adults and be client-friendly enough for older adults with varying levels of technological literacy.

Some interview respondents also indicated that they had not considered how to address longer-term needs, or that they plan to leverage informal support networks to address their needs. To address this, Meals on Wheels programs could provide resources to help older adults plan for addressing longer-term needs and work to increase awareness of how Meals on Wheels services can help meet longer-term needs. Meals on Wheels programs might also consider opportunities to support older adults’ informal networks, for example, connecting client households with agencies that provide respite care or supportive services for caregivers.

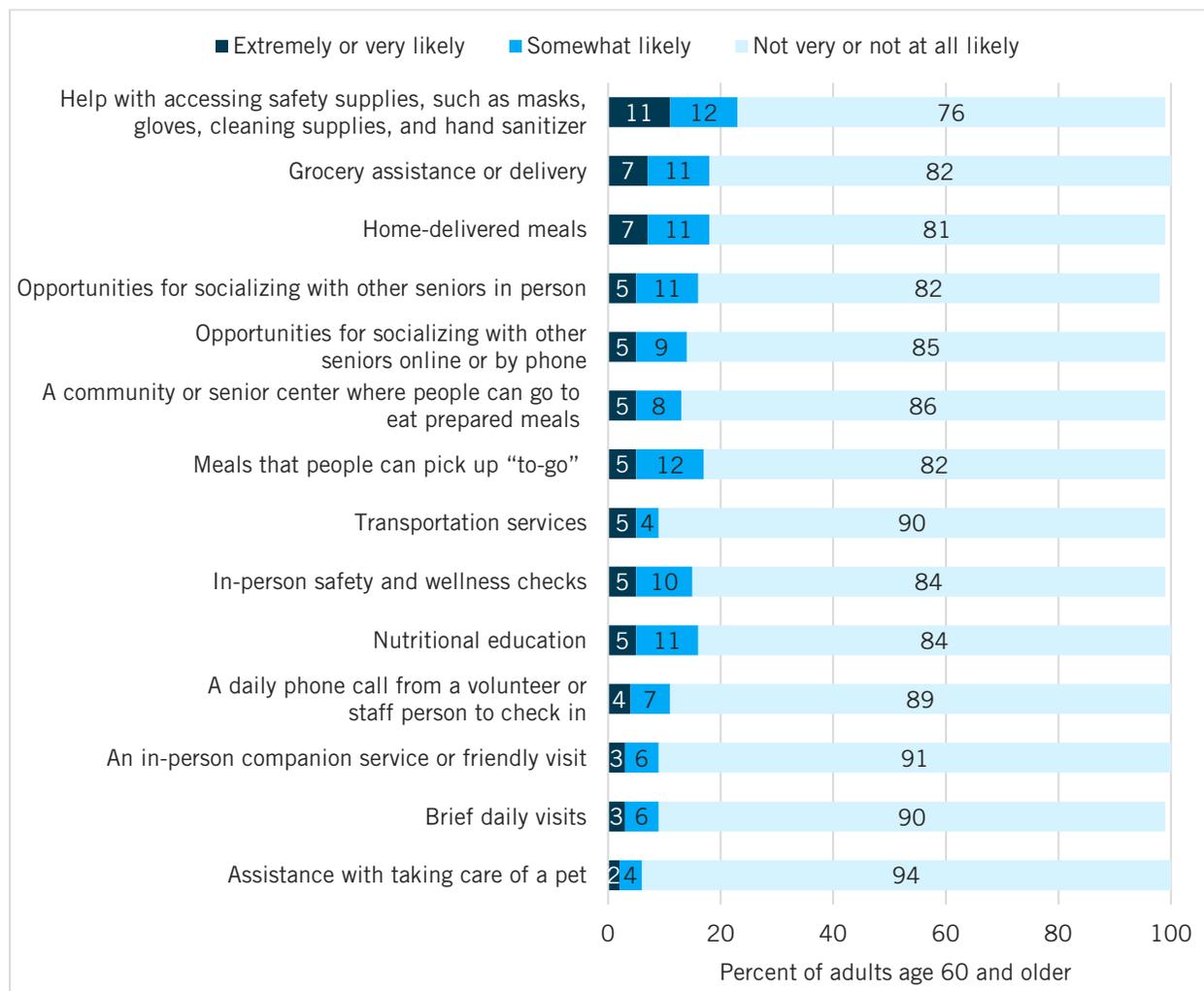
SURVEY FINDINGS

Twenty percent of older adults said they would be likely to use at least one Meals on Wheels service in the coming months, if offered in their community (Exhibit 21). This would represent a large increase in the number of Meals on Wheels clients.¹⁴ Among those services asked about, help with accessing COVID-19 safety supplies, like masks and gloves, yielded the highest number of potential clients.

20 percent of adults said they would be likely to use at least one Meals on Wheels service in the coming months, if offered in their community.

¹⁴ Meals on Wheels America. (2020). *More Than a Meal®: Comprehensive Network Study*. https://www.mealsonwheelsamerica.org/docs/default-source/research/comprehensive-network-study-public-summary_may-2020.pdf?sfvrsn=66c6b43b_2

EXHIBIT 22. One in five older adults said they were likely to use Meals on Wheels services in the next six months.



Question: If offered in your community, how likely are you to use each of the following Meals on Wheels services in the next 6 months?

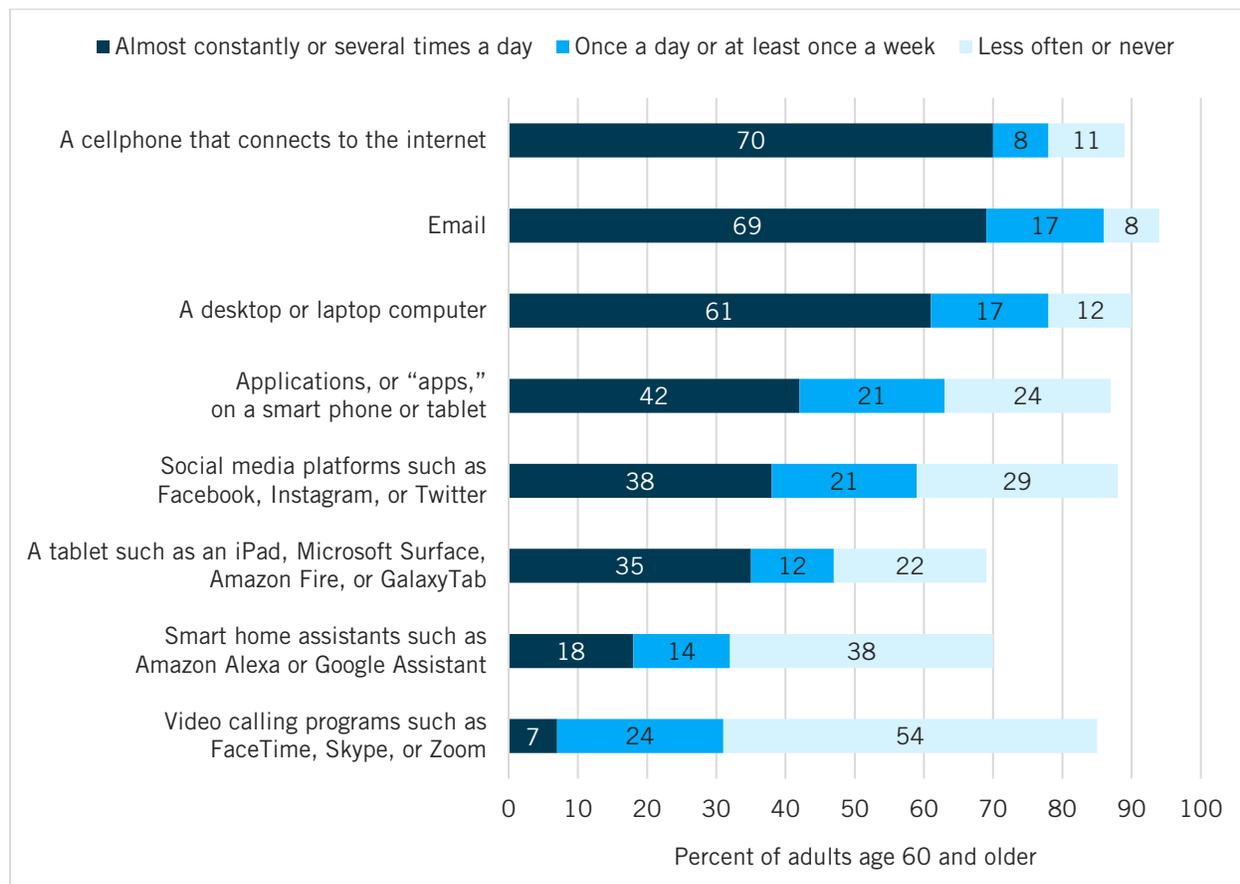
Source: Meals on Wheels America survey conducted by NORC at the University of Chicago, October 29–November 5, 2020, with 1,535 adults aged 60 and older nationwide.

Those with a lower income were more likely to anticipate that they would use each of these services in the next six months. Eleven percent of older adults with a low income said it is likely that they would use in-person safety check services compared to just 3 percent of adults with higher incomes. Older adults with lower incomes were also more likely to accept masks, gloves and cleaning supplies (22 percent vs. 7 percent) and to get grocery assistance or delivery (13 percent vs. 4 percent).

In an era when service organizations may be looking to technology to deliver services that are usually done in person, older adults are using some devices or other technologies throughout their day (Exhibit 22). More than two-thirds of older adults reported using a smartphone, email or a computer at least several times a day. About half reported using a tablet, and another half said they use apps on their device. Most older adults said they do not use video calling programs often. Meals on Wheels clients were less likely to say that they use a laptop or computer several

times a day than are non-clients (46 percent vs. 64 percent). They were also less likely to report using a smartphone (57 percent vs. 72 percent), email (56 percent vs. 72 percent) or apps (31 percent vs. 45 percent).¹⁵

EXHIBIT 23. Older adults most often reported using smartphones, email and computers throughout their day.



Question: In a typical week after March 1, 2020, when the coronavirus outbreak began, how often, if at all, did you use each device or technology?

Source: Meals on Wheels America survey conducted by NORC at the University of Chicago, October 29–November 5, 2020, with 1,535 adults aged 60 and older nationwide.

Many adults without devices/technology said they do not have it because they do not have a need for it. Very few said they do not have the technology because health complications prevent them from using it. Almost 20 percent of older adults said they do not know how to use email, apps and computers.

Once the pandemic ends, 9 in 10 older adults said that they expect to continue using technology at their current levels. Older adults with lower incomes, Black adults and older adults with a disability were more likely than others to say they would use their technology less when the pandemic is over.¹⁶ Nineteen percent of low-income older adults said they would use technology less, compared to 8 percent of older adults with higher incomes. Similar percentages of adults

¹⁵ This figure does not remain significant in the multivariate model.

¹⁶ This figure does not remain significant in the multivariate model.

with disabilities (15 percent vs. 9 percent) and Black adults (32 percent vs. 8 percent) said the same.

INTERVIEW FINDINGS

ANTICIPATED CHANGES IN USE OF MEALS ON WHEELS SERVICES

Most clients responded that they do not anticipate their need for nor use of Meals on Wheels services changing as the COVID-19 pandemic evolves. As one client respondent explained, “COVID-19 hasn’t affected how much I need [Meals on Wheels services] or how much I use it. The need was there before – for years – and it’ll be there after.” These respondents were more likely to cite factors unrelated to the pandemic as contributing to a potential change in their need for the service, such as a change in disability status or access to familial support. However, a few respondents did report that they anticipate their need for and use of Meals on Wheels services would increase as the COVID-19 pandemic evolves. As one client respondent explained, “Probably, I will be needing Meals on Wheels services more than I did. Before the pandemic, if I went to the store, [I] didn’t have these things [hanging] over my head [like] is it going to be safe? Because people in stores don’t keep their distance. They are everywhere. What Meals on Wheels does is that it gives me that assurance that if I can’t get to the store, there will be food for my husband to eat.”

All of the non-clients indicated that they would consider using Meals on Wheels services in the future if the need arose. The most commonly cited factors that would precipitate a need for using Meals on Wheels services were the potential death of a spouse, deteriorating health and a decrease in self-sufficiency (e.g., inability to drive to the grocery store or prepare a meal). One non-client respondent articulated that Meals on Wheels services allow older adults to age with dignity by reducing their need to rely on family members as activities of daily living become infeasible: “[A]t some point your health is going to diminish, and you’ve got to stop working...you can’t go shopping for yourself...most people don’t like being dependent on other people, so a service like Meals on Wheels is very important – especially for senior citizens once they get in that position.” Only one non-client reported that COVID-19 could be a precipitating factor related to their future need for and use of Meals on Wheels services: “[T]hings might shut down again. Things might be so bad that I can’t even – I might feel uncomfortable going to the store.”

“Because of COVID? No. I don’t think my Meals on Wheels will change because of COVID.”

-Non-User

LONGER-TERM NEEDS

NUTRITIONAL NEEDS. Several respondents indicated that they had “never even thought about” how to address nutritional needs that arise in the future. Respondents who described plans for meeting their longer-term nutritional needs commonly described more than one mechanism that they would use to meet their needs. Most respondents said that Meals on Wheels could help them meet their longer-term nutritional needs by: delivering meals; providing fresh produce and more fruits and vegetables with meals; providing grocery assistance; helping them to “eat better and learn more [about healthy eating];” or staying “in contact [and] continu[ing] to do what they’re doing.” Approximately one-third of respondents indicated that they plan to meet their longer-term nutritional needs on their own, or with the help of family, friends or neighbors. For example, one non-client respondent anticipated that in the future, they would “continue to shop” and a client respondent said that their neighbors are available “any time of day or night.” A

couple of respondents indicated that they would rely on other community services for future nutritional needs, such as senior centers or long-term care facilities.

SOCIAL NEEDS. Some respondents reported that they had not considered how to meet social needs that arise in the future or how Meals on Wheels programs could help address future social needs. Approximately one-third of respondents indicated that they would be open to Meals on Wheels providing assistance to meet social needs. Respondents suggested that Meals on Wheels programs could: help them to “socialize with people;” continue to provide volunteers that conduct “social visit(s);” arrange check-in calls; provide transportation to and from church; and organize “social gatherings,” such as bingo games, quilting bees, or book clubs. Some respondents indicated that they do not plan to rely on Meals on Wheels or other community services for addressing longer-term social needs, and plan to meet their social needs themselves by socializing with family and friends or returning to their pre-COVID-19 social activities and volunteer opportunities. As one non-client respondent said, “I do not need social things from Meals on Wheels or another organization. I have a very nice extended family, so we’re blessed.”

HOME SAFETY NEEDS. With respect to home safety needs, approximately one-third of respondents indicated that Meals on Wheels programs could help meet their longer-term needs, for example, by “providing suggestions and ideas to make [the home] safer;” helping to make climbing stairs safer; “check[ing] up on” them; installing handrails in the shower; performing a safety assessment; continu[ing] to do home repairs; and “offer[ing] suggestions about safety.” Approximately one-third of respondents identified other organizations that they are aware of that provide home safety services, including an insurance company, the Office on Aging, Habitat America, the Office for Disabilities, Veterans Affairs, a senior center and an advocate that conducts daily check-ins. Not all respondents were aware that Meals on Wheels programs could provide home safety services; as one client respondent noted, “I expect the Office on Aging would find a way to help with [home safety needs]. I never thought of Meals on Wheels going into that area because it’s already covered. I think that they cover food...I just think that’s what they do well.” Several respondents indicated that they were unsure how Meals on Wheels or other services could meet their needs or said that they do not believe any home safety needs would arise. About one-third of respondents said that they have already made home safety modifications, or plan to address future needs themselves or with help from family or neighbors.

“If one of us were to have a stroke, where we’re not able to physically move like we are now, I would love to have someone come in here to provide suggestions and ideas to make [the home] safer.”

-Non-User

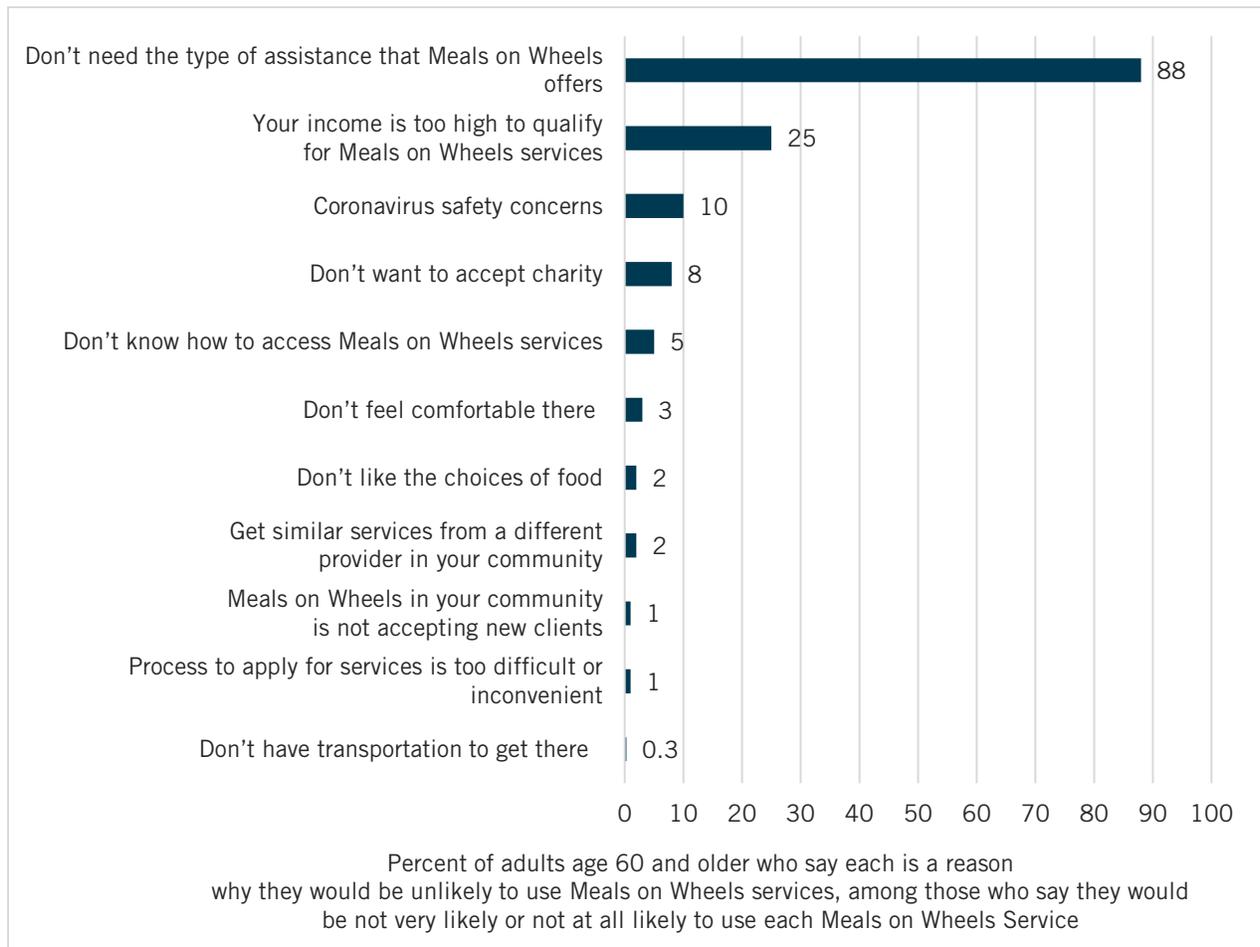
RECOMMENDATIONS FOR IMPROVING MEALS ON WHEELS SERVICES

Findings suggest that respondents lack awareness of the diverse Meals on Wheels services available to them and how these services relate to their needs. There is also a lack of awareness about the eligibility requirements for using Meals on Wheels services. As such, focusing on improving awareness of the eligibility requirements for receiving services, as well as the broad array of services offered, including medically tailored meals, would be valuable. This could also help to combat the stigma surrounding use of Meals on Wheels services. Local Meals on Wheels organizations could also consider implementing data collection mechanisms to assess the need for additional services requested by clients.

SURVEY FINDINGS

Among those who do not use Meals on Wheels services and who said that they would be unlikely to use Meals on Wheels services in the next six months, nearly nine in 10 said that the reason that they do not plan on becoming clients in the next six months because they do not need that type of assistance (Exhibit 23). Other factors that may constrain participation include not knowing the qualifications for receiving Meals on Wheels services, and stigma. For example, nearly a quarter of older adults who said they do not know how to access Meals on Wheels services are classified as low-income, and 17 percent of this group said they do not plan on using services in the future because they do not want to accept charity.

EXHIBIT 24. Most who would be unlikely to use Meals on Wheels services said they do not need the type of assistance Meals on Wheels offers.



Question: Why are you unlikely to use Meals on Wheels services if offered in your community?

Source: Meals on Wheels America survey conducted by NORC at the University of Chicago, October 29–November 5, 2020, with 1,535 adults aged 60 and older nationwide.

A lack of knowledge of income eligibility criteria may also prevent older adults from using services. There is no income limit or test to receive Older Americans Act (OAA) nutrition services, though services are targeted to older individuals who have the greatest economic or social need. However, Meals on Wheels programs that do not receive funding through the OAA (or other

similarly regulated sources) can choose to establish income limits. About 10 percent who said their income is too high to qualify for Meals on Wheels services have incomes below \$30,000.

Concerns about the coronavirus may also be an important factor limiting enrollment in Meals on Wheels services. Of the non-clients who cited coronavirus as a factor, nearly half (44 percent) are over the age of 75, and more than a quarter reported having a disability.

Beyond reaching those who do not see themselves as benefiting from Meals on Wheels services, another potential area for improvement may be in the types of food served by Meals on Wheels. Overall, 27 percent of older adults said medically appropriate foods are very or extremely important to their diet. Far fewer said the same about ethnic or religious foods (6 percent) or vegetarian or vegan foods (8 percent). In particular, older adults from racial or ethnic backgrounds as well as those with disabilities were more likely to highlight the need for medically appropriate food. Clients of Meals on Wheels were also more likely than non-clients to say that medically appropriate foods are very or extremely important to their diet (37 percent vs. 25 percent).

INTERVIEW FINDINGS

NORC asked interview respondents to provide recommendations for improving Meals on Wheels services. Some client respondents said that they had “no improvements” to Meals on Wheels services or that Meals on Wheels could not “be any more helpful,” and most non-clients declined to provide recommendations for improving Meals on Wheels services due to a lack of familiarity with the services. However, most client respondents and a few non-client respondents provided recommendations for improvement. Most recommendations focused on improvements to meal offerings, additional services that Meals on Wheels programs could offer and improvements to Meals on Wheels outreach efforts.

IMPROVEMENTS TO MEALS

Reflecting on the quality and content of the meals offered, respondents cited a desire for more fresh fruits and vegetables, less starch, larger portions, additional meals and greater choice. Some respondents offered critiques of specific food items or meals, such as “gristle in the hamburger” or “hot potatoes.” Beyond this, some respondents were unaware of the nutritional accommodations they could request. For example, a couple of client respondents reported that they have dietary restrictions or preexisting conditions that require them to avoid certain foods, but rather than requesting specialty meals, they simply removed the items they were unable to eat, resulting in food waste.

“If there was any way that your dietary needs could be considered, it’s such a waste that they send greens so often and my husband can’t eat them.”

- User Since COVID-19

ADDITIONAL SERVICES

In terms of additional services and supports, respondents most commonly reported a desire for “more socialization programs,” including wellness checks, phone calls and friendly visits. In addition to formal socialization programs, respondents expressed interest in having more socialization integrated into the meal delivery process. As one client respondent articulated, “I like the person who does the delivery – I would like her to be able to stay longer.” One non-client was an experienced volunteer with their local Meals on Wheels program and observed that many of the services they provide on an informal, ad hoc basis could be codified and better advertised. They described, “[I]t’s a service that we provide more informally. We tell the people we serve that

if you want us to get your mail, or have your garbage can brought back, we can do that. Many of the people we serve can't get out of the house. So, if Meals on Wheels were to offer seniors more assistance, that's what it would be." Respondents also expressed a desire for transportation services, including non-medical transport; help with household chores (e.g., getting the mail, taking the garbage out, cleaning); and grocery shopping assistance.

IMPROVEMENTS TO OUTREACH

Many respondents were unaware of the additional services provided by their local Meals on Wheels program, and some recommended that Meals on Wheels programs improve outreach and advertising efforts. As one client respondent noted, "My mother, sister and brother are all above 60, my mother's 84 – I expect if she knew about the programs, she would take advantage of it." One non-client respondent said that it is "a problem [that] senior citizens like myself don't even know too much about Meals on Wheels or what they do," and another suggested that "getting the word out [about Meals on Wheels] and having that service available to a number of different veterans and their families would save lives."

"One thing that I'm not aware of is the outreach that Meals on Wheels does...I wonder how many people who are eligible to receive the service are not aware that they are eligible."

- User Since COVID-19

LIMITATIONS

There are several limitations to take into consideration when interpreting results of this study. First, the majority of the data collection occurred prior to the Fall 2020 surge in COVID-19 cases across the country, as well as the U.S. Food and Drug Administration and CDC's recent approvals of COVID-19 vaccines. As such, respondents' perceptions and behaviors may have shifted since the data collection period. Second, NORC used two different recruitment mechanisms for the interviews – referrals from local Meals on Wheels programs and survey respondents. It is possible that respondents recruited through the survey are different from those recruited by the local Meals on Wheels organizations in ways that are relevant to our findings. Finally, respondents may have had difficulty recalling responses to questions that ask them to recount earlier experiences and perceptions, such as those before the pandemic.

RECOMMENDATIONS

The COVID-19 pandemic has had profound impacts on older adults' lives and well-being. As Meals on Wheels programs explore how to better meet the needs of older adults through the evolution of the COVID-19 pandemic and beyond, there are a number of strategies our national organization and local agencies can employ to support older adults and expand reach. Meals on Wheels is uniquely positioned to leverage its brand recognition and broad reach to address a variety of needs and improve older adults' lives during this time. This research identified recommendations related to: additional services that Meals on Wheels programs could offer; conducting ongoing assessments; improving partnerships to address diverse needs; bolstering the informal networks that support older adults; continuing to provide socially distanced offerings; enhancing supports for local Meals on Wheels service providers to meet increased demand; and improving awareness of Meals on Wheels offerings and eligibility requirements. These recommendations reflect common themes that emerged from the qualitative and quantitative data NORC gathered through this research project. These recommendations are expanded upon below.

1. **Expand service offerings or referrals/connections to meet key needs.** Findings suggest a need for additional socialization programs and services geared towards reducing loneliness and isolation at this time. There is an opportunity for Meals on Wheels programs to support older adults in connecting with others and meeting their social needs during the pandemic. In addition to socialization services, respondents also expressed an interest in and need for activities to keep busy at home, transportation services, help with household chores (e.g., getting the mail, taking the garbage out, cleaning), grocery shopping assistance and assistance in planning for longer-term needs that arise. Meals on Wheels programs can help seniors to meet these needs by offering these additional services directly, or they may assist clients to connect with other organizations that provide those services.
2. **Conduct ongoing assessments to identify evolving needs and preferences.** Meals on Wheels programs could benefit from conducting rapid and continuous assessments with Meals on Wheels clients to: identify potential improvements to the quality and appeal of meals; plan expanded meal options so that older adults have greater choice in their meals; identify specific needs and how needs change over time; and identify additional services that would benefit older adults.
3. **Improve partnerships with other older adult-serving organizations.** Increasing and deepening partnerships with other community-based organizations could help to address the diverse needs of older adults and could also support increased awareness of Meals on Wheels services and referrals to Meals on Wheels programs. Based on some of the needs described by respondents, potential partners could include housing authorities, healthcare organizations and transportation providers, among others.
4. **Enhance assistance for informal support networks.** Older adults received support from informal networks and also planned to leverage informal support networks to address future needs. As such, Meals on Wheels programs could support informal networks and improve awareness of and referrals to Meals on Wheels and other services in the community. For example, Meals on Wheels programs could connect client households with agencies that provide respite care or provide supportive services for caregivers.
5. **Plan to continue socially distanced offerings.** Given older adults' concerns about the pandemic, Meals on Wheels programs should not plan to resume or offer new physically close in-person services or activities at this time. Further, when Meals on Wheels programs do resume usual in-person services, they should clearly communicate to older adults the safety procedures and preventive measures that are in place to protect them from exposure to COVID-19. In the meantime, virtual services that leverage technology should consider the need for troubleshooting and technological support for older adults participating in activities and should accommodate individuals with varying levels of technological literacy and access to technology.
6. **Enhance supports for local Meals on Wheels programs.** Due to the continued projected increase in the number of Meals on Wheels clients during the pandemic, local service providers need additional support in developing the infrastructure and making plans to accommodate the influx of new clients.

7. **Improve awareness and perceptions of Meals on Wheels services.** Findings from the survey and interviews suggested that older adults lacked awareness of the diverse Meals on Wheels services available to them and how these services related to their needs. There was also a lack of awareness about the eligibility requirements for using Meals on Wheels services. While most (88 percent) of the survey respondents who said they were unlikely to use Meals on Wheels services in the next six months said the reason was that they did not need the services; 8 percent reported that the reason was because they did not want to accept charity. These findings indicate a need to improve awareness of Meals on Wheels offerings – especially non-meal services – and of eligibility criteria for services among clients and non-clients alike and to combat stigma associated with Meals on Wheels use. In particular, the findings show a need for outreach to Black and Hispanic older adults, who were less likely than White older adults to be familiar with Meals on Wheels. Outreach efforts could also focus on how Meals on Wheels services can help meet longer-term needs.

CONCLUSION

The COVID-19 and Older Adults research study and this accompanying report, *COVID-19 and Older Adults: Research Findings and Implications for Meals on Wheels*, offer valuable insights into the needs of and perceptions held by older adults who are recipients of Meals on Wheels services both pre- and during the COVID-19 pandemic, as well as others who are not recipients of any type of Meals on Wheels services. The study dove into how COVID-19 affected older adults, their needs and their use of services and assistance; factors that would affect their decisions to resume pre-COVID-19 activities; their perceptions and experiences with Meals on Wheels; anticipated changes in their needs for and use of services; and opportunities for improvement.

The COVID-19 pandemic has had profound impacts on older adults' lives and well-being, and the findings uncovered through this research exploration present a number of considerations for Meals on Wheels programs and other community-based organizations that serve older adults to enhance services and address existing unmet need through the evolution of the pandemic and beyond.

APPENDIX

SURVEY METHODS

DEVELOPMENT OF SURVEY INSTRUMENT

NORC conducted this study with funding from Meals on Wheels America. Staff at NORC and Meals on Wheels America collaborated on all aspects of the study design. The survey covered three broad topic areas: older adults' experiences living through the pandemic, expectations for a "post-COVID-19" world and knowledge of and experiences with Meals on Wheels services. Some questions on the instrument have been fielded in prior surveys. The research team submitted the final survey instrument to the NORC Institutional Review Board (IRB) for review. The IRB determined the data collection to be exempt research.

SAMPLING AND RECRUITMENT

To collect the survey data, the research team used AmeriSpeak[®], NORC's probability-based panel designed to be representative of the U.S. household population. During the initial recruitment phase of the panel, randomly selected U.S. households were sampled with a known, non-zero probability of selection from the NORC National Sample Frame and then contacted by U.S. mail, email, telephone and field interviewers (face-to-face). The panel provides sample coverage of approximately 97 percent of the U.S. household population. Those excluded from the sample include people with P.O. Box only addresses, some addresses not listed in the USPS Delivery Sequence File and some newly constructed dwellings.

For this study, NORC drew a nationally representative sample of adults aged 60 and older from the AmeriSpeak Panel. We sampled five subgroups of older adults of key interest to Meals on Wheels America at a higher rate than their proportion of the population:

- Adults with incomes of less than \$30,000 a year
- Adults who live in rural areas
- People from racial and ethnic minority groups
- Adults who live alone
- Adults who are age 75 and older

DATA COLLECTION

NORC collected survey responses between October 29 and November 5, 2020, with adults aged 60 and over representing the 50 states and the District of Columbia. We randomly drew panel members from AmeriSpeak, and 1,535 older adults completed the survey – 1,310 via the web and 225 via telephone.

EXHIBIT A1. Survey respondent characteristics

		Number of Respondents
Gender		
	Women	840
	Men	695
Education		
	Less than a bachelor's degree	1,132
	Bachelor's degree or higher	403
Income		
	Household income of less than \$30,000	412
	Household income of \$30,000 or more	1,123
Race/Ethnicity		
	White, non-Hispanic	1,049
	Black, non-Hispanic	169
	Hispanic	261
	2+, non-Hispanic	31
	Asian, non-Hispanic	7
	Other, non-Hispanic	18
Household Size		
	Lives alone	459
	Lives with one or more other persons	1,076
Age		
	Age 60-74	1,035
	Age 75 and older	500
Rurality		
	Lives in a rural area	341
	Lives in an urban or suburban area	1,194
Total		1,535

NORC conducted a soft launch on Thursday, October 29, 2020. Once a minimum of 25 survey interviews were completed, NORC reviewed the data for quality. Once confirmed, additional samples were invited to complete the survey. NORC collected data from October 29 to November 5.

NORC conducted survey interviews in both English and Spanish, depending on respondent preference. Median time to complete the survey was 22 minutes. Respondents received the cash equivalent of \$3 for completing the survey.

The final stage completion rate was 35.3 percent, the weighted household panel response rate was 14.8 percent, and the weighted household panel retention rate was 73.3 percent, for a cumulative response rate of 3.8 percent.

ANALYSIS

Prior to weighting, NORC reviewed the data for quality metrics. Cases that behaved in one of the three following ways were removed from the final dataset:

- Completed the interview in less than one-third the median duration
- Skipped more than 50 percent of the questions asked
- Straightlined all multi-item grids, meaning they provided the same response to each item across grids

Upon finalizing all the study data, NORC used a poststratification process to adjust for any survey nonresponse as well as any noncoverage or under- and oversampling resulting from the study-specific sample design. Poststratification variables included age, gender, census division, race/ethnicity and education. Weighting variables were obtained from the 2020 Current Population Survey. All analyses used the weighted data, which reflect the U.S. population of adults aged 60 and over. The overall margin of sampling error is +/-3.6 percentage points at the 95 percent confidence level, including the design effect. The margin of sampling error may be higher for subgroups.

The research team used Stata (version 16) for all analysis, as it allows for adjustment of standard errors for complex sample designs. All differences reported between subgroups of the U.S. population are at the 95 percent level of statistical significance, meaning that there is only a five percent (or less) possibility that we would observe these differences if they were entirely due to chance from the sampling process. Additionally, most bivariate differences between subgroups are reported when they also remain robust in a multivariate model controlling for: age, race and ethnicity, income, gender, education, employment status, rurality and number of household members. However, because these characteristics are highly correlated, significant differences between subgroups are occasionally presented even when not significant in the multivariate model because they have important, actionable implications. These are noted in footnotes.

INTERVIEW METHODS

DEVELOPMENT OF INTERVIEW GUIDES

In collaboration with Meals on Wheels America, NORC used an iterative process to develop two semi-structured interview guides for the qualitative interviews. NORC designed the interview guides for the interviews to last approximately 45 minutes. We developed one interview guide for interviews with older adults who use Meals on Wheels services (“clients”) and one for interviews with older adults who do not use Meals on Wheels services (“non-clients”). Both interview guides included the following topics:

- How respondents currently meet nutritional needs
- How COVID-19 had affected respondents’ lives
- How respondents’ perceptions and behaviors have evolved throughout the pandemic
- Factors that would affect respondents’ readiness to resume activities that they engaged in prior to the COVID-19 pandemic

- Anticipated changes in respondents' needs for and use of Meals on Wheels and other services
- Recommendations for improving Meals on Wheels services

In addition to the aforementioned topics, the interview guides included questions targeted to the type of respondent. The interview guide for clients included questions that asked respondents to reflect on their reasons for and benefits of using Meals on Wheels services, use of Meals on Wheels services and how their opinions of Meals on Wheels or benefits of using Meals on Wheels have changed due to COVID-19. The interview guide for non-clients included questions about respondents' familiarity with Meals on Wheels, reasons for not using Meals on Wheels and the extent to which they would consider using Meals on Wheels in the future.

SAMPLING

We conducted semi-structured interviews with a total of 24 older adults – 15 clients and nine non-clients. To develop the sample of older adults to contact for the interviews, NORC employed two approaches, described below.

COLLABORATING WITH LOCAL MEALS ON WHEELS ORGANIZATIONS

To obtain most of the client sample, on behalf of NORC, Meals on Wheels America reached out to four local Meals on Wheels organizations involved in their Research Advisory Group and requested assistance in recruiting older adults for the interviews. All four local Meals on Wheels organizations contacted agreed to support the study and provide at least four respondents. Two of the participating local Meals on Wheels organizations are located in the South, one is located in the Northeast, and one is located in the Midwest. NORC requested that, to the extent possible, the local Meals on Wheels organizations provide two clients who began receiving Meals on Wheels services before COVID-19 and two clients who began receiving Meals on Wheels during the COVID-19 pandemic. We also asked that they provide Meals on Wheels clients who were diverse in age (i.e., at least one respondent who was 60 to 74 years old, at least one respondent who was 75 to 84 years old and at least one respondent who was at least 85 years old).

NORC provided a letter to support recruitment, and the local Meals on Wheels organizations reached out to their clients directly via email to obtain their permission to share contact information with NORC. NORC then followed up with the potential respondents via phone to schedule and conduct the interviews. NORC received contact information for a total of 24 potential respondents from the local Meals on Wheels organizations. Local Meals on Wheels organizations provided contact information for between four and nine respondents each. NORC was able to conduct 12 of the 15 client interviews with individuals recruited by the local Meals on Wheels organizations; two older adults refused to participate in the interview, one older adult was unable to consent to the interview, and NORC was unable to reach the remaining respondents despite multiple outreach attempts.

RECRUITING RESPONDENTS FROM THE SURVEY

For the remaining three client interviews and all nine non-client interviews, NORC developed a sample of older adults to contact based on survey respondents who indicated that they were interested in participating in an interview for the study. NORC considered respondents “clients” if they reported using at least one Meals on Wheels service in the survey and considered respondents “non-clients” if they reported using no Meals on Wheels services in the survey. In developing this sample, NORC sought diversity in respondent region, age, employment status, race/ethnicity, income and marital status to the extent possible. Upon identifying the sample, NORC contacted the potential respondents via telephone to recruit for and schedule the

interviews. Of the five clients from the survey we contacted, three agreed to participate in an interview; of the 17 non-clients contacted, nine agreed to participate in an interview.

DATA COLLECTION

In October and November 2020, NORC interviewers conducted a total of 24 telephone interviews, including 15 with Meals on Wheels clients and nine with non-clients. The semi-structured nature of the interviews allowed our qualitative data collection efforts to explore themes and topics related to the study’s guiding research questions. Interviews lasted approximately 45 minutes, and the NORC interviewers obtained verbal consent from all respondents before beginning the interview. NORC also obtained consent to audio-record the interviews, and the researchers who took notes during the interviews listened to the audio-recordings to develop transcripts. All respondents received a \$20 check as a token of appreciation for their time. Exhibit A2 presents the characteristics of the interview respondents.

EXHIBIT A2. Interview respondent characteristics (N=24)

Respondent Type	Region				Age			Rural	Meals on Wheels Enrollment Date	
	Northeast	Midwest	South	West	60-74	75-84	85+	Living in Rural Area	Pre-COVID-19	During COVID-19
Clients (N=15)	2	2	8	3	7	5	3	2	8	7
Non-Clients (N=9)	2	3	2	2	3	3	3	1	N/A	N/A
Total	4	5	10	5	10	8	6	3	8	7

ANALYSIS

The NORC project team used NVivo qualitative analysis software (QSR International Pty Ltd., Melbourne, Australia) to analyze the interview data. We used a combined inductive and deductive approach to develop the codes for the interview data. After the interviews, the research team reviewed the research questions and a subset of the interview transcripts to develop a preliminary codebook. Three members of the research team met to review the codebook, and then practiced applying the codes to one transcript from a client interview and one transcript from a non-client interview. The three coders then conducted a consensus-building exercise that consisted of meeting to discuss the initial coding, adjudicating differences in coding and revising the codebook to reflect group decisions. The three coders then coded the remainder of the interview transcripts independently. Upon coding the remaining transcripts, NORC exported the coded data into Microsoft Word to review and synthesize the findings.