



October 26, 2017

The Honorable John R. Graham
Acting Assistant Secretary for Planning and Evaluation
U.S. Department of Health and Human Services
200 Independence Avenue, SW, Room 415F
Washington, DC 20201

Re: U.S. Department of Health and Human Services Strategic Plan FY 2018-2022

Dear Acting Assistant Secretary Graham:

On behalf of the nationwide network of more than 5,000 community-based nutrition programs and the over 2.4 million seniors they serve each year, Meals on Wheels America appreciates the opportunity to comment on the U.S. Department of Health and Human Services Strategic Plan for Fiscal Year 2018-2022. We commend the Department for the presentation of this strategic plan and for the invitation for public comment.

For nearly five decades in communities large and small, rural, suburban and urban, the federal government has supported and invested in the Meals on Wheels network through the Older Americans Act (OAA). Today, this locally-based model, augmented with the help of more than two million volunteers, is viewed as one of the most effective demonstrations of a successful public-private partnership. Beyond delivering vital nutrition to improve the health and well-being of seniors, Meals on Wheels also offers socialization to reduce isolation, safety checks to eliminate risks, and connections to other needed services (e.g., transportation, home repair, care coordination). The impact of this model results in better health outcomes and quality of care and lower healthcare costs. Meals on Wheels programs have the ability and trust to cross the threshold into the homes of homebound seniors and disabled individuals on a daily basis, providing the opportunity to assess and monitor changes in health and behavior that are critical to effective medical care. As a result of this unique position as having 'eyes and ears' in the home, we offer the following recommendations as you consider your Strategic Plan:

STRATEGIC GOAL 2: PROTECT THE HEALTH OF AMERICANS WHERE THEY LIVE, LEARN, WORK, AND PLAY

Data from the OAA State Program Reports and National Survey of OAA Participants demonstrates that the seniors receiving meals at home and in congregate settings rely on these services to remain healthier and independent. The seniors depending on this nutritional support are primarily women, age 75 or older, who live alone. Additionally, they have multiple chronic conditions, take six or more medications daily, are functionally-impaired, and the single meal provided through the typical nutritional program represents half or more of their total daily food intake. Significant numbers of seniors are impoverished, live in rural areas, and belong to a minority group¹. In short, the individuals who rely on these community-based programs for nutrition are largely an at-risk and high-need population.

Accessible and appropriate nutrition is essential to health and well-being. This is particularly true for vulnerable seniors, as even a slight reduction in nutritional intake can exacerbate existing

health conditions, accelerate physical and mental impairment, and impede recovery from illness, injury, treatment or surgery. Seniors with chronic disease who receive adequate nutrition have improved health outcomes and are better able to support a healthy and active lifestyle². In collaboration with Brown University and AARP Foundation, our 2015 *More Than a Meal* study³ found that those seniors who received daily home-delivered meals (the traditional Meals on Wheels model of a daily, in-home-delivered meal, friendly visit and safety check), experienced the greatest improvements in health and quality of life. Specifically, between baseline and follow-up, seniors receiving daily home-delivered meals were more likely to exhibit improvements in physical and mental health (including reduced levels of anxiety, feelings of isolation and loneliness and worry about being able to remain at home), and reductions in hospitalizations, falls and the fear of falling. For example, recent research in Florida reveals that the rate of “well-nourished” nutritional status among new Meals on Wheels clients more than tripled after two months of services (from 8% to 29%)⁴, and that 96% of Meals on Wheels clients self-report that receiving meals helps them eat healthier foods and maintain healthier weight⁵.

Recommendation: We recommend that the Department utilize home and community-based nutrition programs such as Meals on Wheels to support its strategies to reduce chronic diseases and related health behaviors that impact older adults and people with disabilities and to increase access to preventive services, social and supportive services, and care management. We support the Department’s efforts to adapt and implement evidence-based programs and policies, such as implementing nutrition standards and guidelines, and further recommend consideration of including meals as a covered benefit in Medicare and Medicaid plans, to enable more eligible individuals to gain access to these essential services.

STRATEGIC GOAL 3: STRENGTHEN THE ECONOMIC AND SOCIAL WELL-BEING OF AMERICANS ACROSS THE LIFESPAN

The national network of community-based nutrition organizations offers unparalleled compassion and service in addressing the nutrition, socialization and health needs of aging and disabled Americans. Of those seniors who already receive home-delivered meals, 93% report that the meals allow them to stay independent in their homes, 91% report that it makes them feel more safe and secure, and 86% say it improves their health¹. Meals on Wheels has demonstrated its ability to successfully provide connections to other social services and supports that may be available in the community and collaborate with other community-based organizations toward that end. Thirty-seven percent of home-delivered meal clients received at least two other services in the last year¹, providing many opportunities for home and community-based programs to partner through services like care coordination.

Each delivery of meals directly to seniors’ homes offers critical access that can facilitate communication with medical providers and timely medical responses to emergencies and changes in condition. Programs like Meals on Wheels allow for important savings in healthcare costs, including reductions in unnecessary visits to the Emergency Room, hospital admissions and readmissions, and premature nursing home placement. In pilot studies in six states, 30 day readmission rates post-medical intervention ranged from 6-7% for Meals on Wheels recipients as compared to the national readmission rates of 15-33% over the same period⁶. Every \$25 per year per older adult spent on home-delivered meals results in a reduction in the low-care nursing home population, saving significant healthcare costs⁷. In addition to being a preventative measure for Emergency Department visits and hospital admissions, investing in Meals on Wheels is also a proven way to reduce hospital post-discharge costs⁸.

Home-delivered and congregate-based nutrition programs maximize the independence, safety, health and well-being of older adults, people with disabilities and their families and caregivers. In addition to the cost-effectiveness made possible by the ability to prolong the physical health and self-sufficiency of seniors, Meals on Wheels programs offer more than just nutrition; the model improves the mental and emotional health of participating seniors, too. An estimated 13.6 million older individuals 65 years of age and older live alone⁹, including more than one out of two Meals on Wheels clients (funded through OAA)¹⁰. Studies have shown that the effects of loneliness and isolation are comparable to the impact of well-known risk factors such as obesity and substance abuse, and are the equivalent of smoking 15 cigarettes a day¹¹. Frequent and consistent visits by a volunteer or staff member offer companionship and support, successfully reducing social isolation and feelings of loneliness and highlighting specific ways in which home and community-based nutrition programs like Meals on Wheels can interrupt trajectories from isolation to chronic illness.

Recommendation: We maintain that home and community-based nutrition programs like Meals on Wheels are uniquely qualified and able to assist the Department fulfill its strategy of maximizing the independence, well-being, and health of older adults, people with disabilities, and their families and caregivers. In order to improve care transitions and care coordination, assist seniors and persons with disabilities remain independent in their homes, and improve reporting on these populations, we recommend that programs like Meals on Wheels be fully integrated into healthcare systems, both as a preventative and transition care intervention.

As the Department moves forward with finalizing and implementing its strategic plan, we ask that the unique needs and preferences of the millions of homebound seniors and disabled Americans who struggle with hunger, isolation and poverty are considered at every step.

Thank you for your receipt and consideration of our comments. We look forward to working with you, and please do not hesitate to reach out to me or my staff at 571-339-1604.

Sincerely,



Ellie Hollander
President and CEO

1. [National Survey of OAA Participants \(2016\) and State Program Reports \(2015\)](#). ACL.
2. [Zhu & An. \(2014\). Impact of home-delivered meal programs on diet and nutrition among older adults: A review. Nutrition and Health, 22, 89-103.](#)
3. [Meals on Wheels America, with Thomas, K., & Dosa, D., Brown University. 2015. More Than a Meal Study Pilot Research Study: Results from a Pilot Randomized Control Trial of Home-Delivered Meal Programs.](#)
4. [Wright, L., Vance, L., Sudduth, C., & Epps, J.B. \(2015\). The impact of a home-delivered meal program on nutritional risk, dietary intake, food security, loneliness, and social well-being. Journal of Nutrition in Gerontology and Geriatrics, 34, 218-227.](#)
5. [State of Florida Department of Elder Affairs. \(2012\). 2011 Home-delivered meals survey report.](#)
6. Meals on Wheels America Care Transition Project. 2013.
7. [Thomas & Mor. 2013. Providing more home-delivered meals is one way to keep older adults with low care needs out of nursing homes. Health Affairs, 32, 1796-1802.](#)
8. [Cho, Thorud, Marishak-Simon, Frawley, & Stevens. 2015. A model home-delivered meals program to support transitions from hospital to home. Journal of Nutrition in Gerontology and Geriatrics, 34, 207-217; Sattler, Lee, & Young. 2015. Factors associated with inpatient hospital \(re\)admissions in Medicare beneficiaries in need of food assistance. Journal of Nutrition in Gerontology and Geriatrics, 34, 228-244.](#)
9. [Administration on Aging. US Department of Health and Human Services. A profile of older Americans: 2016.](#)
10. [Mathematica Policy Research. \(2017\). Evaluation of the effect of the Older Americans Act Title III-C Nutrition Services Program on participants' food security, socialization, and diet quality.](#)
11. [Holt-Lunstad, J., & Smith, T. B. \(2016\). Loneliness and social isolation as risk factors for CVD: Implications for evidence-based patient care and scientific inquiry. Heart, 102, 987-989.](#)