American Rescue Plan State Fiscal Recovery Fund Recommendation
Cover Sheet

Please submit this document with any recommendations for funding from Rhode Island's allocation of federal fiscal recovery funds available through the American Rescue Plan Act. This information will be made available to the public along with any detailed documents submitted that describe the proposal. It is encouraged that such documents identify clear goals and objectives and quantifiable metrics.

This is not a formal request for funds, and submission of recommendations does not guarantee a response, public hearing, or appropriation from the General Assembly.

Name of Lead Agency: Meals on Wheels of RI, Inc.

Additional agencies making recommendation (if applicable): _____

Contact Person / Title: Meghan Grady Executive Director Phone: (401) 529-0952, cell

Address: 10 Bath Street Providence, RI 02908

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Brief Project Description (attachments should contain details)
Funding request to allow MOWRI to offer pandemic related equity focused semces that address food insecurity in older adults

Total request: $ 500,000

One-time or Recurring Expense? one-time

ARPA Eligibility Category (check all that apply) – See link for further information
https://www.rilegislature.gov/commissions/arpa/commdocs/Treasury%20-%20Quick-Reference-Guide.pdf

- Respond to the public health emergency and its economic impacts ✓
- Premium pay to eligible workers _____
- Government services/state revenue replacement _____
- Water/sewer/broadband infrastructure _____

Meals on Wheels
OF RHODE ISLAND

November 23, 2021

The Honorable K. Joseph Shekarchi, Speaker of the House
The Honorable Dominick J. Ruggerio, President of the Senate
State House
82 Smith Street
Providence, RI 02903

RE: American Rescue Plan State Fiscal Recovery Fund Request

Dear Speaker Shekarchi and President Ruggerio:

Meals on Wheels of Rhode Island continues to respond to the public health emergency and its economic impact by meeting an increased need for our Home-Delivered Meal Program that has arisen during the COVID-19 pandemic.

During the pandemic, Meals on Wheels of RI meal delivery surged from 1,200 to as many as 4,000 home-delivered meals each weekday. We are proud to have operated without disruption, serving older adults when senior centers, adult-daycare facilities, and other critical human services programs were suspended. Our committed volunteers were on the frontlines of the pandemic and are delivery heroes to the older adults statewide whom they helped remain fed and safe at home.

However, to meet the immense need brought to light by the COVID-19 pandemic moving forward, Meals on Wheels of Rhode Island needs predictable funding. Annually, we rely on charitable contributions as a part of our operating budget. To continue to offer equity-focused services and address health disparities in the hardest hit communities, we are requesting $500,000 to be spent on home-delivered meals.

These funds will enable us to remain consistent with the excellence, quality care, and cost effectiveness this organization has provided since its inception. This funding would potentially help us add hundreds of seniors to our Home-Delivered Meal Program and allow us to better meet the demands of our aging

population. Please be aware we will be forced to make some difficult decisions about the future if we are unable receive these funds.

Meals on Wheels of Rhode Island's Home-Delivered Meal Program directly addresses the issues of food insecurity and social isolation that increase a homebound senior's risk for negative health outcomes. This program provides your constituents with a nutritious meal, life-saving safety check and opportunity for socialization. By addressing multiple social determinants of health, the program gives older adults access to adequate nutrition and safety assurances while they are aging within the community. In 2020, we relied on more than 700 volunteers to serve 336,678 home-delivered meals and safety checks to 2,748 homebound Rhode Islanders. The number of home-delivered meals provided is not inclusive of the additional 275,000 frozen meals distributed as a part of our COVID-19 response in partnership with municipalities and community-based organizations statewide.

Our meals are prepared by a professional third-party caterer to meet one-third of a senior's daily dietary requirement. The menu strives to provide seniors with high-quality foods and offers dishes of Creole, Chinese, Latin and Caribbean cuisines to meet the cultural preferences of our clients. Produce is locally sourced from farms in Portsmouth, Smithfield and Little Compton, among others. A Kosher menu is offered in Providence, Pawtucket, Warwick and Cranston, and Asian and Latino menus are in development. The results of a 2020 client satisfaction survey indicated that 91% of clients enjoy their meals.

Meals on Wheels of RI is a healthcare solution for the State of Rhode Island and supports the effort to rebalance the long-term care system and invest in home- and community-based services. Meals on Wheels of RI can serve a homebound senior for an entire year for the approximate cost of 1 day in the hospital or 10 days in a skilled nursing facility.

Thank you for your time and attention to this important matter. Please do not hesitate to contact me on my cell phone at (401) 529-0952 to discuss this request further.

Sincerely,

Meghan Grady
Executive Director

MEALS on WHEELS AMERICA

MORE THAN A MEAL

PILOT RESEARCH STUDY

EXECUTIVE SUMMARY

BACKGROUND

In light of a rapidly aging population, increasing costs, and funding that is not keeping pace, programs like Meals on Wheels face unprecedented challenges to meet the growing demand and need for meal and nutrition services, particularly among homebound seniors. As a result, decision-makers at all levels of government and community-based organizations within the Aging Network are increasingly seeking lower cost solutions to stretch constrained budgets. One such method is drop-shipping frozen meals with limited to no personal contact, in lieu of the traditional Meals on Wheels delivery model, a 'more than a meal' model of daily in-home visits, nutritious meals, and safety-checks.

It is important to evaluate whether trade-offs are being made that pit shorter-term meal cost savings against longer-term health benefits and health care expenditure reductions, particularly in light of the abundance of past research demonstrating the value of the traditional Meals on Wheels model. [1-7]

Accordingly, Meals on Wheels America, with financial support from AARP Foundation, commissioned investigators at Brown University's Center for Gerontology and Healthcare Research to investigate the impact of meal service delivery on the health and well-being of adults 60 years of age and older.

METHODOLOGY

This 15 week pilot study was designed as a three-arm, parallel, fixed, single-blinded randomized controlled trial. Beginning in late 2013, 626 seniors were selected to participate from waiting lists of eight Meals on Wheels programs across the United States. Each senior participant was randomly assigned to one of three groups: (1) daily, traditional meal delivery; (2) once-weekly, frozen meal delivery; and (3) continuance on the waiting list[1]. All meals served met Older Americans Act nutritional standards.

To establish a baseline, senior participants were surveyed in their homes by local Meals on Wheels staff or their trained volunteers. Data were collected on their individual health, socialization, mental health, quality of life, and healthcare utilization. In addition, information on community connectedness, social support, feelings of loneliness, history and fear of falling, and the availability of helpers was also obtained. Interviewers were also invited to provide their observations of the interior and exterior of the senior's home. To gauge changes, participants were also surveyed after 15 weeks.

KEY FINDINGS

1

THOSE RECEIVING AND/OR REQUESTING MEALS ON WHEELS SERVICES **ARE SIGNIFICANTLY MORE VULNERABLE** COMPARED TO A NATIONALLY REPRESENTATIVE SAMPLE OF AGING AMERICANS.

Specifically, seniors on Meals on Wheels waiting lists were significantly more likely to:

- Report poorer self-rated health
- Screen positive for depression and mental health challenges (i.e., anxiety)
- Report recent falls and fear of falling that limited their ability to stay active
- Require assistance with shopping or preparing food
- Have health and/or safety hazards both inside and outside the home

2

THOSE WHO RECEIVED DAILY-DELIVERED MEALS **EXPERIENCED THE GREATEST IMPROVEMENTS IN HEALTH AND QUALITY OF LIFE** INDICATORS OVER THE STUDY PERIOD COMPARED TO THE OTHER TWO GROUPS (INDIVIDUALS WHO RECEIVED FROZEN, WEEKLY-DELIVERED MEALS AND THE CONTROL GROUP).

Specifically, between baseline and follow-up, respondents receiving daily-delivered meals were more likely to exhibit:

- Improvement in mental health (i.e., anxiety)
- Improvement in self-rated health
- Reductions in the rate of falls
- Improvement in feelings of isolation and loneliness
- Decreases in worry about being able to remain in home

3

THOSE RECEIVING DAILY-DELIVERED MEALS **REPORTED GREATER BENEFITS FROM THEIR HOME-DELIVERED MEAL EXPERIENCE** COMPARED TO THE GROUP RECEIVING FROZEN MEALS.

- Specifically, participants receiving daily-delivered meals were more likely to attribute their meals to making them feel safer and report that their meals helped them to eat healthier foods than the group receiving frozen meals.
- In addition, those receiving daily-delivered meals were more likely to note that their meals resulted in more social contact and less loneliness than the group receiving frozen meals.

4

THOSE WHO LIVED ALONE AND RECEIVED DAILY-DELIVERED MEALS **WERE MORE LIKELY TO REPORT DECREASES IN WORRY ABOUT BEING ABLE TO REMAIN IN HOME, AND IMPROVEMENTS IN FEELINGS OF ISOLATION AND LONELINESS** OVER THE STUDY PERIOD, COMPARED TO THE OTHER TWO GROUPS (INDIVIDUALS LIVING ALONE, WHO EITHER RECEIVED FROZEN, WEEKLY-DELIVERED MEALS OR WERE IN THE CONTROL GROUP).

CONCLUSION

Seniors who are in need of home-delivered meal services represent an extremely frail and vulnerable population, one with significant health and social support needs. The More Than a Meal study supports the wealth of past research, indicating that home-delivered meals improve the health and well-being of older adults, particularly those who receive daily-delivered meals and those who live alone.

Although lower cost options may be available to states, caregivers and Aging Network service providers, the findings of the More Than a Meal study demonstrate the superior strengths and long-term benefits of daily, home-delivered meals and social contact for homebound older adults. By lessening feelings of isolation and loneliness and reducing the rate of falls, our findings in combination with previous research suggest the traditional Meals on Wheels service delivery model has the greatest potential to decrease healthcare costs. While alternative service models such as weekly frozen meal delivery may be less costly on the front end, this study suggests that sacrifices related to health and quality of life must be considered, the specific costs of which will be assessed in a follow-on study.

REFERENCES

1. Ponza M, Ohls JC, Millen BE, et al. *Serving Elders at Risk The Older Americans Act Nutrition Programs: National Evaluation of the Elderly Nutrition Program*, 1993-1995.
2. Princeton, NJ: Mathematica Policy Research, Inc.; 1996; Millen BE, Ohls JC, Ponza M, McCool AC. *The elderly nutrition program: an effective national framework for preventive nutrition interventions.* J Am Diet Assoc 2002;102:234-240;
3. Zhu H, An R. *Impact of home-delivered meal programs on diet and nutrition among older adults: A review.* Nutr Health 2014;
4. Adelman RD, Tmanova LL, Delgado D, Dion S, Lachs MS. *Caregiver burden: a clinical review.* JAMA 2014;311:1052-1060;
5. Frongillo EA, Isaacman TD, Horan CM, Wethington E, Pillemer K. *Adequacy of and satisfaction with delivery and use of home-delivered meals.* J Nutr Elder 2010;29:211-126;
6. Thomas KS, Mor V. *The relationship between Older Americans Act Title III state expenditures and prevalence of low-care nursing home residents.* Health Serv Res 2012;
7. Thomas KS, Mor V. *Providing more home-delivered meals is one way to keep older adults with low care needs out of nursing homes.* Health Affairs 2013;32:1796-1802.

i Eligible seniors were pulled from waiting lists of at least six months to ensure that meals would not be unethically withheld from participating seniors and to ensure that the control group would likely remain on the waiting list during the study period.