State of the Meals on Wheels Network

2025 Provider Benchmarking Report



Produced by Meals on Wheels America

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MEALS on WHEELS AMERICA

Acknowledgements

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We also thank our Research Advisory Committee for their input on the survey. At the release of the survey, the committee consisted of the following seven individuals from local Meals on Wheels providers:

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- Steve King, Executive Director, Meals on Wheels of Tampa (Tampa, Fla.)
- Judith Pelot, Nutrition Services Director, Community Action Committee, Mobile Meals (Knoxville, Tenn.)

About Meals on Wheels America

Meals on Wheels America is the leadership organization supporting approximately 5,000 community-based providers across the country dedicated to addressing senior hunger and isolation. Powered by a trusted volunteer workforce, this network delivers a comprehensive solution that begins with a meal and is proven to enable independence and well-being through the additional benefits of tailored nutrition, social connection, safety and much more. Through public awareness, funding, programming, education, research and advocacy, Meals on Wheels America empowers local providers to strengthen their communities, one senior at a time. At a time when demand for Meals on Wheels services is growing, and many seniors are left waiting, Meals on Wheels America is dedicated to helping End the Wait™ and ensuring every senior who needs Meals on Wheels gets it. For more information, or to locate a Meals on Wheels provider near you, visit www.mealsonwheelsamerica.org.



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Executive Summary

Throughout the history of Meals on Wheels, local providers have responded to the changing needs of the growing older adult population and the evolving landscape of demand, competition and funding. Today, rising costs, increasing need and growing waitlists underscore the urgency of strengthening and sustaining the Meals on Wheels network. Meals on Wheels America is committed to understanding the services, operations and experiences of local Meals on Wheels providers and how they are adapting to better serve the seniors in their communities, sustain services, serve more older adults and End the Wait™ for nutritious meals and moments of connection.

To support this work, Meals on Wheels America surveyed our membership of local Meals on Wheels providers to update and deepen our understanding of their services and experiences. This year's report builds on the findings from the 2023 survey and will be followed by future updates to help uncover trends in waitlists, services provided and challenges faced over time, equipping Meals on Wheels America and the network with the needed insights to track progress and improve year over year.

This report details findings based on data from 628 providers (63% of 991 member organizations for which we had a valid email address) that completed the online survey between June 21, 2024, and September 13, 2024. Organizations from every state and two countries outside the U.S. completed the survey.

Below is a summary of key takeaways. These findings are based on data from providers that offer direct home-delivered and/or congregate and/or grab-and-go meal services to their clients. Detailed findings are provided in the full report.

ORGANIZATION DEMOGRAPHICS

Most providers operate a small or extra small program,[1] meaning their senior nutrition budget is less than $1 million. Of the 628 providers that took the survey, 43% of senior nutrition programs are extra small and 21% are small.

Most providers offer home-delivered meals. Nearly all (97%) provide home-delivered meals, and 72% provide congregate meals. A third (30%) provide grab-and-go meals, a service option that many began offering during the COVID-19 pandemic.



[1] The membership size categories are defined by the following senior nutrition budget ranges: extra small program: <$500,000; small program: $500,000-$999,999; medium: $1,000,000-$1,999,999; large: $2,000,000+.

SERVICES PROVIDED

Providers offer meals to meet older adults' nutritional needs. Nearly 97% of organizations that provide home-delivered meals say they currently offer five meals a week for all home-delivery participants who want and need them, with some mentioning that they provide more than five meals for clients who need them.

Providers see the need for tailored nutrition, and a growing number offer these services. Many providers identify medically tailored meals (82%), culturally tailored meals (41%) or both (29%) as the greatest need for tailored nutrition. At the time of the survey, 46% of providers that serve home-delivered meals offered medically tailored meals, a growing trend among providers.

For some providers, menus that do not offer tailored meals make it increasingly difficult to meet seniors' needs. Thirty percent of providers said "Clients needing tailored meals that we do not offer" was a challenge to serving meals to all the seniors in their communities who need them.

Nearly all provide safety checks and social connection in some way, in addition to meals. Nearly all (96%) home-delivered meal programs train their drivers to keep an eye out for the senior's well-being/general levels of health. Nearly 100% provide one or more social connection opportunities for at least some clients, such as conversations with willing clients during meal delivery (94%) or during congregate meals (92%), or other social connection opportunities, such as friendly visiting via phone/social calling (66%), socialization with other seniors beyond congregate meals (60%) and opportunities for clients to also be volunteers (e.g., mentoring, tutoring, social calling) (52%).

Providers vary in offering social connection opportunities specifically to clients identified as at risk for loneliness and social isolation. Of the 92% of providers that offer social connection opportunities beyond direct and purposeful conversation with clients at meals, only 19% prioritize social connection for clients identified as at risk for social isolation and/or loneliness. This suggests an opportunity for utilizing client assessments to ensure social connection services reach those most in need.

Many providers also offer other supportive services (93%), including referrals to other services (85%), transportation services (54%), cooling fans or heat/energy assistance (53%), and minor home modifications/repairs such as smoke detectors, light bulbs and grab bars (49%).

FUNDING SOURCES AND HEALTH CARE PARTNERSHIPS

Providers receive funding from a variety of sources. Ninety-two percent of providers receive one or more sources of government funding for their senior nutrition budget, most frequently the Older Americans Act Nutrition Program (80%), local government (66%) or state government (52%). Nearly all (99%) receive one or more sources of private funding, such as client contributions or self-pay (93%), donor funding (personal or foundation, not including grants) (90%) or grants from non-government organizations (87%).

Nearly half of providers have some form of health care partnership. Forty-six percent of providers receive funds from or partner with a health-related organization (hospitals, health systems, community health centers, insurance companies, pharmaceutical companies). Specifically, 27% have a contracted partnership where payment is exchanged for meals delivered, 13% have a grant that the health care organization provides to their organization to broadly address nutrition or wellness, 11% have a health care partnership but do not receive funds, 5% have an uncontracted partnership that is supported by other funds, and 4% receive other health care funding. Providers could have more than one type of health care partnership.

A third of providers that do not have a health care partnership plan to include this as a part of their growth strategy in the next two years. Of the providers that do not currently have a health care contract or receive health-related funding, 34% plan to include health care contracts as part of their growth strategy within the next two years, suggesting that there is additional interest in health care funding.

CHALLENGES AND ACCOMPLISHMENTS

Nearly all (98%) providers reported one or more challenges to serving meals to all seniors in their community who need them. Challenges that providers most frequently report include funding to pay for meals (71%), food prices (67%), recruiting and retaining enough volunteers (53%) and gas prices (42%). In open-ended comments, many providers described additional challenges related to an increased demand for services and changing senior preferences.

Nearly all (99.8%) of home-delivery providers have taken actions due to funding challenges, up from 83% in our prior survey, including using organizational funds to subsidize clients who are not funded and unable to pay (51%), tapping into their reserves to cover increased costs (47%), or adding seniors to waitlists (38%), up from 28% in our 2023 survey. In open-ended comments, some providers also mentioned service reductions or ending certain aspects of programs.

At many organizations, the need for meal services continues to exceed available resources to provide them, resulting in waitlists. A third (33%) of providers report having a waitlist, with approximately 36,000 older adults waiting for meals across these organizations. The average wait time is nearly four months (115 days). An additional 12% of providers say they do not have a waitlist but may need one in the near future.

Despite these challenges, many providers are expanding services or facilities. In open-ended comments, providers reported expanding their services, such as adding new meal options, social connection opportunities, pet assistance programs and other innovations. Additionally, some reported expanding their facilities or equipment. Providers frequently mentioned that additional fundraising and partnerships (with pharmacies, schools, food pantries, farmers markets and health care organizations) helped them establish these new services and improved facilities.

CONCLUSIONS

These findings confirm what we already know: Meals on Wheels providers deliver more than a meal. Providers consistently offer needed nutrition, social connection and safety services, setting them apart from food delivery vendors that provide meals only.

However, the data also highlight a pressing need for greater resources to sustain and grow services. Across the nation, seniors are waiting months, or even years, for nutritious meals and moments of connection. As local providers work to End the Wait, rising costs, changing preferences of seniors and growing demand are straining organizations that are trying to do more with less.



Survey findings suggest several key areas that need to be strengthened for all providers to be able to deliver meals and other services that meet needs and preferences to all seniors who want and need them:

- **Adequate, sustained and flexible public and private funding that keeps pace with increased demand and rising prices. This will need to include:**
  - **Protecting and expanding federal, state and local government funding, especially through the Older Americans Act (OAA)**
  - **Increasing private funding through philanthropy, corporate partnerships and public support**
- **Recruiting and retaining enough volunteers and staff**
- **Offering tailored meals**
- **Offering social connection services to participants identified as at risk of social isolation or loneliness**
- **Conducting outreach to raise awareness about available services and engage older adults to enroll in services**

With federal funding failing to keep pace with need, a growing share of providers are relying on alternative private funding sources — reflecting both necessity and the increasing pressure to diversify revenue streams.

While these findings show the need for stable funding streams to sustain Meals on Wheels services and reduce the unmet need, they also remind us that **funding to pay for the meals is only part of the solution.** To provide the regular services that meet people's needs and preferences, providers will also need adequate funding, tools and staffing for:

- Infrastructure, particularly recruiting and retaining enough volunteers and staff to serve current and new clients
- Providing meals tailored to meet the dietary needs of older adults' medical conditions and align with local dietary practices and preferences, a need that many providers struggle to meet and that 30% cite as a barrier to serving all seniors. Expanding medically tailored meals may also open doors to health care partnerships
- Matching services to people's assessed needs
- Outreach to assist older adults who can benefit from Meals on Wheels to enroll

Meals on Wheels providers are a vital, proven solution to support older adults with the nutrition, social connection and supportive services they need to safely age in place in their own homes. With sufficient funding and support, providers can maintain services as costs rise, expand offerings to better meet clients' needs and grow to serve the older adults in their communities who are waiting for nutrition and social connection.



About the Survey

As the population of older adults continues to rapidly grow, so does the number of seniors experiencing food insecurity, leading to an increased need for supportive services like Meals on Wheels. However, along with declining volunteerism and donations, government funding for senior nutrition programs under the Older Americans Act (OAA) Nutrition Program — a critical source of support for Meals on Wheels providers — has not kept pace with the rising demand or operational costs, including increased gas and food prices. Meanwhile, historic cuts and damaging policy changes to Medicaid and the Supplemental Nutrition Assistance Program (SNAP) will worsen senior hunger and hardship while placing even greater strain on community-based Meals on Wheels providers. Organizations are being asked to do more with less, while also facing increased uncertainty around the future of government and other funding sources.

Meals on Wheels America's 2024 Benchmarking Survey provides a timely and revealing snapshot of the challenges providers face and the innovative ways they continue to serve older adults in need. This survey updates information about providers' services and experiences collected in 2023 to improve understanding of the network and track changes over time.

These findings are based on data from 628 Meals on Wheels America member organizations (63% of 991 for which we had a working email address) that completed the online survey between June 21 and September 13, 2024. We included only responses from organizations that finished the survey. Thirteen providers (2%) indicated in the first question that they do not provide direct meal services to their clients. These providers were not included in the findings, as the survey focused on organizations that provide direct meal services to their clients.

Not all organizations that completed the survey answered every question (respondents could skip questions or say, "Don't know," and not all questions applied to all providers). Thus, the total number who answered each question is reported for each question. Respondents who skipped a question or responded "Don't know" to a question were excluded from the analysis for that question.

For details about the survey methods and data, see the **Appendix: Survey Methods and Data.**



Findings

This section details findings on the following topics:

- Organization demographics, reach and scope
- Services
- Funding and health care partnerships
- Challenges and accomplishments

PROVIDER DEMOGRAPHICS, REACH AND SCOPE

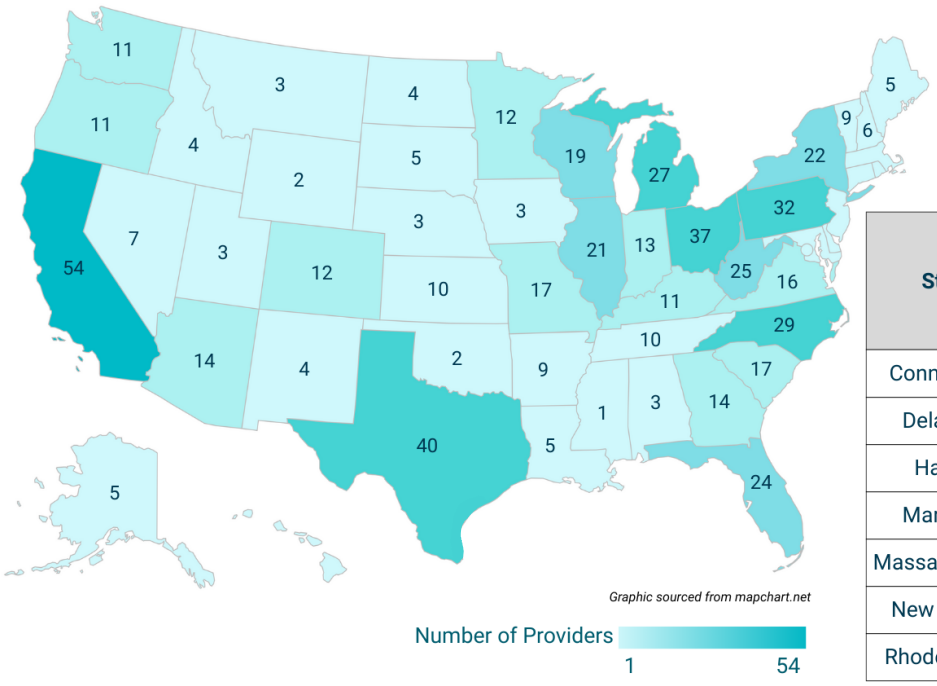
While Meals on Wheels providers share a common goal, the services they offer and the challenges they face depend on several factors, including geographic location, senior nutrition budget and services provided. These factors directly influence the number of older adults served. This section details these factors and the number of older adults served.



GEOGRAPHIC LOCATION

Meals on Wheels providers serve meals and other services to older adults across and outside of the United States. Organizations from all 50 states participated in the survey (no surveys were received from providers in the District of Columbia). Five providers outside the U.S. (one from the Cayman Islands and four from Canada) also completed the survey.

Number of Respondents to 2024 Member Benchmarking Survey, by State (N=628)



State	Number of Providers Who Responded
Connecticut	10
Delaware	2
Hawaii	2
Maryland	6
Massachusetts	8
New Jersey	13
Rhode Island	1

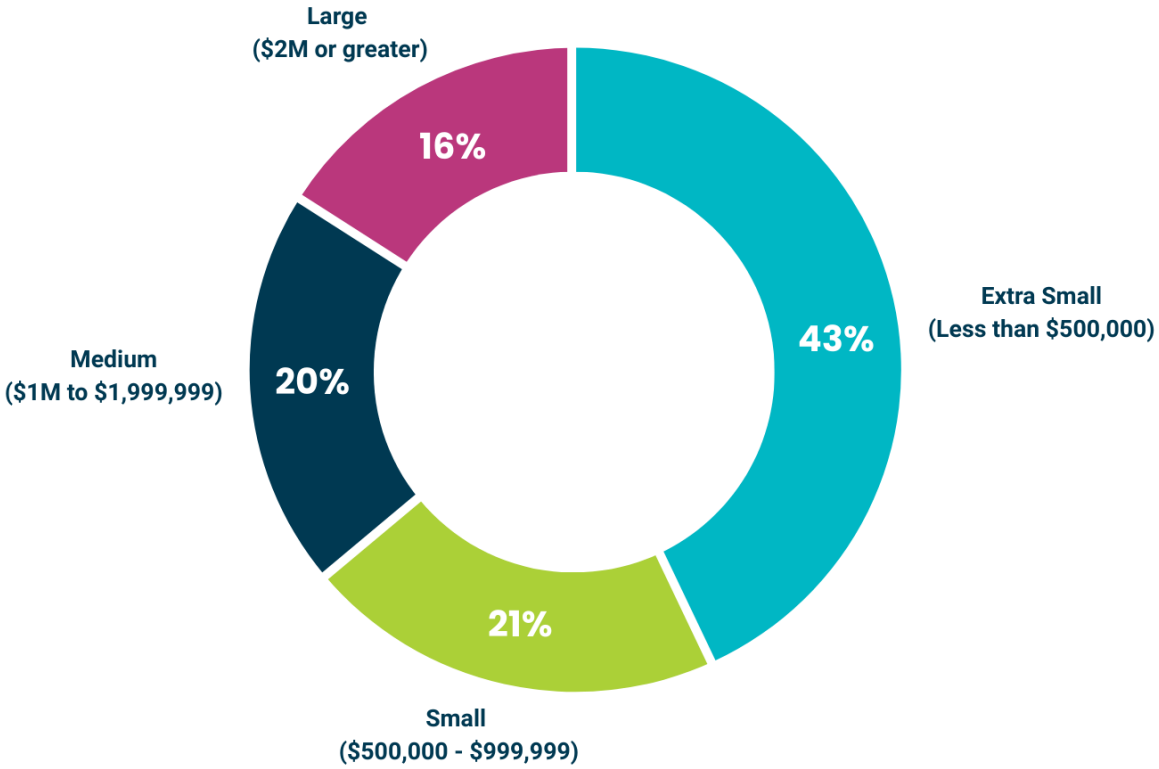
Not shown on map: Five providers outside the U.S. (one from Cayman Islands and four from Canada) also completed the survey. Organization state is from membership records.

ORGANIZATION SIZE

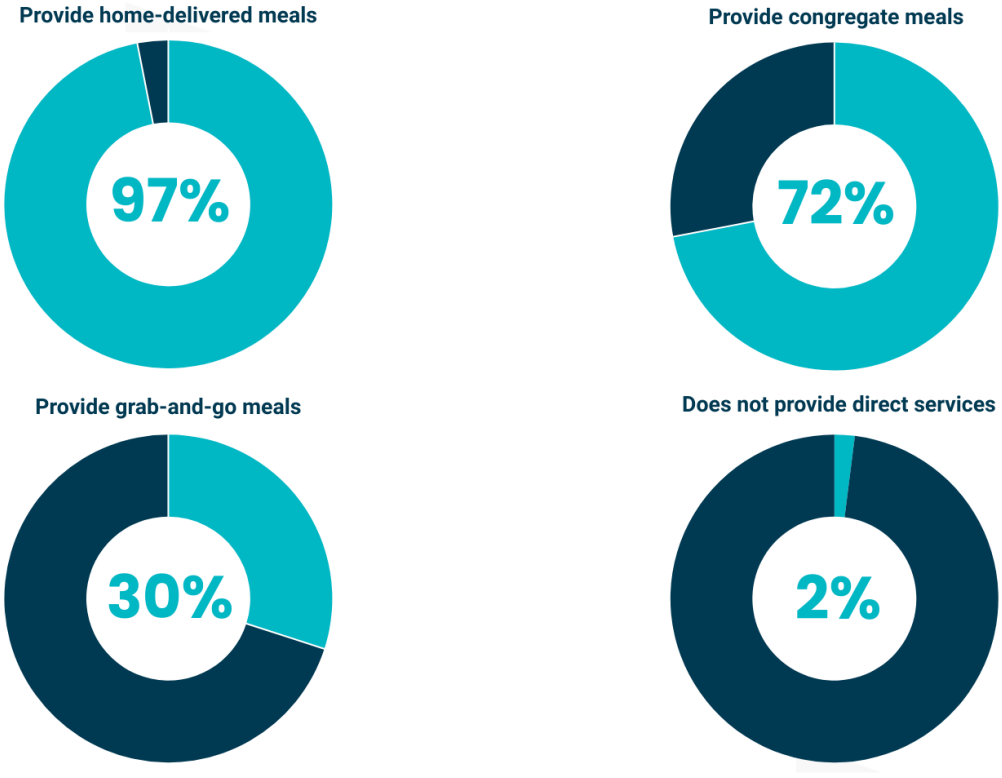
Grouping the 628 organizations that completed the survey by annual senior nutrition budget size (based on annual budget amount in membership records[2]), the largest group was extra-small providers (43%) and the smallest group was large providers (16%). About 64% of respondents were small or extra small providers, which is similar to the makeup of Meals on Wheels America's membership, where 65% of the membership are small or extra small providers.

[2] The membership size categories are defined by the following senior nutrition budget ranges: extra small program: <$500,000; small program: $500,000-$999,999; medium: $1,000,000-$1,999,999; large: $2,000,000+.

Nearly Two-Thirds (64%) of Providers Were Small or Extra Small Programs (N=628)



Almost All Providers Serve Home-Delivered Meals (N=628)



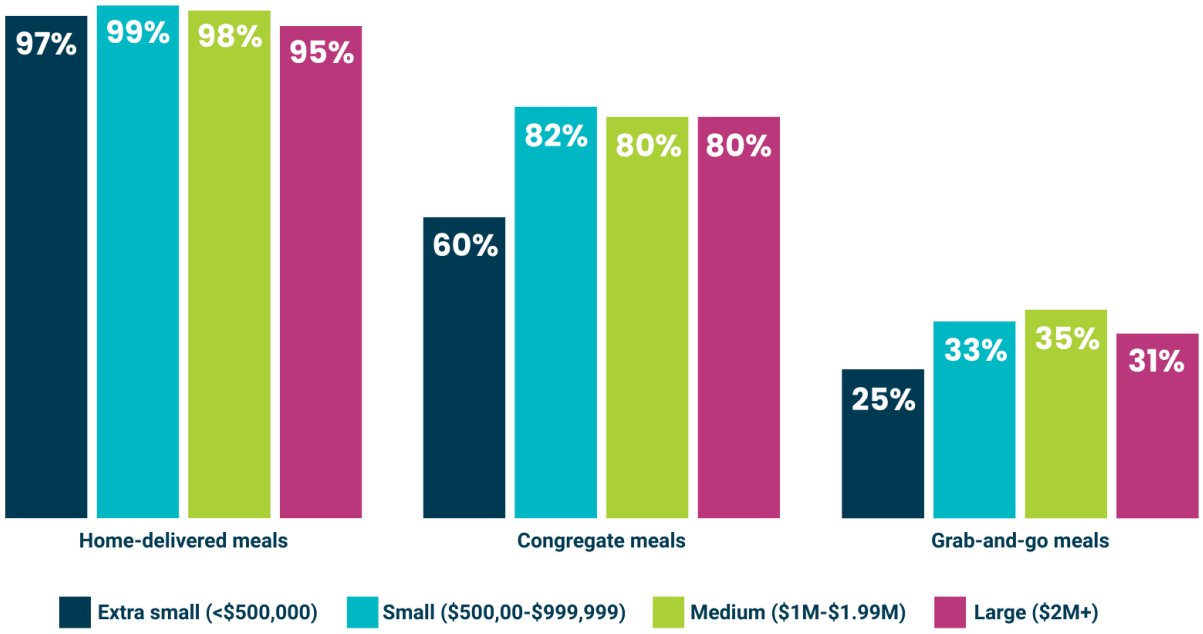
The 2% (13) of respondents that do not directly provide any of these included five Area Agencies on Aging that contract with meals programs, three State Units on Aging, four government agencies or government-affiliated organizations, and three organizations that provide support in other ways, such as supporting service providers or providing groceries or other services. One organization stated that they did not provide direct meal services but did not elaborate.

Thirty percent (184) of the organizations that provide home-delivered and/or congregate meals also provide grab-and-go meals.[3]

These numbers are similar to our 2023 Member Benchmarking survey.

Extra small providers (60%) were less likely to serve congregate meals than small (82%), medium (80%) or large providers (80%). Extra small providers were also slightly less likely than small, medium or large providers to serve grab-and-go meals, suggesting that extra small providers may be more likely to lack capacity to serve additional meal types.

Extra Small Providers Are Less Likely to Offer Congregate and Grab-and-Go Meals (N=628)

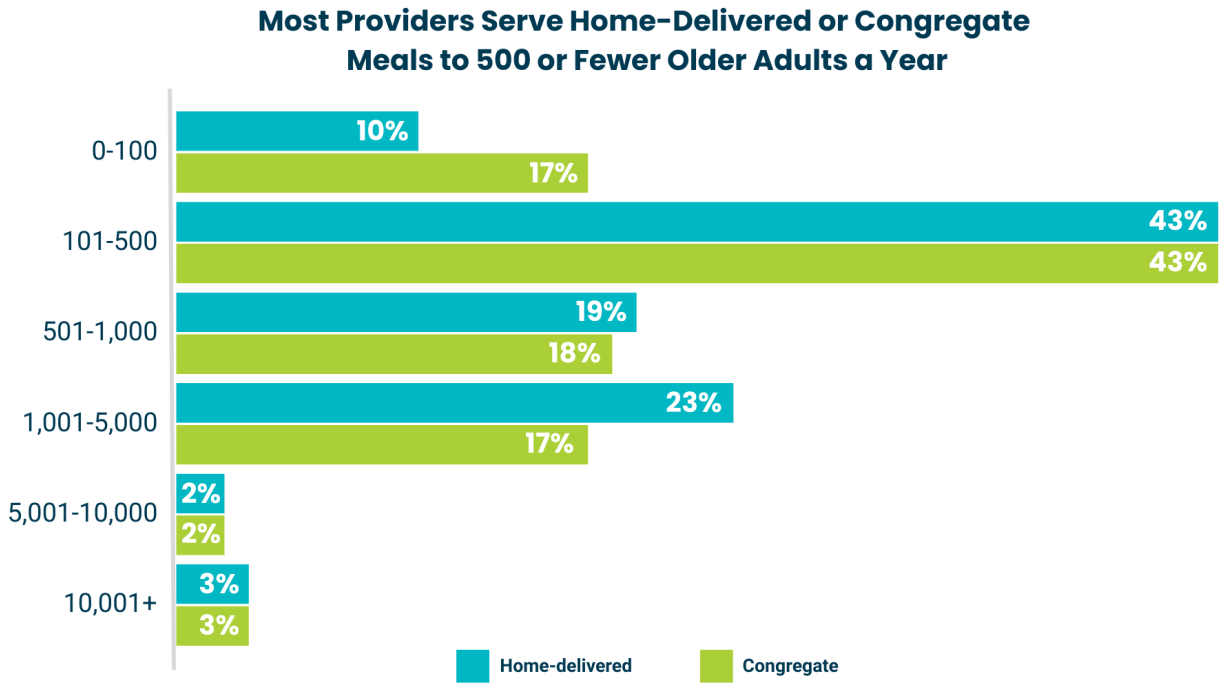


[3] Two additional providers noted that they provide grab-and-go meals, but no other meal type.

NUMBERS OF OLDER ADULTS SERVED

A total of 589 organizations reported serving home-delivered meals to approximately 1.9 million[4] older adults, and 430 organizations served congregate meals to approximately 700,000[5] older adults in 2023. In total, 593 organizations served approximately 2.6 million[6] older adults in 2023.

Unchanged from our 2023 survey, over half of providers serve fewer than 500 older adults a year. The median number of older adults served was 461 for home-delivered meals and 379 for congregate meals. A small number of providers served extremely large numbers of older adults, with 18 providers serving home-delivered meals to 10,000 or more older adults, and 11 providers serving congregate meals to more than 10,000 older adults.[7]



[4] The total number of older adults who were served home-delivered meals was calculated by taking the average of ranges reported by providers that served at least one older adult. The range, calculated from 589 organizations, was 1,932,861 to 1,943,784, for an average of 1,938,323.

[5] The total number of older adults who were served congregate meals was calculated by taking the average of ranges reported by providers that served at least one older adult. The range, calculated from 430 organizations, was 701,477 to 705,836, for an average of 703,657.

[6] Calculated by adding the average estimates for adults served home-delivered meals and adults served congregate meals, resulting in a total of 2,641,979. Note that this number may double-count seniors who received home-delivered and congregate meals.

[7] As a part of data quality checks, we emailed 49 providers that reported serving more than 10,000 older adults home-delivered or congregate meals. We were not able to confirm data for 10 providers that reported serving large numbers of older adults. Those providers are included in this analysis.

SERVICES

Meals on Wheels service begins with the meal and enables local providers to deliver so much more. The delivery of a nutritious meal creates the opportunity to build a relationship with the individual senior, opening the door for Meals on Wheels providers to identify and deliver valuable services that promote independence and well-being. Regular meal delivery from Meals on Wheels, whether in the comfort of the home or at a community dining site, provides tailored nutrition, social connection, safety and more to those with the greatest social and economic need.

THE MEAL

Food insecurity among adults age 60 and older increased between 2021 and 2023 from 10 million to nearly 13 million,[8] highlighting the growing need for the meals and other nutrition assistance that Meals on Wheels providers offer.

MEALS SERVICES PROVIDED

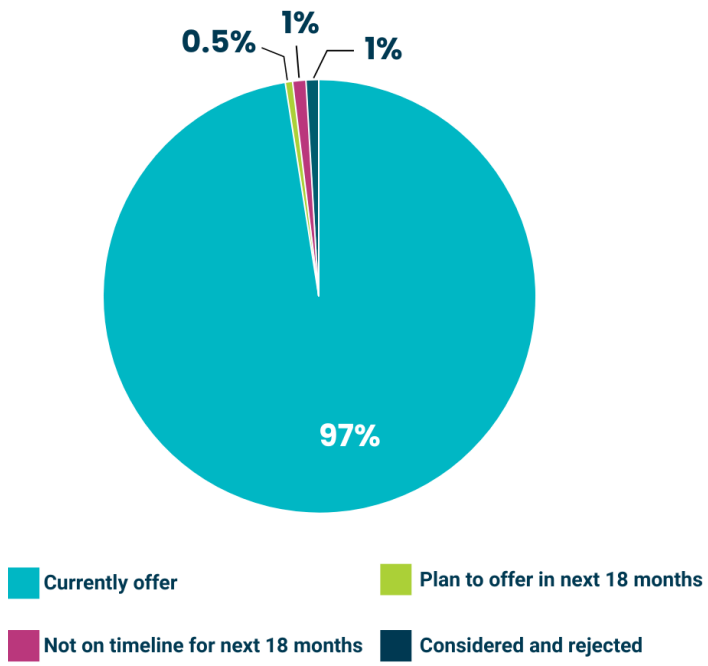
Providers offer a variety of meal services to meet the needs of the older adults in their communities. Nearly all (97%, 611) of the 628 organizations that completed the survey provide home-delivered meals, and 72% (451) provide congregate meals. Nearly a third (30%, 186) of survey participants provide grab-and-go meals, continuing a new option that many organizations began as an alternative to congregate dining during the COVID-19 pandemic. Two percent (13) do not provide any of these and were excluded from the rest of the analysis.[3]

OFFERING FIVE MEALS A WEEK FOR ALL HOME-DELIVERY CLIENTS WHO WANT AND NEED THEM

A core part of the Meals on Wheels service model is meals offered on a regular basis. Similar to our 2023 survey, nearly all (97%, n=545) providers report serving “five meals a week for all home-delivery participants who want and need five meals per week”.

[8] Food insecurity increased among adults age 60 and older is from Meals on Wheels America’s analysis of data from the December 2021 and December 2023 Current Population Survey, Food Security Supplement, accessed through the U.S. Census Bureau custom data tables. Data include adults age 60 and older who were categorized as having experienced “marginal food security,” “Low food security” and/or “Very low food security.” Custom data tables available at: https://data.census.gov/app/mdat/CPSFOODSECURITY202112/table?cv=HRFS12MD&vv=PRTAGE(0:60:90)&wt=PWSUPWGT and https://data.census.gov/app/mdat/CPSFOODSECURITY202312/table?vv=PRTAGE(0:60:90)&cv=HRFS12MD&wt=PWSUPWGT

Nearly All Providers Offer Five Meals a Week to All Clients Who Want and Need Them (N=564)



Eight providers (1%) considered and rejected this idea. These organizations reported that funding and staffing constraints limit their ability to deliver five meals a week, with one stating that they serve "four meals per week due to budget reductions."

In open-ended responses, 14 providers indicated that they serve more than five meals a week, with several indicating that they serve up to 14 meals a week and one provider saying, "We've heard from dozens of the seniors we serve that the five meals/week they receive through Meals on Wheels is not enough food for them."

> "Also, if anyone needs more than one meal, if they are not getting enough to eat, we will offer this service as well.
>
> PROVIDER IN COLORADO

Evidence suggests that Meals on Wheels services lead to positive health and well-being outcomes. Services aligning with older adult needs and preferences contributed to positive outcomes. As providers tailor their services to effectively meet the needs of the older adults in their communities, they may provide meals less frequently than five times a week to some clients who do not need meals as frequently.

About two-thirds (67%, n=403) of providers indicate that they serve fewer than five meals a week to some clients. A large portion of these providers (379) left comments clarifying in what situations their clients receive fewer meals, with responses frequently citing that some clients have family or caregiver help, they may do this if a client requests it, or for rural or remote clients. Providers emphasized that "Some clients only need a few per week; e.g., they may attend other programming such as adult day care other days of the week" and that they may have difficulty delivering the meals weekly, saying, "For our very rural areas, we have 10 frozen meals delivered every two weeks."

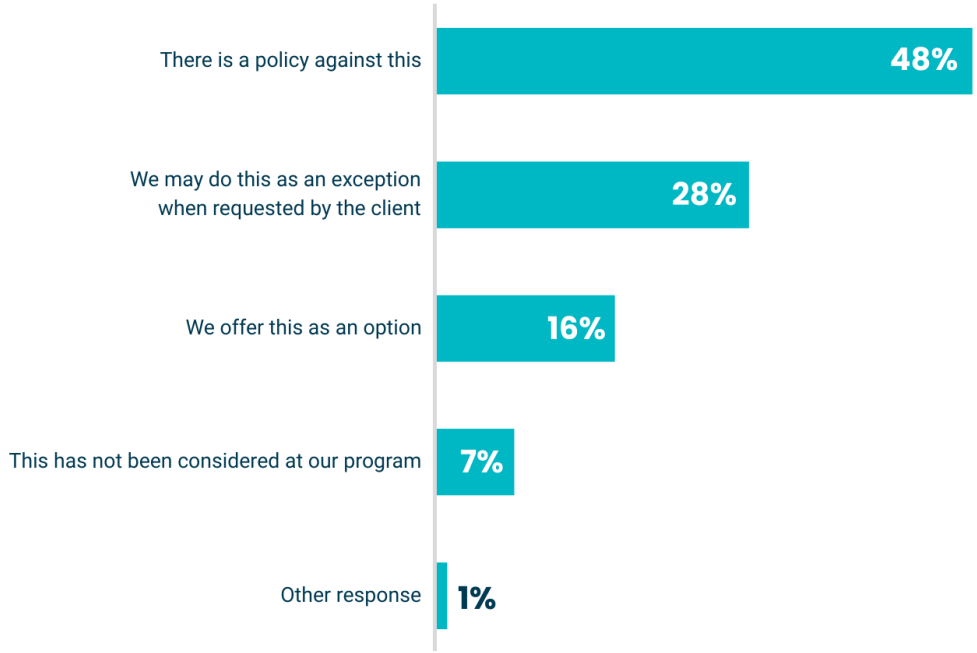
Nearly seven in 10 (69%, n=408) providers offer five touchpoints for all clients who want and need them, including meal delivery, friendly visiting, phone check-ins or other means of contact. For providers that face barriers to delivering five meals a week, alternative methods of checking in with clients are necessary to ensure that clients still receive regular social connection. Two-thirds (65%, n=252) of providers that serve less frequently for some clients report that they provide five touchpoints per week to all clients who want and need them.

> Clients who live more than 10 miles from our office get one hot and four frozen meals delivered once a week and phone calls twice during the week.
>
> PROVIDER IN TEXAS

MEALS LEFT IN COOLERS

A question was added to the 2024 survey to better understand providers' practices around leaving meals in coolers at the door. Sixteen percent (n=95) of providers offer an option for clients to have their meal left in a cooler at their door, and 28% (n=172) may do this as an exception when requested by a client. Nearly half (48%, n=292) of providers say they have a policy against this, and 7% (n=41) say this has not been considered at their organization. Five providers (1%) had other responses, including one that said they had a later delivery time, one that said they would only do this if the client had an outdoor fridge, and three providers explained barriers to offering this, such as needing additional equipment, food safety concerns and concerns about leaving the food unattended.

Nearly a Third of Providers Offer Meals Left in a Cooler as an Exception (N=605)



TAILORED NUTRITION

Evidence indicates that Meals on Wheels services tailored to older adults' needs and preferences contribute to improved health and well-being outcomes. Providing tailored nutrition — meals that align with medical, cultural or lifestyle needs — is one of the keys to helping older adults live healthy and nourished lives in their communities of choice.

Thirty percent of providers said "Clients needing tailored meals that we do not offer" was a challenge to serving all seniors in their community who need meal services (see section on Challenges).

MEDICALLY TAILORED MEALS

Nearly two-thirds of Medicare beneficiaries age 65+ have three or more chronic conditions.[9] With most older adults experiencing chronic medical conditions, offering a continuum of nutrition services that includes medically tailored meals is key to helping older adults live healthier lives at home. Providing medically tailored meals also opens doors to partnerships with health care organizations in which Meals on Wheels organizations get reimbursed to provide medically tailored meals to beneficiaries with medical conditions.

For this survey, Meals on Wheels America defined medically tailored meals as meals produced or sourced under the consultation of a registered dietitian nutritionist (RDN) or state-credentialed nutrition professional to support an older adult's medical condition. Providers use a variety of other terms to describe these meals, such as "meals that meet dietary/medical need," "therapeutic," "renal diet" or "heart healthy."[10]

In follow-up conversations with providers, we determined that the ways in which medically tailored meals are offered vary greatly, from the types of meals served, funding sources and how RDNs are involved. For example, most providers either contract with a RDN or employ a RDN on staff. However, some organizations source RDN oversight in other ways, such as volunteer RDNs or RDNs provided through an Area Agency on Aging or meal vendor.

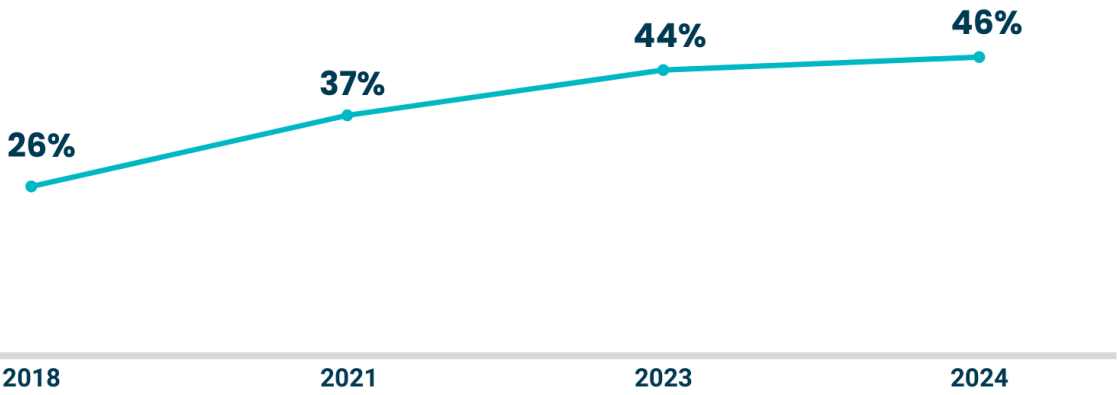
> "We are talking with two local nonprofits about collaborating and expanding our medically tailored meal program. One is a small Meals on Wheels organization that currently does not offer any medically tailored meals. The other is a soup kitchen that delivers twice a week to a remote community.
>
> PROVIDER IN VIRGINIA

[9] Figure is from the 2023 Mapping Medicare Disparities by Population tool from the Centers for Medicare and Medicaid Services. Data are for Medicare beneficiaries age 65 and older living with three or more of 60 different chronic conditions. Data available in the United Health Foundation America's Health Rankings Senior Report (National Multiple Chronic Conditions – Ages 65+): https://data.cms.gov/tools/mapping-medicare-disparities-by-population. (Filters –Population: Medicare Fee For Service, Year: 2023, Geography: State/Territory, Measure: Prevalence, Adjustment: Unsmoothed actual, Analysis: Difference from national average, Domain: Primary chronic condition, condition/ service: 3+ of the claims, Sex: All, Age: All, Race & ethnicity: All; Dual eligible: Dual & non-dual, Medicare eligibility: All)

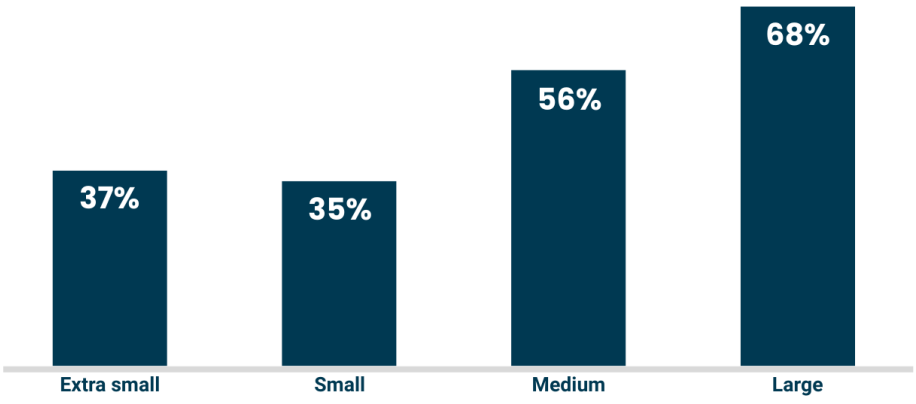
[10] Asher Consulting, April 2022. Meals on Wheels America 2021 Member Perspectives and Practices Survey: Focus Group Findings. (Internal report).

Of the 426[11] providers that offer home-delivered meals and answered the question, nearly half (46%, n=195) of providers currently offer medically tailored meals. Forty-six percent (n=197) said they were not offering or planning to offer this in the next 18 months, while 8% (n=34) planned to start offering this in the next 18 months. This is slightly more than on our 2023 survey, when 44% of providers were offering tailored meals under the guidance of an RDN — a figure that has steadily increased since 2018. Extra small (37%) and small providers (35%) were far less likely to offer medically tailored meals than medium (56%) or large providers (68%).

Steady Increase in Providers Offering Tailored Meals Under the Guidance of an RDN



Extra Small and Small Providers Are Less Likely to Offer Medically Tailored Meals (N=426)



[11] 592 organizations responded to this question; however, as we were reviewing the data, we noticed some unclear responses to the question about medically tailored meals, so we followed up with organizations that serve medically tailored meals to confirm their offerings. We could not confirm data for 166 organizations that said they served medically tailored meals. Those responses are excluded from this analysis. 186 organizations confirmed their data, and 50 organizations changed their response.

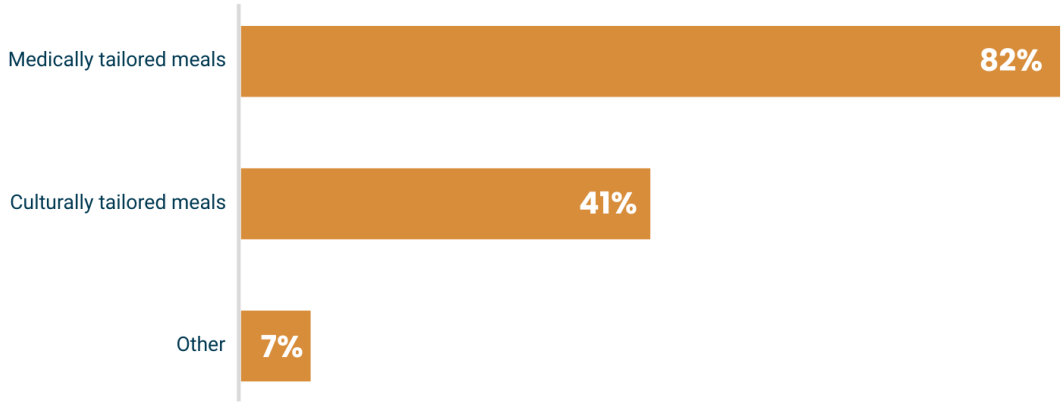
NEED FOR TAILORED MEALS

While medically tailored meals offered by Meals on Wheels providers meet the medical needs of older adults, these are not the only ways in which meals are tailored to meet older adult needs and preferences.

Culturally tailored meals can provide comfort, familiarity, religious connection and additional meaningful opportunities for social connection for meal recipients. Additionally, some providers tailor meals to individual food preferences. Offering tailored meals is a way for providers to reach and better serve diverse communities and best meet the nutritional needs of older adults. Offering tailored meals increases satisfaction, helps providers serve multiple generations of older adults, and boosts meal consumption — ultimately supporting better health outcomes.

When asked about what the biggest need for tailored nutrition is at their organization, 82% (n=463 of 568) of providers identify medically tailored meals as their biggest need. Forty-one percent (n=233) of providers noted culturally tailored meals (meal menus aligned with local client demographics/dietary practices, e.g., Kosher/Halal, no pork, vegetarian, no fish on Fridays, Latino, Vietnamese, Southern/Soul Food, etc.) as their greatest need. Providers could select more than one type of tailored meal as the biggest need.

Most Providers Identify Medically Tailored Meals as Their Biggest Need for Tailored Nutrition (N=568)



Seven percent (n=38) of providers mentioned that other tailored meals were the most needed at their organization. In open-ended comments, providers frequently mentioned need for nutritionally dense food, low-prep or small-portion food, or meals tailored to specific preferences. Four providers mentioned that tailored meals were not feasible (due to funding, time resources, etc.), with providers mentioning "because we only have four staff members in our kitchen and a limited budget, tailored meals are not feasible at this time" and that they would need "more funds directly related to administrative costs for creating tailored meals." A small number of providers (8) mentioned that tailored meals were not requested by clients at their organization.

To note, 29% (n=166) of providers noted that medically tailored and culturally tailored meals were both the most needed. It is evident that older adults are diverse in their needs and preferences, and Meals on Wheels providers recognize the need for tailored meals in their communities.



My doctor is supportive of this program and that I am getting better food, which has lowered my A1C.

CLIENT IN TENNESSEE



I know that I have a meal coming, and I don't always want to get out of bed to fix anything. Meals on Wheels helps me eat like my doctor tells me.

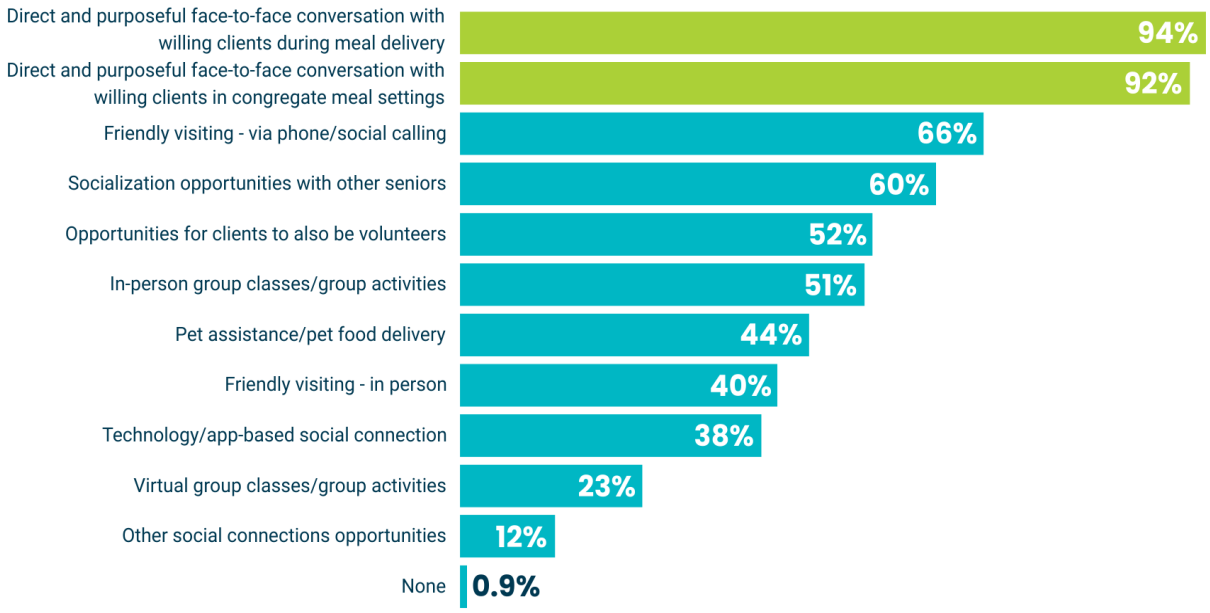
CLIENT IN SOUTH CAROLINA

SOCIAL CONNECTION

The U.S. Surgeon General issued an advisory declaring social isolation and loneliness an epidemic in May 2023,[12] calling greater attention to the importance of social connection for overall health. With nearly all providers offering social connection opportunities in some way, this is a critical service to the country and sets community-based Meals on Wheels providers apart from other types of meals services, such as for-profit frozen drop-shipped meal vendors. Nearly all Meals on Wheels providers (99%, 568 of 573 that answered the question) provide social connection opportunities in the form of conversation during meals and/or other social connection opportunities beyond meals.

[12] United States. Public Health Service. Office of the Surgeon General. (2023). Our Epidemic of Loneliness and Isolation: *The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community. Department of Health and Human Services.* https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf

Nearly All Providers Offer One or More Social Connection Opportunities (N=573)



CONVERSATIONS DURING MEALS

The meal — whether home-delivered or at a community dining center — is an important opportunity for social connection.

Nearly the same as our 2023 survey, 94% (537 of 570) of providers that offer home-delivered meals offer "Direct and purposeful face-to-face conversation with willing clients during meal delivery," and 92% (384 of 416) of providers that offer congregate meals offer "Face-to-face conversation with willing clients in congregate meal settings." Further, 92% (n=561) of home-delivery programs train drivers to chat with clients personally.

> "Many of our seniors have reported that the contact with the Meals on Wheels driver is the only social contact they have during the week, so we've also set up a phone call check-in program that has been very popular"
>
> PROVIDER IN KENTUCKY

SOCIAL CONNECTION OPPORTUNITIES BEYOND CONVERSATION WITH MEALS

Most providers (92%, 526 of 573) offer one or more social connection opportunity beyond direct and purposeful conversation with clients at home-delivered or congregate meals.

Providers offer a variety of opportunities for older adults to stay socially connected. Friendly calling, socialization with other seniors and opportunities for clients to become volunteers (e.g., mentoring, tutoring, social calling) have remained the most frequently offered social connection opportunities beyond meals. But notably, the percentage of providers that completed the survey offering in-person classes has risen slightly (from 46% to 51%), while technology/app-based social connection has declined since our 2023 survey (49% to 38%). While we need more information to know the reasons for these changes, this may be reflective of Meals on Wheels organizations returning to in-person activities and social connection after the COVID-19 pandemic.

> We offer programming in senior centers that includes bingo, dances, celebrations and cooking demonstrations.
>
> PROVIDER IN ILLINOIS

Of the 12% of providers[13] that report providing other social connection opportunities, this included providing outings/trips, arts and crafts, community gardens, movie nights and other opportunities. One provider reported, “We serve about 200 seniors a day through senior center offerings. Classes, activities, field trips, exercise, etc.”

WHO RECEIVES SOCIAL CONNECTION OPPORTUNITIES

Research indicates that older adults who feel lonely are more likely to be socially isolated and less willing to participate in social activities.[14] Thus, older adults who are socially isolated and experiencing loneliness may require opportunities and support that remove barriers to willingness to participate in social activities.

Of the 539 providers that offered social connection opportunities beyond conversations with meals as of the time of the survey and answered the question, a majority (70%, n=378) offer social opportunities beyond the meal to all clients who are willing and interested. More than a quarter (26%, n=139) of providers offer social connection to some interested/willing clients based on availability. Additionally, 19% (n=100) of providers offer social connection opportunities to clients who are identified as being at risk for social isolation and/or loneliness (providers could check all that apply).

[13] 39 providers reported offering “other” social connection opportunities. 8 responses were recoded to fit into the following categories: in-person classes (6) and social calling (2).

[14] Nakajima, C., Tomida, K., Shimoda, T., Kawakami, A., & Shimada, H. (2024). Association between willingness to participate in physical and social activities and loneliness in older adults: A stratified analysis by social isolation status. Archives of Gerontology and Geriatrics, 116, 105216. https://doi.org/10.1016/j.archger.2023.105216

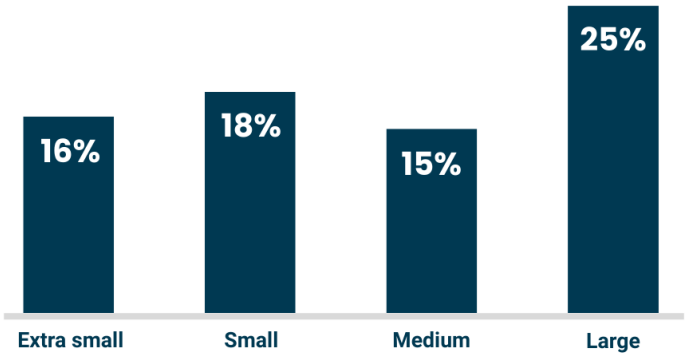
Two in 10 Providers Offer Social Connection Opportunities Specifically to At-Risk Clients (N=539)



Three percent of providers (n=13)[15] shared other comments about who receives social connection opportunities, including one provider that offers social connection to other seniors who are not enrolled in the Meals on Wheels program and one provider that noted that social connection beyond meals is limited to congregate participants.

Large providers (25%) were more likely to offer social connection to those most at risk for social isolation and loneliness than extra small (16%), small (18%) or medium (15%) providers.

Large Providers Are More Likely to Offer Social Connection Beyond Meals to Those Most at Risk for Social Isolation and Loneliness (N=565)



[15] 11 providers said in open-ended comments that they did not provide social connection beyond the meal. These providers were excluded from this analysis.

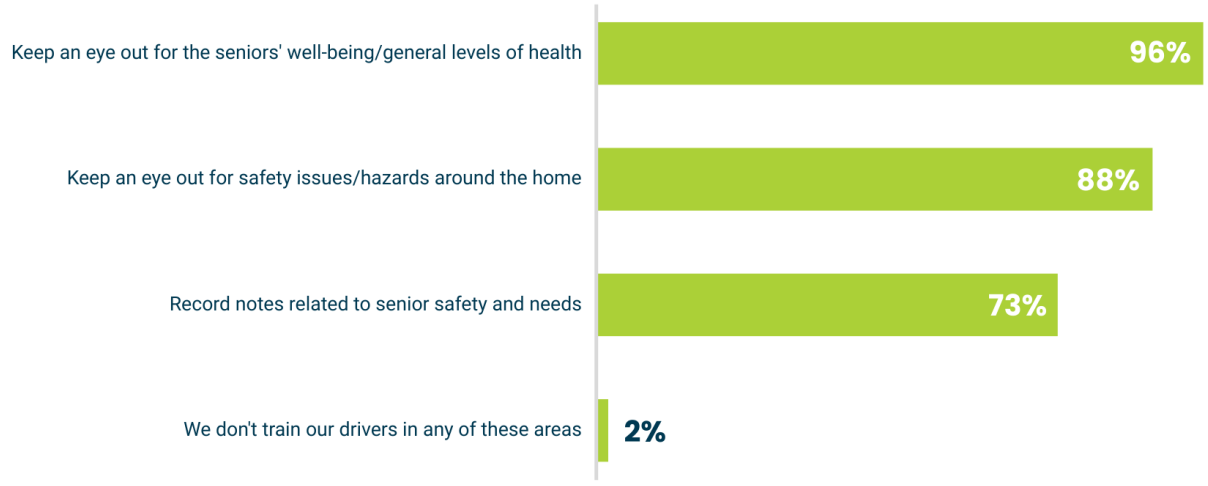
> We have received a social connectedness grant and are developing our program based on data collected from 100 clients who are interested. The data currently demonstrates that adults 55-65 are most interested and need socialization
>
> PROVIDER IN INDIANA

SAFETY

Safety services — assessing the environment and addressing identified hazards, either directly or through referrals — are a core component of the Meals on Wheels service model. In addition to meals, Meals on Wheels providers offer safety checks, assessments, referrals and other supportive services to help older adults to remain independent in their homes.

Consistent with findings from our 2023 survey, nearly all (98%) providers report training drivers to check in on clients in one or more ways. Most frequently, drivers are trained to keep an eye out for seniors' well-being and general levels of health, chat with clients and keep an eye out for safety hazards. Through these driver check-ins, seniors receive essential socialization and safety checks that help enable them to remain at home.

Nearly All Providers Train Home-Delivery Drivers to Look Out for Clients' Well-Being (N=612)



> We also have trained our meal delivery volunteers on recognizing and reporting abuse and neglect.
>
> PROVIDER IN NORTH CAROLINA

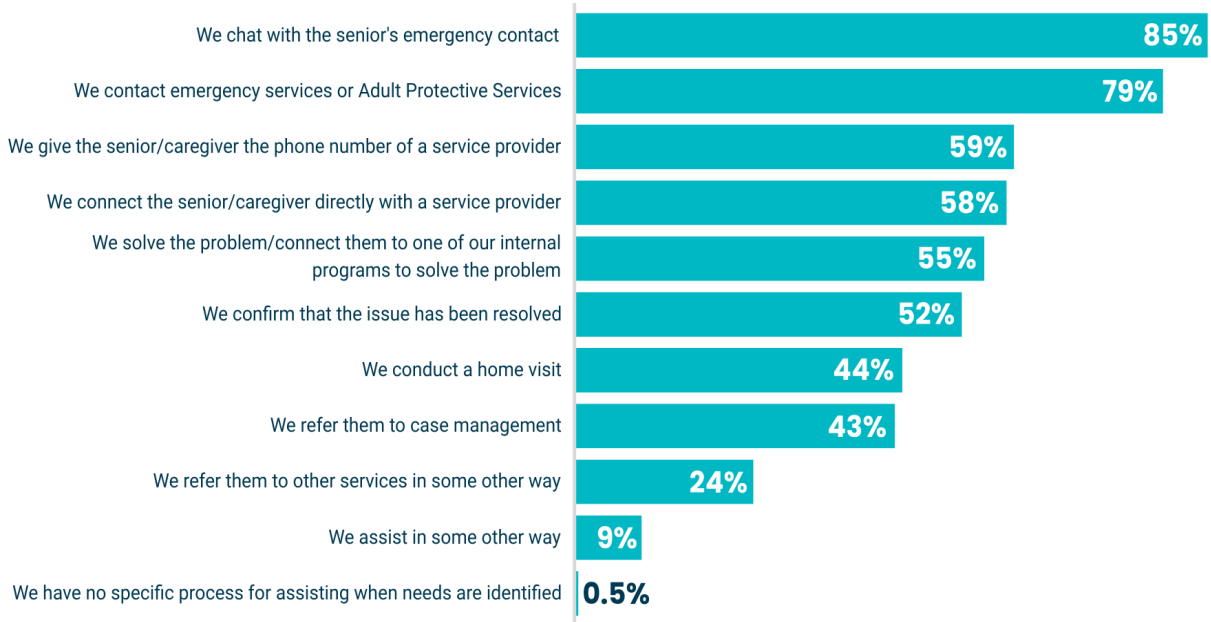
RESOURCES AND REFERRALS

Here we outline the resources, referrals and other supportive services providers offer to address potential risks, changes in condition, and related needs. These services are essential to ensure the safety and well-being of Meals on Wheels clients.

ASSISTANCE WITH POTENTIAL DANGERS AND CHANGES IN CONDITION

Nearly all providers (99.5%, n=605) are prepared to assist in some way with a potential danger or change in a client's condition. Most frequently, providers report that they chat with the senior's emergency contact (85%), contact emergency services or Adult Protective Services (79%), or give the senior/caregiver the phone number of a service provider (59%). A quarter of providers (24%) refer clients to services in some other way, including referring to aging offices, food pantries, legal aid and other local organizations. A small number of providers (n=3, 0.5%) have no specific process for assisting when needs are identified. Fifty-two providers (9%) reported that they assist in some other way, including providing and referring to other services, conducting outreach and asking drivers to monitor the situation. Fourteen providers clarified that their approach to addressing dangers or changes in client condition depends on the situation.

Nearly All Providers Are Prepared to Assist If There Is a Potential Hazard or Change in Condition (N=609)

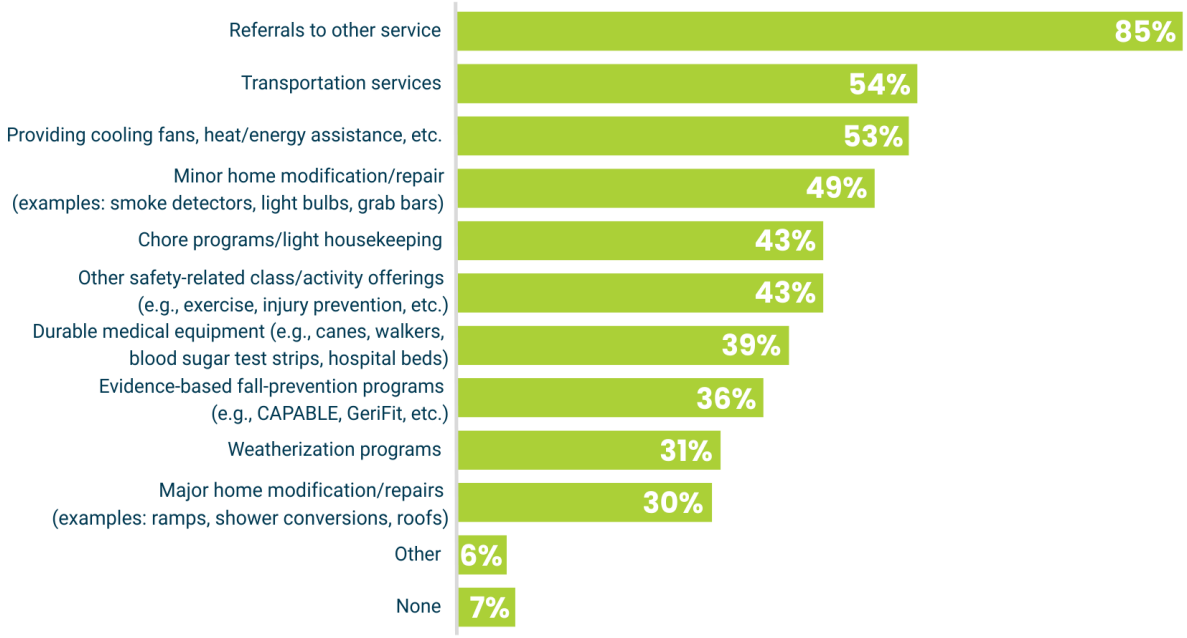


> Sometimes we have fundraisers for specific clients in danger of eviction, to get them paid up on rent and prevent homelessness. Sometimes we let our community know about client needs (respectfully and preserving their privacy) and get donations to meet those needs. We lean on partnerships for donation drives for specific household items that participants need and can't always afford (including toiletries, paper goods, cleaning supplies).
>
> PROVIDER IN NORTH CAROLINA

OTHER SUPPORTIVE SERVICES

Of the 607 providers that answered the question, most (93%, n=565) provide one or more supportive services to their clients. This is up from 85% in our 2023 survey. Most frequently, providers offer referrals to other services (85%). About half or more offer transportation services (54%), cooling fans, heat/energy assistance, etc. (53%) and minor home modifications/repairs (49%). These additional services can improve Meals on Wheels clients' health, safety and well-being.

Most Providers Offer One or More Supportive Services, Either Directly or Through Referral (N=301)



Six percent of providers report offering other supportive services.[16] Based on open-ended comments, these include informational awareness and education (e.g., tax prep, legal and benefits assistance), food pantries, caregiver support, case management, lawn care and other services. One provider mentioned offering "Library books for clients who enjoy reading but are unable to go to the library."

[16] 19 "other" responses were recoded to referrals (11), chores (2), medical equipment (2), transportation (2), minor home modifications (1), and cooling/heating assistance (1).

FUNDING AND HEALTH CARE PARTNERSHIPS

Along with rising food prices, lack of funding to pay for the meals is one of the network's greatest challenges to serving all seniors in need, with 71% of providers reporting funding as a major challenge (see Challenges section). Data showing which funding sources providers rely on helps Meals on Wheels America advocate for increased funding for the network.

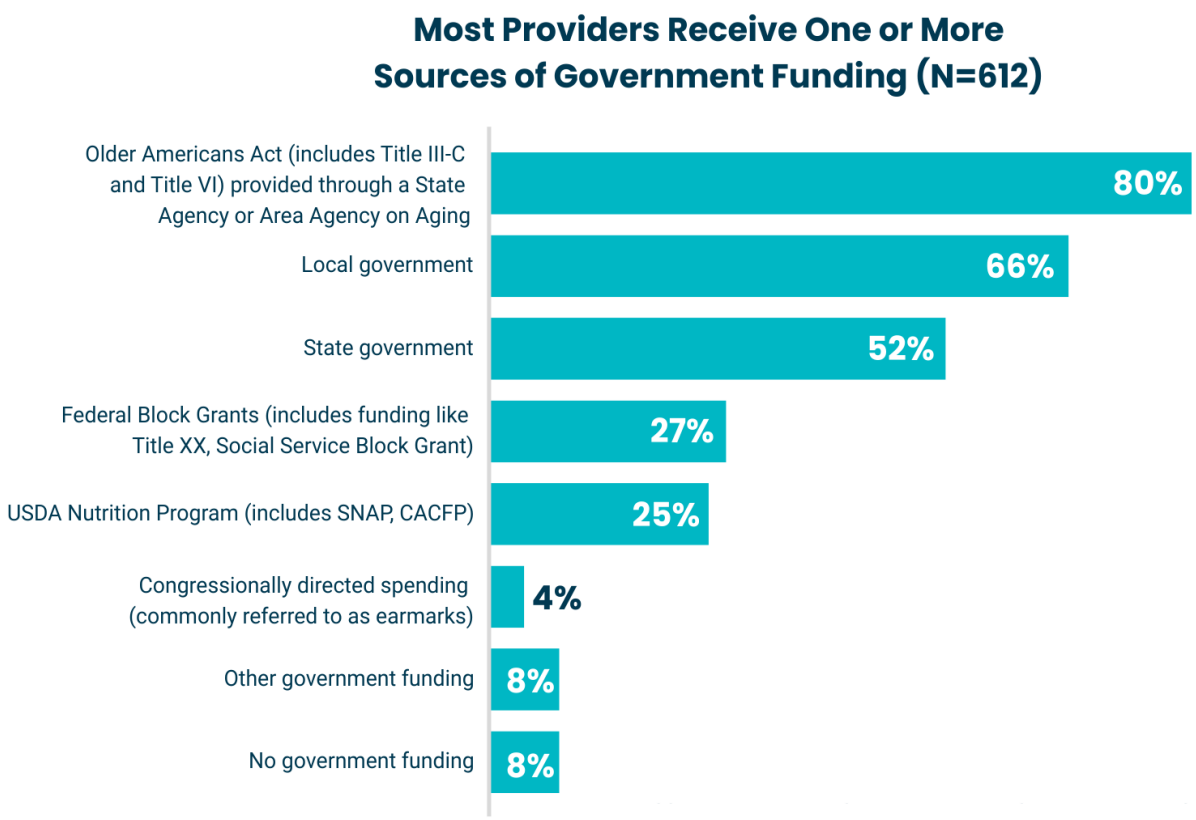
> Our food budget increased by 15% this fiscal year, but food prices have risen even more significantly. The funding has not kept pace with the rate of inflation, forcing us to cut other services.
>
> PROVIDER IN NORTH CAROLINA



GOVERNMENT FUNDING

A majority of providers (92%) receive funding from one or more government sources. This is roughly the same as in our 2023 survey, when 92% received government funding, and our 2021 survey, when 88% of providers reported receiving at least some government funding. Most (80%, n=488) providers receive federal funding through the Older Americans Act (provided through a State Agency or Area Agency on Aging). Additionally, 27% (n=166) receive federal block grants, and 25% (n=150) receive funding from USDA nutrition programs. Although many providers receive federal funding, this funding has not kept pace with inflation, operational costs or the rising need. Federal funding that keeps pace with older adults' changing needs and increased costs of providing services is essential to the network's ability to serve seniors.

> No increase in block grant funding this coming year, with 5.1% contracted price increase in food costs, means less meals served for FY25.
>
> PROVIDER IN NORTH CAROLINA



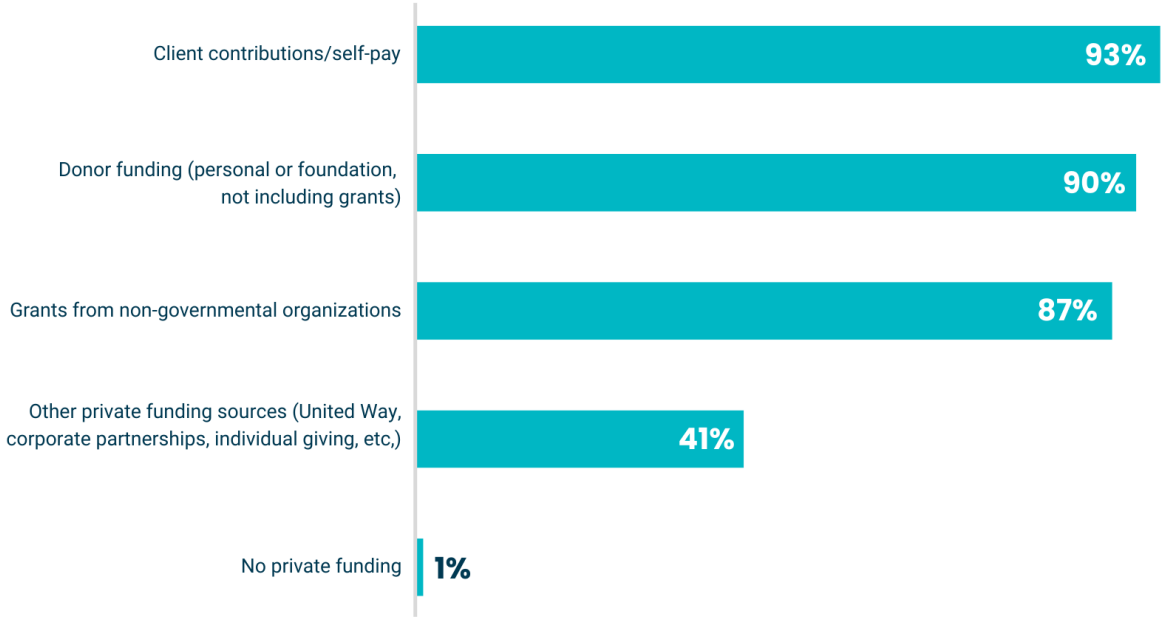
Eight percent (n=50)[17] of providers reported receiving other government funding, such as funding through the American Rescue Plan Act, FEMA, Department of Transportation and funding from taxes and other grants (from provider comments).

PRIVATE FUNDING

Nearly all providers (99%, n=597) receive funding from one or more private sources, most frequently client contributions/self-pay (93%), donor funding (90%) and grants from non-governmental organizations (87%).

[17] Eighteen "other" responses were recoded to match the categories above. These responded included "Local" (7), "State" (6), "Block grants" (5), "USDA" (1) and "OAA" (1).

Nearly All Providers Receive One or More Sources of Private Funding (N=605)



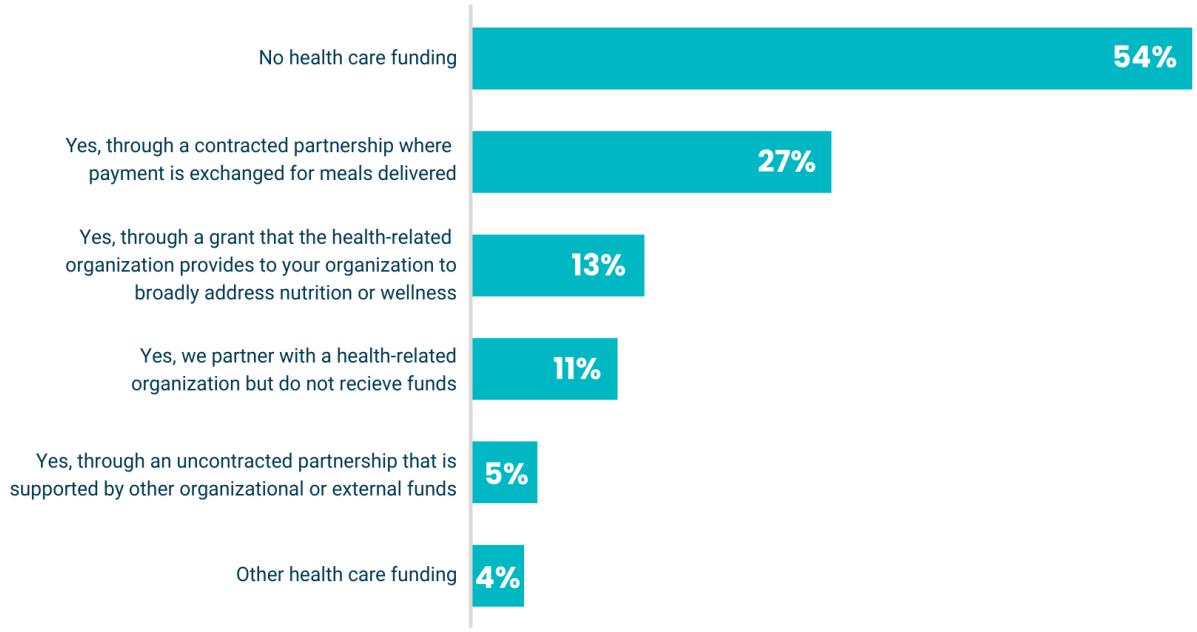
The 41% (n=244) of providers that receive funds from another private source reported corporate partnerships, United Way, individual giving, annual fundraisers, civic sponsorships, charitable foundation giving, memorial donations and social enterprise funding. This represents a significant increase from the 17% that reported receiving funding from other private funding sources in 2023. This may be due to a need to further diversify funding sources at a time when traditional sources are not keeping pace with costs and demand for services.

HEALTH CARE FUNDING AND PARTNERSHIPS

Nearly half (46%) of providers have a health care partnership or receive health-related funding. More than a quarter of providers (27%) have a contracted partnership where payment is exchanged for meals delivered, 13% have a grant to broadly address nutrition or wellness, 5% have an uncontracted partnership that is supported by other funds and 4% reported other health care funding. Although we previously asked this question in other ways, health care funding and partnerships continue to be increasingly prevalent for providers.

- On our 2023 survey, over a third of providers (38%, n=202) received funding from health care organizations.
- On our 2021 Member Perspectives and Practices Survey, 18% of providers received revenue from health care contracts.
- On our 2019 Comprehensive Network Study survey, 16% of providers said they had a health care contract.

Nearly Half of Providers Have a Health Care Partnership (N=292)



The 4% of providers (n=21) that reported they receive other health care funding said this included sponsored events, one-time donations and transportation assistance.

Of the providers that do not currently have a health care contract or receive health-related funding, 34% (n=99) plan to include health care contracts as part of their growth strategy within the next two years, suggesting that there is additional interest in health care funding.



> We are excited to partner with our local hospital system to co-host congregate dining at a Mall being repurposed by the hospital.
>
> PROVIDER IN NEW YORK

CHALLENGES AND ACCOMPLISHMENTS

UNMET NEED AND CHALLENGES

Here we detail survey findings about waitlists for home-delivered meals services, current challenges to serving all seniors who need meals and actions providers are taking in response to challenges to maintaining services.

> We started discussion on how to enact a waitlist for both congregate and home-delivered meals in our communities. If funding continues to decrease, we anticipate being out of funds by April 2025 unless we start the waitlist.
>
> PROVIDER IN OREGON

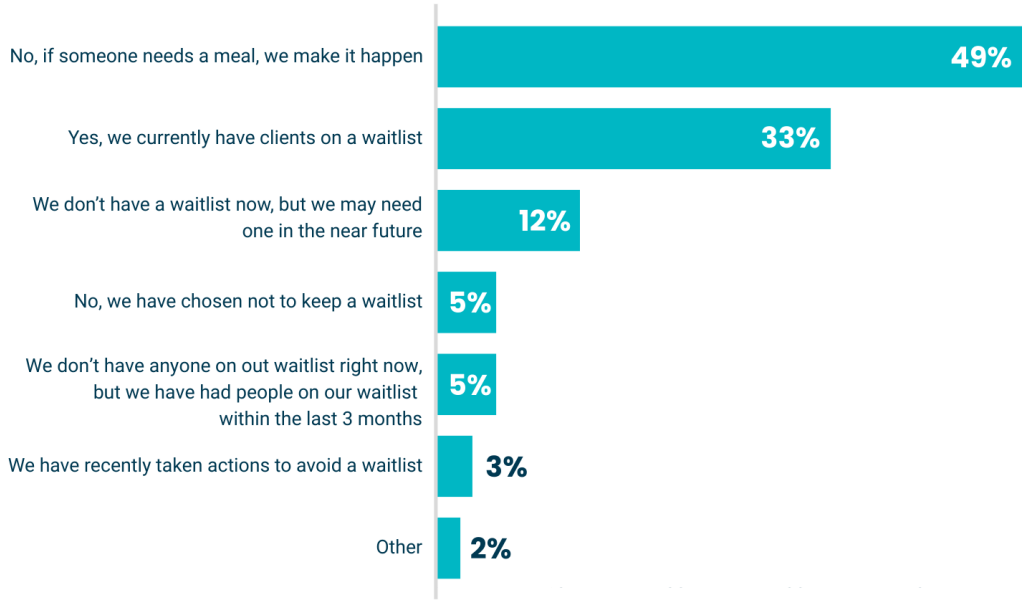


WAITLISTS

Across the county, seniors are waiting months for nutritious meals and social connection. As Meals on Wheels America embarks on its goal to **End the Wait**, we continue to track the number of older adults on waitlists and have reached out to individual providers about their waitlists and the challenges they face.

Of the 605 providers that offer home-delivered meals and answered the question, half say they do not have a waitlist because if someone needs a meal, they make it happen. However, a third (n=201) of providers report a waitlist. Some of the providers that did not currently have people on a waitlist may in the near future (12%) and/or they did in the past three months (5%).

One-Third of Providers Have a Waitlist (N=605)



The 3% of providers that have taken action to avoid a waitlist mentioned the following actions:

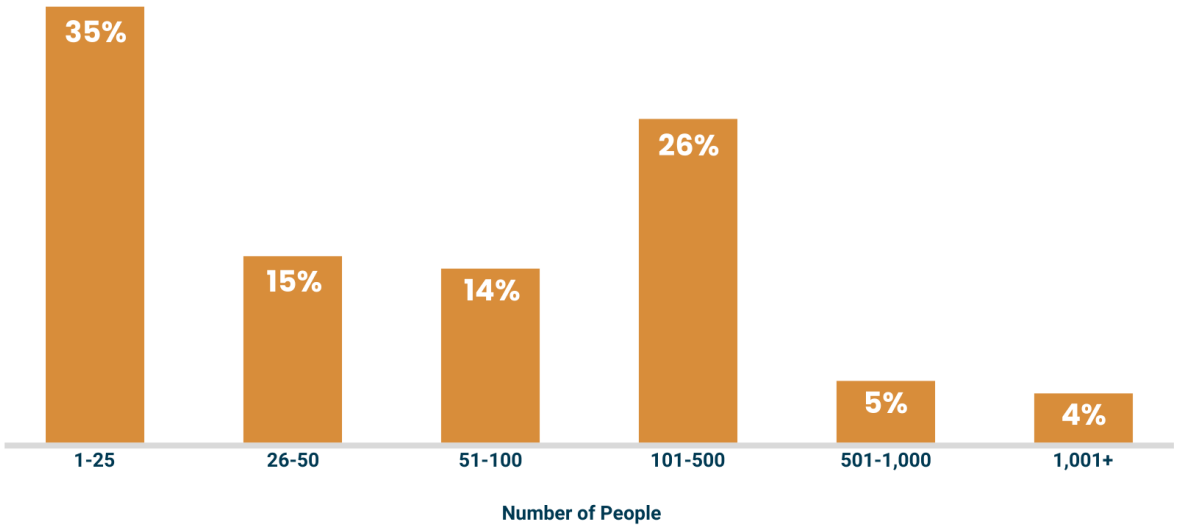
- Reducing the number of meals served
- Providing frozen meals or grocery boxes in lieu of hot meals
- Prioritizing clients based on need
- Adding routes or blurring route boundaries
- Using a periodic waitlist as needed
- Adding additional volunteers/employees/caseworkers
- Additional fundraising
- Utilizing partnerships or contracted vendors

Two percent (n=10) wrote in other responses about their waitlist, adding detail about lack of funding and who manages their waitlist.

> "The state reduced our funding by $30,000 a year. We are for the first time putting clients on a waitlist for food. We are not offering second cold meals to our congregate clients. We have cut second cold meals for home-delivered meals clients from five days to two days. We are cutting staff fringe benefits."
>
> PROVIDER IN MICHIGAN

The 194 providers with waitlists that reported at least one person on a waitlist at the time of the survey reported a total of more than 36,000 people on waiting lists for home-delivered meals. More than a third (35%, n=68) had 100 or more people on their waitlists. While waitlists ranged between one and 3,297 people, seven providers reported more than 1,000 people on the waitlist.

More Than a Third of Providers Report a Waitlist of 100 People or More (N=194)

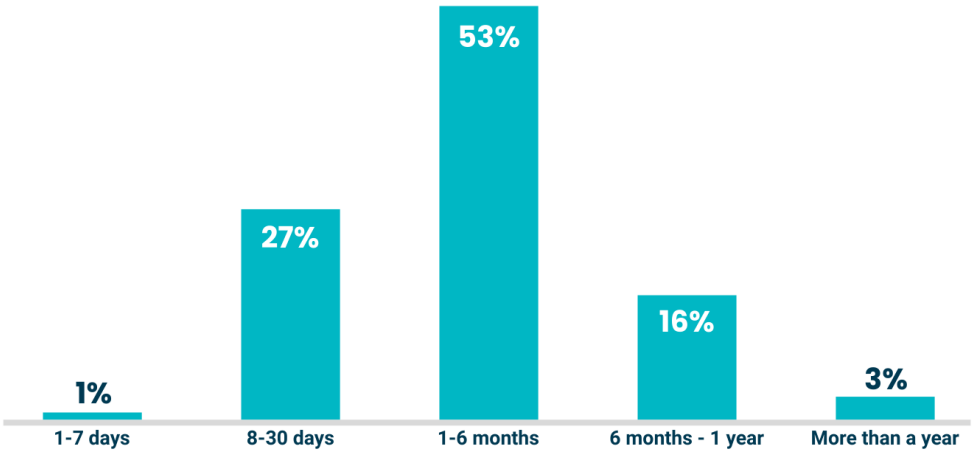


> [Our] waitlist continues to grow. Of our 300 clients, approximately 90 are the highest priority score.
>
> PROVIDER IN OREGON

While the percentage of providers with a waitlist has remained steady at one-third, wait times continue to rise, highlighting that funding and support for local providers has not kept pace with increasing demand.

The 153 providers that reported a waitlist time of a day or more had an approximate average wait time of 115 days, or nearly four months. This is a longer wait time than we reported in 2023, when older adults were waiting an average of three months for vital meals.

Older Adults Are Waiting an Average of Nearly Four Months for Essential Meals and Social Connection (N=153)





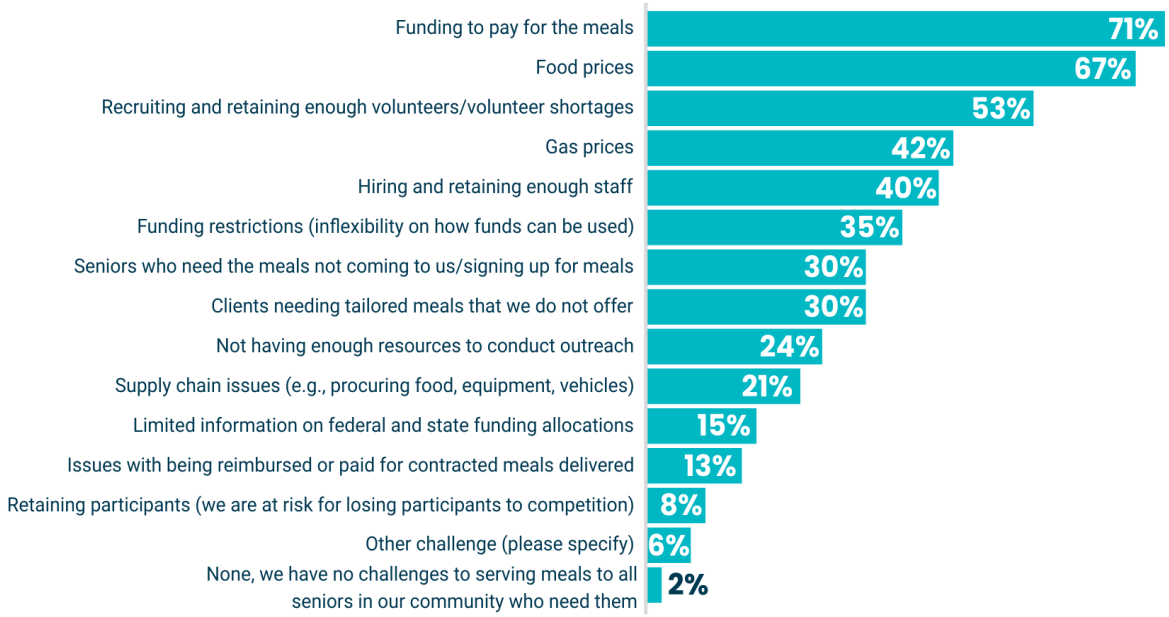
CHALLENGES TO SERVING ALL SENIORS WHO NEED MEALS

Nearly all (98%, n=596) of the 608 providers that completed the survey reported one or more major challenges to serving meals to all the seniors in their communities who need them, similar to our 2023 survey. The challenges that providers most frequently reported were funding to pay for meals (71%), food prices (67%), volunteer shortages (53%), gas prices (42%) and hiring and retaining enough staff (40%). The same top challenges appeared in our 2023 survey, suggesting these issues are consistent and long-standing.

A smaller percentage of providers reported other funding issues as challenges to serving all seniors in their communities who need meal services. Over a third (35%) said funding restrictions or inflexibilities was a challenge, 15% said limited information on federal and state funding was a major challenge and 13% said issues with being reimbursed or paid was a major challenge.

Next, many providers reported challenges related to outreach. Thirty percent said “Seniors who need the meals not coming to us/signing up for meals” was a challenge, and 24% said that “not having enough resources to conduct outreach” was a challenge.

Providers Report Funding, Food Prices, Volunteer Shortages and Gas Prices as Their Most Pressing Challenges (N=608)





In open-ended comments, 6% of providers described additional challenges, including:

- Space or capacity of their building (14 providers)
- Geographic isolation/rural reach (six providers)
- Equipment or infrastructure costs (vehicles, kitchen, etc.) (four providers)
- Increased staffing costs (wages and benefits) (two providers)
- For-profit competition (two providers)

In an open-ended question asking about what is happening at their organization, providers wrote about challenges they were facing. Many of these responses cited challenges related to increased demand, rising costs, funding cuts, and staffing and volunteers. A few of these responses are highlighted below:

- "I am very concerned where we are heading financially. Food costs and required diets are crippling our finances. This has been the most stressful time in my 30-year career."
- "Our client numbers are going up ... so are food costs. We are trying our best to service the community as best as we can."
- "Our home-delivered meal consumers have decreased from 800 per day to 400 per day due to lack of funding… All costs have gone up significantly, and our Aging Block Grant has been flat-funded since 2008."
- "Volunteers are still the main problem in providing service. Also, the increase in all costs — food, electricity, gas, water and rent — are requiring more of our budget than ever before."
- "Funding for staff salaries and rent are almost nonexistent and an ongoing challenge."
- "Demand was skyrocketing in 2023, and we were approximately $100K over budget for raw food. This was not sustainable, so we shifted to a prioritization list that limits the number of Title III clients. All new clients are placed on a list and sliding fee scale under Title III funds are available."
- "[Our organization] provides weekend meals to seniors considered to be nutritionally at risk. This program started in January 2022 and is slated to end December 2024 unless alternate funding is located."
- "I prepared a true budget for our center, and the actual cost was $200,000 over what we actually receive. We cannot add any more clients to home delivery and are losing around $17,000 for a time frame of October to May… We cannot sustain these losses. Our fleet is old, and our clients' situations have changed. They can no longer afford a vehicle, so driving in for congregate is not really an option. Our county is so spread out that we are not servicing some areas because of funding."
- "[We are] in need of more funding to add another kitchen in the northern portion of the county. Currently, we are serving 1,000 meals daily and the kitchen is out of storage for the capacity we are at. With another kitchen, it would allow us to get off the 140-person waitlist, but we would need to hire more drivers, kitchen staff, more trucks and, of course, all the costs of more food/gas/insurance, etc."

STRUCTURAL, SYSTEMIC AND ADMINISTRATIVE CHALLENGES

To better understand challenges that providers that receive federal funding face, we asked a subset of providers[18] that indicated that they receive Older Americans Act funding about structural, systemic and administrative challenges.

Beyond challenges related to funding, staffing and volunteers, and increased operational costs, most providers report one or more structural, systemic or administrative challenge that limit or jeopardize their organization's ability to provide nutrition and social connection services to older adults.

Nearly all (96%, n=170 of 178) providers that answered the question face one or more of these challenges, frequently citing limited flexibilities for utilizing federal funds (67%) and administrative burdens related to funding and allocation formulas, reporting and accountability (63%).

Nearly half of providers said changing preferences of the seniors they serve (n=48%) was a challenge. Over a quarter (28%) said closures or service reductions by other organizations in their area was a challenge.

Nearly All Providers Are Facing Structural, Systemic or Administrative Challenges That Limit or Jeopardize Their Organization's Ability to Provide Nutrition and Social Connection Services (N=178)[19]



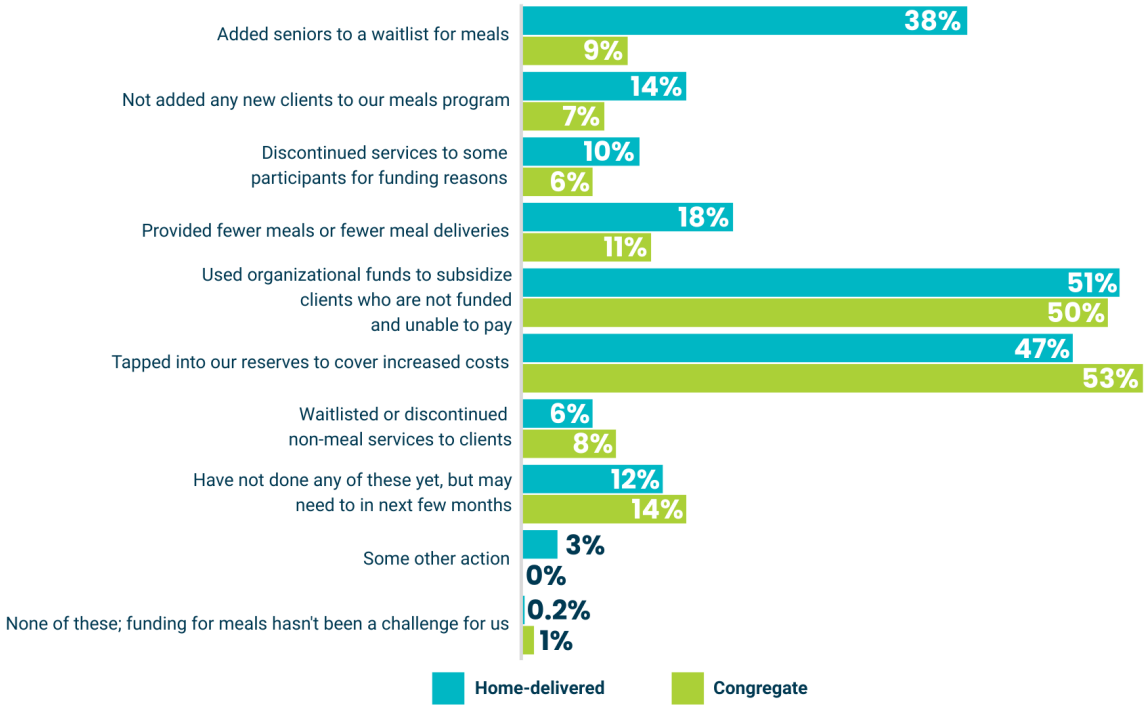
ACTIONS TAKEN DUE TO CHALLENGES

Most providers that serve home-delivered and/or congregate meals have taken one or more action in the past three months due to funding challenges. Nearly all providers that offer home-delivered meals (99.8%, n=472 of 473) reported taking an action, and nearly all congregate providers (99%, n=193 of 195) said the same. Our prior analysis found that 83% reported this, suggesting that more providers are facing funding challenges, forcing them to take drastic action to maintain their services.

[18] Due to a coding error, this question was not asked of all providers that received OAA funding.

[19] Data are for providers that reported on this survey that they receive Older Americans Act funding and were shown the question.

Nearly All Providers Have Taken Action Due to Funding Cuts in the Past Three Months



> We had to reach into reserves to make ends meet. Our funding through all revenues has decreased.
>
> PROVIDER IN COLORADO

Three percent of providers (n=13) that serve home-delivered meals said they had taken some other action due to funding challenges, including:

- Enrollment caps or managed enrollment policies (three providers)
- Reducing the workforce (three providers)
- Sliding fee scales (one provider)
- Combining routes (one provider)
- Finding meal sponsors (one provider)

> [We have] already spent down our reserves in the past several years, so there is nothing left to spend down. The agency is now living the business entity version of living paycheck to paycheck.
>
> PROVIDER IN MICHIGAN

PROVIDER ACCOMPLISHMENTS

Despite facing challenges, many providers reported a variety of accomplishments based on coded themes from the final survey question, "Please use this space to add anything else that you'd like us to know about what's happening at your program. For example, are you offering new services or programs or adapting how you provide services?" Below are some examples.

EXPANDED SERVICES

Among the providers that answered this question, providers frequently mentioned offering expanded or additional services, including additional food or meals, tailored meals, social connection, pet assistance and other various new program offerings. Providers also frequently mentioned that leveraging new funding sources or partnerships, such as partnering with a local farm, local restaurants and a local nonprofit, helped them expand their services.

Additional Food or Meals

- "We've partnered with a local farm to provide monthly fresh, locally grown vegetables to our seniors."
- "We have started a Saturday meal program for some clients who live alone. We are slowly expanding this program… Leftover pans of food are used to make more meal trays, which are then frozen [for these meals]… Clients living in motels, substandard apartment complexes and low-income neighborhoods are targeted for Saturday meals. A client satisfaction survey of those receiving Saturday meals shows that they really enjoy and appreciate the extra meal."
- "We have offered a breakfast menu option to begin in July. We are also in the process of looking at offering medically tailored meals and possibly partnering with local restaurants."

Tailored Meals

- "We offer a Healthy Hearts lunch twice a month (a public health representative gives a senior wellness and nutrition talk during lunch), vegetarian meals twice a month, and a birthday lunch every first Friday, and those seniors who have birthdays that month get their meal paid for by a local nonprofit. We've also added the frozen meal program to our congregate patrons — they can buy frozen meals for $2 just like our Meals on Wheels clients do."
- "We have also been working on building a culturally responsive nutrition program and fostering community with our Spanish-speaking neighbors.

Social Connection

- "We launched a monthly veterans cafe as a way to reach more people with congregate using less funds."
- "We have incorporated a new screening tool for volunteers to identify social isolation, and, using this data, we refer internally to our Senior Supports and other helping agencies and resources within the community."

Pet Assistance Programs

- "Our agency also expanded our pet assistance and vet care programs to assist with the growing need of pet assistance. We provided a record amount of pet food to our consumers."
- "We have started a new pet program in 2024."
- "Our Pet Pals program, which provides food and services to our home-delivered meals clients' furry loved ones, has continued to grow, which is something that we love to see."

Other New Program Offerings

- "We are also talking with our local health care system about piloting a program to reduce readmissions and improve the overall health of patients through the home-delivered meals we serve."
- "We just recently added local transportation for people within a 10-mile radius of our center to be able to be taken on same-day trips to the pharmacy or grocery store, etc. This was added due to a grant we received."
- "We deliver flowers once a month to all clients with their meal. All clients receive a birthday bag on their special day."
- "We are just now working on a program called People for People. It will be emotional support (in-person conversations and listening) on the light end, and work days to clean properties on the bigger-ask end."
- "In 2023, we started our new Swipe 'N' Dine initiative program. This program is [a] new approach on serving seniors in the community who are at risk for social isolation and food insecurity, but who will not attend meals at traditional congregate sites due to the stigma… Swipe 'N' Dine connects active elders with local restaurants in order to address three needs: 1) reduction of social isolation among seniors, 2) food insecurity, 3) supporting local restaurants with additional volume and revenue. Today, in 2024, we have over 1,000 participants in the program."

EXPANDED FACILITIES OR EQUIPMENT

Additionally, some providers mentioned that they were able to expand or upgrade their facilities and equipment, which helps them serve more seniors and better meet their needs.

- "We moved into a newly renovated building branded in all Meals on Wheels colors. After 'living in' 16 different locations during the past 48 years, we finally have a forever home."
- "We just recently completed a multi-kitchen consolidation into a new, central kitchen and administrative offices building."
- "We are in the process of acquiring a building to be a multi-purpose senior center and a congregate meal site on the east side of town. We anticipate opening the facility in early 2025. This should result in more seniors receiving a meal and participating in activities, five days a week."
- "We are doing a kitchen and capacity expansion, which will allow us to serve more clients."



Conclusions

These findings confirm what we already know: Meals on Wheels providers deliver more than a meal. Providers consistently offer needed nutrition, social connection and safety services, setting them apart from food delivery vendors that provide meals only.

However, the data also highlight a pressing need for greater resources to sustain and grow services. Across the nation, seniors are waiting months, or even years, for nutritious meals and moments of connection. As local providers work to End the Wait, rising costs, changing preferences of seniors and growing demand are straining organizations that are trying to do more with less.

The survey identifies several areas that need improvement to help providers deliver meals and services that truly meet the needs and preferences of all seniors who want or need them:

- **Adequate, sustained and flexible public and private funding that keeps pace with increased demand and rising prices.**
    - Providers need stable funding sources that will keep pace with demand and inflation. As federal funding falls short of rising costs and demand, more providers are increasingly relying on alternative private funding sources to sustain services. As most providers rely on a variety of funding sources, this will need to include:
        - **Protecting and expanding** federal, state and local government funding, especially through the Older Americans Act (OAA)
        - **Increasing private funding** through philanthropy, corporate partnerships and public support
        - Survey results also highlighted challenges faced by OAA-funded providers, including limited flexibilities for utilizing federal funds (67% of providers that receive OAA funding) and administrative burdens related to funding (63%).
        - Health care partnerships are a potential source for increased funding and impact. Only about half of providers are engaged in a health care partnership, though results indicate many are interested in adding one.
- **Recruiting and retaining enough volunteers and staff.** More than half (53%) of providers report “recruiting and retaining enough volunteers,” and 40% report “hiring and retaining enough staff” as challenges to serving all seniors in their communities who need them.

- **Offering tailored meals.** Most providers see the need for medically tailored and/or culturally tailored meals, yet fewer provide them. Further, 30% of providers report this as a challenge to serving meals to all seniors in their community who need them. Expanding medically tailored meals could also open doors to health care partnerships that involve providing meals that meet the dietary needs of patients with specific medical conditions.

- **Offering social connection services to participants identified as at risk of social isolation or loneliness.** While nearly all providers offer social engagement opportunities, fewer specifically target clients most at risk of loneliness or isolation. Strengthening these efforts can ensure the social connection services go to those who need them most.

- **Conducting outreach** to raise awareness about available services and engage older adults to enroll in services.

While these findings show the need for stable funding streams to sustain Meals on Wheels services and reduce the unmet need, they also remind us that **funding to pay for the meals is only part of the solution.** To provide the regular services that meet people's needs and preferences, providers will also need adequate funding, tools and staffing for:

- Infrastructure, particularly recruiting and retaining enough volunteers and staff to serve current and new clients

- Providing meals tailored to meet the dietary needs of older adults' medical conditions and align with local dietary practices and preferences

- Matching services to people's assessed needs

- Outreach and enrollment support for older adults who qualify

Meals on Wheels providers are a vital, proven solution to support older adults with the nutrition, social connection and supportive services they need to safely age in place in their own homes.

With enough funding and support, providers will be able to sustain services to current clients as costs rise, expand services to better meet clients' needs and grow to serve all older adults in their community who are waiting for nutrition and social connection.



Appendix: Survey Methods and Data

This appendix describes the survey design, how we collected data from providers, how we analyzed the data and limitations of the findings.

SURVEY DESIGN

The survey questions are designed to align with information needed to inform Meals on Wheels America's strategic plan to End the Wait and other services for providers and to match organizations with specific opportunities.

In drafting the survey questions, we reviewed previous surveys, data needed to track progress on Meals on Wheels America's strategic priorities and provider data available from other sources. We also reviewed feedback on previous surveys about the surveys themselves (e.g., comments suggesting a change to a specific survey question) and lessons learned from previous surveys. Meals on Wheels America staff contributed to the survey design to ensure relevance from their perspectives. A few Meals on Wheels America staff members tested the programmed online survey.

We created unique survey links that let us track which providers had responded and match the data collected with other provider data available from other sources.



DATA COLLECTION

The survey was administered online using the Qualtrics survey platform. Unique survey links were emailed to principal members (our primary contacts at member organizations) at 991 organizations that 1) were active members of Meals on Wheels America as of June 2024, 2) renewed their membership by the end of the annual renewal period in early April 2024 and 3) for whom we had a principal member email address.[20] Periodic email reminders were sent to members that had not completed the survey.

[20] Six members were not surveyed because we did not have a principal member email address for them and thus were unable to create a unique survey URL for them at the time of survey launch; these six members are not included in the 978 members surveyed. We were not able to reach two of the 978 members because the email was returned, and we were unable to obtain a working principal member email address for them.

We followed up with individual email and/or phone calls to confirm that providers had received the survey and encourage response. We prioritized providers for individual outreach as follows:

- We checked the percentage of providers that responded by state and sent individual customized email messages to those in states with low response (less than 50% of members in state responded) encouraging them to respond.
- We identified providers that had completed our 2023 Member Benchmarking Survey but had not completed the 2024 Member Benchmarking Survey and individually emailed them a customized follow-up message.
- Finally, we attempted to personally call and/or email remaining providers that had not completed the survey (in no particular order). Although we did not have time to call all remaining providers, we were able to call 186 of 541 providers that had not completed the survey. The remaining providers were contacted via a final email.



DATA ANALYSIS

For the data from closed-ended survey questions, we calculated percentages and numbers of providers with each answer. New variables were created, and data were filtered and sorted where appropriate to provide relevant information. For numeric data, such as numbers of volunteers, etc., we calculated totals, medians and means and grouped responses into categories to understand the range and variation in responses.

For comparisons of results by senior nutrition budget size category, we graphed the data and examined the graphs to look for similarities and differences between groups. Additional details about specific analyses are in footnotes throughout the report.

For the qualitative data from the open-ended questions, we coded data into themes and included example verbatim responses throughout the report (minor edits were made for clarity). Responses to closed-ended questions were occasionally re-coded to match responses reported in comments, noted in footnotes throughout the report.

LIMITATIONS

The survey findings are based on data from a large and diverse segment of the Meals on Wheels America membership. However, results may not be applicable to those who did not respond to the survey and for Meals on Wheels providers that are not members:

- Providers were not randomly selected to complete the survey but could choose to complete the survey or not. Thus, findings may be different for providers that did not participate if factors affecting the decision to participate in the survey also affect any of the services and experiences that the survey asked about.

- Similarly, because organizations can decide to become members of Meals on Wheels America or not, findings may be different for non-members if factors affecting the decision to be a member also affect any of the things that the survey asks about.

The survey relied on information shared by staff persons at member organizations (surveys were sent to persons designated in our membership records as “principal members” who could forward it to other staff at their organizations to complete it). As with any survey, responses are subject to respondents interpreting a question differently from how we intended or giving an incorrect answer.As we were reviewing the data, we noticed some unclear responses to questions about total clients served, waitlists and tailored nutrition. To mitigate this problem, we contacted respondents with data we were unsure of to check if their numbers were correct, resulting in edits to the data for some respondents.











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