Meals on Wheels Programs and Outcomes Research

NC Care Transitions Summit

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Objectives

Participants will:

• Understand the breadth of services offered by Meals on Wheels (MOW) programs and their application to healthcare and long-term services and support systems.

• Describe the impact on client health of nutrition services – centered care transition programs at a local and national level.

• Identify opportunities for successful care integration and coordination partnerships between healthcare entities and MOW programs.
About Us

Meals on Wheels Association of America (MOWAAA) envisions an America in which all seniors live more nourished lives with independence and dignity. To that end, we empower community-based programs to strengthen their local impact through improving the health and quality of life of the seniors they serve.

Meals On Wheels Association of America is the oldest and largest organization in the United States representing the community-based nutrition and meal services field.
Changing Environment

Care Systems
Demographics
Business
Science
Healthcare
Health Status
Technology
Society
Resources
Changing Demographics/Health

- More older people
- More healthy older people
- More frail older people
- More minorities
- More HCBS, less nursing home care
Changing Societal Demands

- Service needs
- Quality Services
- Appropriate services: cultural, religious, therapeutic
- Choice
- HCBS Services
- Diversity
- Family structures & location
Changing Resources
Government/Public Funding

• Older Americans Act
  Title III (C1, C2, NSIP), V, VI

• Other Federal
  Social services or community service block grants

• State-Vary by State
Changing Business Practices

• For Profits
  – Expanding into non-traditional markets
  – Offering competing services
    • Restaurants, groceries, fitness options

• Non-Profits
  – Becoming more entrepreneurial
  – Developing community partnerships
  – Identifying other funding streams
# Nutrition Parallel Systems

<table>
<thead>
<tr>
<th>System</th>
<th>Description</th>
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</thead>
</table>
| **Older Americans Act Service System**           | - State Units on Aging, Area Agencies on Aging, Local Nutrition Service Providers  
                                                   - Part of a comprehensive & coordinated home and community based service system |
| **Home & Community Based Service System**        | - Medicaid Waiver Programs, Managed Care Organizations  
                                                   - State/county funded systems & services |
| **Public Health System**                         | - State/county/city health departments  
                                                   - Chronic disease self management programs, BRFSS  
                                                   - Food safety & sanitation, nutrition & health education |
| **Health Care System**                           | - Direct Health Care system, physicians, hospitals, nursing homes, rehabilitation centers, Managed Care Organizations, Accountable Care Organizations, Long Term Care Services and Supports  
                                                   - Transition care, Medical Nutrition Therapy |
| **Food Assistance System, Programs Funded by USDA** | - SNAP, SNAP-ED, TEFAP, CSFP, CACFP, SFMNP  
                                                      - Food stamps, food banks/pantries, soup kitchens, community gardens |
| **Private Pay Systems**                          | - Fee for Service based on fair market value  
                                                   - Insurance companies, managed care companies  
                                                   - Private case management |
| **Private Industry**                             | - Restaurants, carryout, fast food, healthy fast food  
                                                   - Frozen /other packaged meals, grocery stores, home delivery by post |
Changing Business Practices

Collaborations/Partnerships

• Care Transitions
• Accountable Care Organizations
• Managed Care Organizations
• Hospitals
• Physicians
• Food Assistance Programs
Changing Resources

- Social entrepreneurship
- Participant contributions
- Fund raising
- Grants
- Re-examine ‘for-pay’ options
- Third party payments & insurance
  - Medicaid Waiver-From fee for service to managed care
  - Transition Care
Changing Care Systems

- Long Term Services and Supports (LTSS)
- Home and Community Based Services (HCBS)
- Medicaid LTSS - Managed Care
- Accountable Care Organizations
- Health Care/Care Transitions
WHAT MATTERS MOST TO SENIORS IN THE UNITED STATES?

**HEALTH**
- 60% expect their health to stay the same over the next five to 10 years at the same time.
- 65% report they have two or more chronic health conditions.

**WEALTH**
- Nearly half of retired seniors have access to pensions.
- 41% of seniors that are not yet retired.
- 23% of adults aged 16-69 plan to rely on Social Security as their primary source of retirement income.

**COMMUNITY**
- While a majority of seniors feel their community is responsive to their needs, there is room for improvement.
- 26% said better transportation options for seniors.
- 23% said affordable healthcare services.
- 23% said more affordable housing.

**OUTLOOK**
- “Age is a state of mind.”
- 86% of seniors say they are confident about maintaining a high quality of life.
- 28% of seniors agree.
- 27% of adults aged 18-50 agree.

Learn more from the 2013 United States of Aging Survey: n.c.s.org/StatesofAging.
Join the conversation on Twitter at #SoAging.
Why are senior nutrition programs an important partners in the provision of integrated healthcare services?
Nutrition & Aging Impact Overall Health

1. Medical/Health Status
   - Presence of chronic or acute illnesses
   - Medication use
   - Sensory changes—taste, smell, appearance, texture
   - Oral health

2. Physical/Functional Status
   - Physical limitations
   - Balance
   - Physical strength and endurance
   - Physical activity

3. Cognition
   - Change in mental status
   - Depression
   - Emotional needs
   - Habitual food intake
   - Health/nutrition-related beliefs
   - Advertising

4. Environmental
   - Living situation
   - Economics
   - Cultural beliefs and traditions
   - Religious beliefs and traditions
   - Environment
   - Lifestyle
   - Access to food and food preparation
   - Socialization

Genetics
Age
Gender

Nutritional Status
Aging Process

Nutrition impacts the health outcomes of older adults both in and out of hospital/institutionalized care.

- A 25% reduction in the incidence of pressure ulcers\(^8\)
- 14% fewer overall complications\(^10\)
- An average reduced length of hospital stay of approximately 2 days\(^11,12\)
- A 28% drop in avoidable hospital readmissions\(^34\)
- Decreased mortality\(^35-40\)
- Improved quality of life\(^41-45\)

Core Components of Community Meal Services such as:
Home-Delivered Meals

Friendly visit + Nutritious + Safety check meal
MOWAA Outcomes Research

• For ~10 years, MOWAA has worked to engage MOW programs and expert researchers in multifaceted research projects.
  – The goal: to rigorously evaluate and quantify the value of the nutritious meal and supportive services MOW programs provide.

• Projects have varied in scope:
  – Examinations of the nutrition service needs, health status and readmission outcomes of older adults participants.
  – Benchmarking studies that identified the nutrition risk screening/assessment practices & client nutrition risk profiles in selected Meals on Wheels programs.
More Than a Meal

• To help address widespread challenges facing Meals on Wheels programs (i.e., limited funding, rising costs, unprecedented demand and need, and increased for-profit competition) the MOWAA proposed the More than a Meal research study to:
  – Assess and analyze the costs and benefits of the Meals on Wheels program model serving our homebound seniors compared to other delivery options.
More Than a Meal

• Study design:
  – 15 week pilot study
  – 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;
  3. Continuance on the waiting list.
More Than a Meal

• Final data from the More Than a Meal Project will be available in March 2015.

• In brief, the study validated what we’ve known for decades anatomically – through experience and firsthand accounts – that Meals on Wheels does in fact deliver so much more than just a meal.
Expanding the Vision Grants

• In 2010, the Walmart Foundation provided funding to the Meals On Wheels Association of America for local community grants that would encourage innovation and help struggling local MOWAA Member programs provide meals to seniors in need.
Expanding the Vision Grants

• The Walmart Foundation- MOWAA Expanding the Vision Grants Program was designed to:
  – assist local programs in modernizing
  – building sustainable sources of revenue.

• These efforts included fostering collaborative services, streamlining operations and redesigning operational systems - to build the capacity necessary to attract and meet the current and future need for nutrition services for seniors.
Expanding the Vision Grants

• With this funding, a selection of MOWAA programs developed care transition programs to reduce hospital readmissions for older adults at high risk for readmission upon discharge. In some cases, Medicare patients were specifically targeted.
<table>
<thead>
<tr>
<th>Organization</th>
<th>Program Title</th>
<th>Number of Clients</th>
<th>Meal Type (Number Served)</th>
<th>Duration and Number of Meals</th>
<th>Initiation of Meal Service</th>
<th>Hospital Readmission Rate (30 days) unless otherwise noted</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Senior Nutrition Program #1</strong></td>
<td>Partnership with 4 area hospitals (CCTP)</td>
<td>203</td>
<td>Hot meals</td>
<td>30 days / 30 meals</td>
<td>Within 72 hours of discharge</td>
<td>6%</td>
</tr>
<tr>
<td><strong>Senior Nutrition Program #2</strong></td>
<td>Partnership with two local hospitals</td>
<td>138</td>
<td>Hot meals</td>
<td>14 days / 14 meals</td>
<td>Within 48 hours of discharge</td>
<td>Reduced by 5% (timeframe is unclear)</td>
</tr>
<tr>
<td><strong>Senior Nutrition Program #3</strong></td>
<td>Partnership with Public Health Outreach Nurses and ADRC</td>
<td>171</td>
<td>Frozen meals</td>
<td>30 days / 30 meals</td>
<td>Within 72 hours of discharge</td>
<td>6.5%</td>
</tr>
<tr>
<td>Organization</td>
<td>Program Description</td>
<td>Number of Clients</td>
<td>Meal Type</td>
<td>Duration and Number of Meals</td>
<td>Initiation of Meal Service</td>
<td>Hospital Readmission Rate (30 days) unless otherwise noted</td>
</tr>
<tr>
<td>----------------------------</td>
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<td>----------------------------------------------------------</td>
</tr>
<tr>
<td>Senior Nutrition Program #4</td>
<td>Partnership with area hospitals, SNF &amp; ADRC</td>
<td>60</td>
<td>Hot or frozen meals</td>
<td>Choice offered to participants: 15 or 30 days / 15 or 30 meals</td>
<td>At discharge</td>
<td>6%</td>
</tr>
<tr>
<td>Senior Nutrition Program #5</td>
<td>Partnership with local non-profit and hospital</td>
<td>86</td>
<td>Variety of meals offered (i.e., hot, frozen, shelf-stable, etc)</td>
<td>3 months (average participation) Daily meals over duration of participation</td>
<td>Within 2 weeks of hospital discharge</td>
<td>24.4% (3 months); 19.4% (6 months)</td>
</tr>
<tr>
<td>Senior Nutrition Program #6</td>
<td>Partnership with local healthcare system</td>
<td>152</td>
<td>Hot meals</td>
<td>14 days / 14 meals</td>
<td>At discharge</td>
<td>6.5%</td>
</tr>
</tbody>
</table>
Expanding the Vision Grants

• Challenges Encountered:
  – Identifying clients
  – Obtaining timely referrals
  – Data management/access to hospital data systems
  – Engaging healthcare system staff

• Enabling Factors Identified:
  – Strong relationship with health system staff
  – Presence of a champion
  – Frequent engagement with collaborators
  – Written project materials/flyers
Next Steps

• Continued Research:
  – Additional studies that demonstrate value/return of investment of Meals on Wheels

• Continued Information Sharing/Training:
  – Discussion webinar for MOWAA members to share updates on current initiatives, best practices, and local success stories
  – Continued support for care transition/business acumen training through the National Resource Center on Nutrition and Aging
Upcoming Webinars

Positioning Your HCBS In the Healthcare Market Series

Register at: www.nutritionandaging.org

Part 3: Network Development - The Need for Collaboration
Presenter: Tim McNeill
When: February 24, 2015 at 3:30 PM EST
Time: 3:30 PM to 4:30 PM EST

Part 4: Developing a Strategy and a Business Model for Your Organization
Presenter: Tim McNeill
When: February 26, 2015 at 3:30 PM EST
Time: 3:30 PM to 4:30 PM EST
### Serve At Risk Older Adults

**Percentages compared to U. S. Population**

<table>
<thead>
<tr>
<th></th>
<th>Poverty</th>
<th>Minority</th>
<th>Live Alone</th>
<th>Over Age 75</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Congregate</strong></td>
<td>26</td>
<td>24</td>
<td>38</td>
<td>51</td>
</tr>
<tr>
<td><strong>Home Delivered</strong></td>
<td>37</td>
<td>27</td>
<td>50</td>
<td>67</td>
</tr>
<tr>
<td><strong>U. S. Population</strong></td>
<td>10</td>
<td>22</td>
<td>25</td>
<td>30</td>
</tr>
</tbody>
</table>

2012 State Program Report 2012 American Community Survey
Serve Older Adults in Poor Health

**Congregate:**
- Have 6 – 14 Health Conditions: 45%
- Take 6 – 23 Medications: 29%
- Stayed Overnight in Hospital in Last Year: 17%

**Home Delivered:**
- Have 6 – 14 Health Conditions: 63%
- Take 6 – 23 Medications: 51%
- Stayed Overnight in Hospital in Last Year: 38%

2013 National Survey of OAA Participants
Serve Functionally Impaired Older Adults

### Congregate:
- **Have 3 or More IADL Impairments:** 17%
- **Have 1 or More ADL Impairments:** 39%
- **Need Help Going Outside Home:** 17%

### Home Delivered:
- **Have 3 or More IADL Impairments:** 57%
- **Have 3 or More ADL Impairments:** 44%
- **Need Help Going Outside Home:** 59%

2013 National Survey of OAA Participants  
2012 State Program Report
## Clients Value the Meals

<table>
<thead>
<tr>
<th></th>
<th>% Congregate Participants</th>
<th>% Home Delivered Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Would recommend to a friend</td>
<td>97</td>
<td>95</td>
</tr>
<tr>
<td>Rate the meal good/excellent</td>
<td>94</td>
<td>88</td>
</tr>
<tr>
<td>Program helps them feel better</td>
<td>83</td>
<td>90</td>
</tr>
<tr>
<td>Program helps them live at home</td>
<td>68</td>
<td>92</td>
</tr>
<tr>
<td>Program helps them eat healthier</td>
<td>75</td>
<td>84</td>
</tr>
<tr>
<td>Program meal provides ½ or more of their total food for the day</td>
<td>56</td>
<td>60</td>
</tr>
</tbody>
</table>

2013 National Survey of OAA Participants
Take Home Messages

• Food insecurity is a local and national issue and contributes to negative health outcomes for older adults. Access to good nutrition after hospital discharge prevents readmissions.

• Senior nutrition programs, like Meals on Wheels, are well-positioned to provide critical nutrition and social support services that enable older adults to successfully age in place.
Take Home Messages

• Investments in and partnerships with community meals programs can effectively decrease negative health outcomes for seniors.

• Together we can collaborate to create opportunities for older adults to transition safely from care setting to care setting, and remain resident as long as they are able, in their communities of choice.
Discussion Questions

• Are older adult patients at your institution malnourished at discharge, during or at admission? If yes, how do you know or address this? If not, how could you go about finding this information?

• Is your organization or healthcare facility located in a food desert?
Discussion Questions

• Have you ever prescribed, suggested, etc. a new diet for your patients/clients?
  – If yes: Did you ask them if they could afford or access this new diet?

• Do you envision are the potential opportunities and challenges to providing community meals via partnering with HCBS programs after hospital discharge?
Selected Website References

• OAA  http://www.aoa.gov/AoARoot/AoA_Programs/OAA/oaa_full.asp
• 1988 OAA Regulations
  http://www.aoa.gov/AoARoot/AoA_Programs/OAA/resources/doc/title_III_regs_sessions_1321.pdf
• Frequently Asked Questions
  http://www.aoa.gov/AoARoot/AoA_Programs/OAA/resources/Faqs.aspx
• Aging Integrated Data System  http://www.agid.acl.gov/
• Nutrition Service Providers Guide
• Dietary Guidelines for Americans
  http://www.cnpp.usda.gov/DietaryGuidelines