



Eliminating Senior Hunger in Memphis, Tennessee through Meals on Wheels

Testimony before the House Committee on Rules, June 9, 2021

Chairman McGovern and distinguished members of the House Rules Committee, thank you for the opportunity to provide testimony and for convening today's hearing on food insecurity. My name is Sally Jones Heinz, and I am the president and CEO of MIFA, the Metropolitan Inter-Faith Association, in Memphis, Tennessee.

About MIFA

MIFA was founded in 1968 in an unprecedented cooperative effort uniting church and community leaders to confront the growing issues of poverty, hunger, and social division in Memphis. Created in the wake of Dr. Martin Luther King, Jr.'s assassination, MIFA began as a volunteer-driven advocacy agency and has since evolved into a professional social service nonprofit with a focused mission: MIFA supports the independence of vulnerable seniors and families in crisis through high-impact programs. Its vision is uniting the community through service.

MIFA's senior programs are designed to promote independence, health, companionship, and dignity – home-delivered Meals on Wheels allow seniors to continue living in their homes, while advocacy through the Long-Term Care Ombudsman program continues to support them when they move to care homes.

MIFA's family programs – Emergency Services, Emergency Shelter Placement, Rapid Rehousing, and the Homeless Hotline – provide basic services to stabilize families. This spectrum of personalized interventions is designed to address the vulnerabilities that could lead an individual or family to homelessness – interventions ranging from utility assistance to emergency shelter or permanent housing.

The Problem

The University of Memphis School of Social Work's *2020 Poverty Fact Sheet* reported that the poverty rate among those age 65+ in the city of Memphis is 14.1%; among non-Hispanic Black seniors (the overall population is 64% Black), the rate is 18.7%.

According to the most recent *State of Senior Hunger in America* study, Memphis has the highest senior food insecurity rate of any large metropolitan city in the United States at 15.6%. The risk factors for hunger are reflected in Shelby County and in the population our program serves: our

seniors are African-American, they are women, they are in poverty or disabled, and they live alone. We estimate that 3,500 seniors now living in Shelby County, Tennessee, are at the highest risk of food insecurity.

While MIFA currently provides home-delivered meals to 1,200 seniors, approximately 500 more are eligible for the local waiting list for meals managed by Aging Commission of the Mid-South. As more Americans live longer, that number will only grow.

The Program

MIFA began providing home-delivered meals for seniors in 1976, then expanded its services to congregate sites in 1981. Today, MIFA Meals on Wheels provides a service unique to our area: hot, nutritious lunches to nutritionally at-risk and disabled seniors in their homes and at congregate sites, at no cost to them.

The program receives support through the Older Americans Act administered locally by the Aging Commission of the Mid-South and supplemented by private donations to MIFA.

Our home-delivered meal program provides five lunches to seniors each week. Eligibility is based on nutritional and functional need, not income, though preference is given to low-income applicants. When surveyed in FY21, half of homebound clients reported monthly incomes less than \$1,000.

Meals are delivered by volunteers and staff drivers, and their interactions and safety checks are as vital to the program as the nutrition it provides. In addition to addressing food insecurity, home-delivered meal programs have a proven impact on social determinants of health, such as isolation and poverty. A recent report from the Robert Wood Johnson Foundation estimates that at least 40% of health outcomes are the result of social and economic factors, while only 20% can be attributed to medical care.

Our Meals on Wheels recipients are 64% women, 70% African-American, and 30% age 80+. Thirteen percent reported when surveyed that they skip meals because they lack funds to buy food; 31% have been told by a doctor that they aren't getting enough to eat. Many have health issues like diabetes (42%), high blood pressure (80%), or low blood pressure (56%). Half live alone, and 54% report feeling lonely or isolated at least some of the time.

But the program's impact is best illustrated in what we hear from these seniors. Surveyed seniors also reported the following: 96% eat healthier foods as a result of the program, 93% believe the program helps them feel better, and 93% believe the program helps them continue living in their own homes.

"Not long ago," one senior said, "I wasn't able to stand long enough to fry an egg. Now I have gained weight and strength. I don't know what I would have done without the MIFA meals, because my daughter has to work and raise her children." Another said, "Thank for the meals. I am in a wheelchair and was skipping meals. Now I don't have to do that anymore."

An Innovative Approach

In 2015, we led a grant-funded strategic growth initiative for Meals on Wheels in cooperation with our local food bank and our two largest hospital systems. Through this partnership, we had the invaluable opportunity to track and analyze the impact of meal delivery on a range of client health and social outcomes. Program evaluation was provided by the University of Memphis School of Public Health in cooperation with Methodist Healthcare and included tracking participant outcomes in the areas of healthcare utilization, nutritional capacity, and isolation, among other metrics. Evaluation revealed a clear connection between daily meal delivery and hospital utilization: when comparing hospital utilization at the time of program enrollment to one year later, analysts observed a 21% reduction in encounters. Isolation scores also improved from the initial assessment for 20% of clients, and nutritional capacity improved for 26%; among this very frail population, any improvement in health outcomes is considered significant.

The cost of achieving these outcomes is about \$2,000 – the cost of providing five hot meals a week to one senior for one year. In addition to improving quality of life for a senior, this relatively small investment can also result in significant healthcare savings.

Our COVID Response

One of the most beloved aspects of Meals on Wheels programs across the country is the opportunity for personal connection. The staff and volunteers who deliver meals also give hugs, shake hands, stay and visit with seniors who otherwise might spend the whole day alone. But in a pandemic, those interactions put our clients, our staff, and our volunteers – most of whom are seniors themselves – at risk.

In early March 2020, one of our first priorities was to find a delivery model that mitigated that risk but still allowed us to serve these vulnerable neighbors. We reduced hot meal deliveries to three days a week and supplemented with shelf-stable and frozen meals, which can be packed in boxes and delivered less often, stored by clients until they need them. Early in the pandemic, clients received a few extras each week, to help build a meal supply in case our service was interrupted.

When we learned that the city planned to end communal dining at congregate meal sites, where we serve meals to about 800 seniors a day, we shifted to providing a shelf-stable or frozen five-pack to those clients each week too. Seniors picked up boxes once a week at their regular congregate sites; during the pandemic, we increased our clients served at the sites and even opened a new suburban site.

The pandemic presented so many challenges. But in some ways, it just emphasized on what we already knew. For seniors across the country, social distancing was a way of life long before it was a CDC recommendation; the guidelines in place to protect seniors from the coronavirus also deepened their isolation. And evidence-based innovation was integral to Meals on Wheels programs across the country long before the pandemic. Senior hunger is not a pandemic

problem – it will persist when the pandemic ends, and so will our evolving efforts to eliminate it.

What We've Learned

MIFA has a long history of adapting and innovating. Our flexibility has allowed us to stay relevant and responsive for more than 50 years as we have served our community through the shifting challenges of poverty, housing instability, and food insecurity.

Since MIFA's founding – and especially in times of crisis – we have learned that collaboration is key. Through the goodwill of nonprofit and government partners and a generous community of supporters, we have delivered meals during a pandemic, distributed bottled water during a local boil water alert in a rare snowstorm, connected homebound seniors with COVID vaccines in their homes, and quadrupled the number of volunteers serving as phone buddies who check in on Meals on Wheels clients each week.

We have also learned that partnership with the healthcare community works. When a local hospital observed that at-risk patients who were frequent healthcare users could benefit from medically tailored meals, they approached us to provide referrals for service. For the low cost of a meal reimbursement, they can avoid high costs of readmission to the provider, to the hospital, and to the patient. We see tremendous potential for more and deeper partnerships between nutrition programs and the healthcare community to fund low-cost interventions that can result in long-term savings.

Throughout the pandemic – and long before it began – Meals on Wheels America, at the national level, has been a tremendous resource for programs like ours across the country, sharing best practices and innovative solutions and leading advocacy efforts for senior nutrition funding. For nearly 50 years, the proven and effective nationwide network of 5,000 senior nutrition programs established through the Older Americans Act has helped reduce hunger, promote socialization and improve the health and well-being of individuals 60 years of age and older. Yet, federal funding for this network has consistently fallen behind the demand brought on by our country's growing senior population and other factors, continually leaving a huge gap between those served and those needing, but not receiving, services. Time and time again, senior nutrition programs like ours have cited a lack of adequate funding as the primary factor impacting their ability to meet the existing need in their communities. In Memphis today, the waiting list for meals is only part of the picture of need.

With sufficient funding and a collaborative and holistic approach to service, senior hunger is a solvable problem. We believe in and will continue to pursue our vision of a community where no senior who is homebound is also hungry.