



**Statement for the Record  
Submitted to the Special Committee on Aging  
United States Senate**

**Hearing on**

**“Falls Prevention: National, State, and Local Solutions to Better Support Seniors”**

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**Submitted by  
Meals on Wheels America  
1550 Crystal Drive, Suite 1004  
Arlington, VA 22202  
571-339-1622  
[www.mealsonwheelsamerica.org](http://www.mealsonwheelsamerica.org)**

Dear Chairman Collins, Ranking Member Casey, and Members of the Committee:

On behalf of Meals on Wheels America, the national network of community-based senior nutrition programs, and the seniors they serve, thank you for holding the hearing, “Falls Prevention: National, State, and Local Solutions to Better Support Seniors.” We congratulate you on the successful release of this year’s annual report on the challenge of falls in the older adult population and opportunities for prevention strategies, and we are grateful for your continued leadership and attention to the needs of our nation’s seniors.

Meals on Wheels America is the national nonprofit organization that supports the network of more than 5,000 community-based congregate and home-delivered nutrition programs that are dedicated to addressing senior hunger and isolation. These local programs operate in virtually every community across the country and are trusted in the homes of millions of our nation’s most vulnerable older adults. With the support of dedicated volunteers and staff members, local Meals on Wheels programs provide nutritious meals, safety checks, and connections to other social and health services, which enable millions of America’s seniors to live more nourished and independent lives.

As a leadership organization, we work to empower local Meals on Wheels programs to improve the health, safety and overall well-being of seniors, and this network of community-based providers has unique perspectives on and experience with older adult falls. We appreciate the opportunity to submit this statement for the hearing record and look forward to working with you to identify and implement solutions that help mitigate this pervasive concern.

## **INTRODUCTION**

More than a quarter of older adults – age 65 and older – reported falling at least once in 2014, and nearly a third of those falls resulted in an injury, making falls the leading cause of fatal and nonfatal injuries among older adults.<sup>1</sup> While risk of falling increases along with age and occurs more commonly among women, most older adult falls can be prevented from occurring or reoccurring altogether. Frailty or muscle weakness, certain vitamin deficiencies and medication use, home safety hazards and having a severe chronic condition are all factors that make older adults more likely to experience a fall but can also be modified and/or avoided with various treatment and intervention strategies.<sup>2, 3</sup>

Falling is a widespread and common issue that affects seniors of all demographic backgrounds and risk levels, but for older adults who are experiencing hunger and/or social isolation, the risk – and consequences – of falls can be far greater. For food insecure older adults, unreliable access to adequate, healthy food can contribute to malnutrition and therefore elevate their risk of falling.<sup>4</sup> Seniors who are homebound or isolated are vulnerable to falling when they are living alone or without consistent social contact, and falls have been further associated with adverse conditions including decreased quality of life and social isolation.<sup>5</sup>

The Older Americans Act (OAA) is the primary piece of federal legislation focused on establishing, coordinating and strengthening community and home-based social and nutrition services for adults age 60 and older, their families and their caregivers. Services provided through the OAA include home-delivered and congregate meals provided to a particularly

vulnerable population of older adults. The profile of clients receiving home-delivered nutrition services through the OAA exhibits many risk factors associated with falling:

- 79% are age 75 and older
- 69% are women
- 35% live at or below poverty level
- 59% live alone
- 25% live in rural areas
- 28% are a racial and/or ethnic minority
- 82% take 3 or more medications daily <sup>6</sup>
- 80% have one or more chronic conditions <sup>7</sup>

The impact of older adult falls are costly and account for many injuries, hospitalizations, subsequent falls and deaths. In 2014, older adult falls accounted for 2.8 million emergency department visits, 800,000 hospitalizations and 27,000 deaths.<sup>1</sup> In 2015, senior falls accounted for \$50 billion in total medical costs.<sup>8</sup> At a time of unprecedented population growth, the cost and burden of older adult falls are projected to grow, so we must invest in and implement evidence-based strategies to address this all-too common issue affecting our nation's senior population. We believe that much of this can be accomplished by leveraging the aging services' existing infrastructure.

### **FALLS PREVENTION: THE MEALS ON WHEELS MODEL**

The Meals on Wheels network comprised of local, community-based nutrition providers has led the fight against senior hunger and isolation for decades – and the congregate and home-delivered nutrition services they deliver provide more than a meal. The socialization offered at community dining centers or through volunteer visits, the regular safety checks enabled during meal deliveries, and the reliable connections to other home- and community-based resources are core aspects of this service model that supports the health and independence of older individuals and provide opportunities to prevent falls.

#### *Nutrition and Socialization:*

Proper diet and adequate social contact are key components of an individual's health and well-being. Adequate nutrient intake, such as protein and Vitamin D, are necessary for bone, nerve and muscle health, which are critical for maintaining strength and preventing falls. Similarly, social connectedness is important for the mental health of older adults and for reducing feelings of isolation. Chronic loneliness alone has been found to have a mortality risk comparable to heavy smoking and social isolation has been linked to an increased number of falls, making the case for a need to increase protective factors such as strong social support.<sup>9,10</sup>

Local Meals on Wheels programs play a critical role in providing regular meals and socialization opportunities. The meals served to seniors are held to a high nutrition standard that adheres to the OAA Title-III Nutrition Program requirements and include at least a third of the Daily Reference Intakes. In fact, the results of the More than a Meal Pilot Research Study found that, compared to seniors who received weekly frozen meals or no meals at all, seniors who received daily home-delivered meals experienced a greater reduction in the rate of falls and feelings of loneliness; daily home-delivered meal recipients also reported eating healthier foods and feeling safer at home.<sup>11</sup> Furthermore, many local programs are already offering medically-tailored meals, and many others are looking to expand their offerings, to better meet their clients' nutritional needs and combat malnutrition. One example among many is the Eastern Area Agency on Aging Meals on Wheels program in Brewer, Maine that recently received an Administration for Community Living (ACL) grant award to innovate and scale their delivery of

medically-tailored meals in partnership with a healthcare system and a private sector healthcare technology company to improve the nutritional and health status of rural adults with multiple chronic conditions – a traditionally hard to reach population.

For many individuals participating in the program, staff members and peers at a congregate dining facility, or the volunteer delivering a meal and visit to the home, may be the only individual(s) she or he sees that day, providing critical occasions for socialization. Additionally, these interactions allow for safety and wellness checks. Time and again, Meals on Wheels volunteers encounter a client who has fallen during a delivery route, and the regular visits by volunteers can help home-delivered meal clients to be more secure and less fearful of falling. The majority of seniors receiving OAA nutrition services provided by a community-based organization consistently report that participating in the program helps them to feel healthier, safer and more independent.<sup>12</sup>

#### *Safety and Community Connections:*

Meals on Wheels programs are also perfectly positioned to identify in-home safety hazards and ensure that the proper steps are taken to mitigate them. Similarly, they help make needed safety modifications for clients who may not have the ability or support needed to do so on their own. Meals on Wheels programs, with support from Meals on Wheels America and The Home Depot Foundation, have provided both minor and major home repairs to support aging in place for more than 1,200 veterans since 2014. While this relationship has provided much needed support for many, the demand for services continues to outpace resources.

Regular interaction with volunteers and provider staff ensures consistent access to at least one social service agency and a link to other community services and programs that may benefit the older individual. Local Meals on Wheels programs, with the help of their staff and volunteers, can identify the need for additional services or care and make the appropriate referrals. Early identification of concerns, such as crumbling steps, a loose handrail, or inadequate lighting, can allow for early intervention to not only safeguard the home, but to also improve the health and quality of life of the individual. Some local programs, like Pitt County Council on Aging in North Carolina, have established partnerships with home repair services, such as Rebuilding Together, to provide home modifications. Often these partnerships are critical to serving clients, but the community need is greater than either organization has the funds to address.

Other programs are taking it a step further, implementing evidence-based falls prevention strategies with a home modification component. Ypsilanti Meals on Wheels in Michigan has begun delivering CAPABLE – Community Aging in Place, Advancing Better Living for Elders. By adding an Occupational Therapist on staff, this innovative Meals on Wheels program is better able to understand and meet the needs of their clients while providing minor home repairs to support client-identified goals. Many other Meals on Wheels programs provide evidence-based fall prevention programs through their congregate meal sites, such as A Matter of Balance, providing a socially-supportive location for such services. As few evidence-based programs are designed with and for the homebound population, though, service providers are not always able to reach those most in need. Furthermore, as discussed in the hearing, uptake of programming is not always culturally-appropriate or available.

Nutrition service providers can also be leaders in innovative interventions – such as Meals on Wheels Rowan in North Carolina – which recently provided leftover medication

disposal services in an effort to promote medication safety and to reduce misuse, a key predictor of falls among older adults. In partnership with the local sheriff's department, this program was able to properly remove unused and expired prescription and over-the-counter medications from the homes of homebound individuals. In all these examples, determining the right intervention, possible funding source, and workforce in the community play a critical role in whether or not a client's falls prevention needs can be met.

Meals on Wheels America, in partnership with the West Health Institute, Accessible Solutions, and local Meals on Wheels programs across the country, recently began to expand a technology-enhanced tool they developed for drivers to use to report changes in client conditions by capturing their observations in real-time during meal delivery. A study found this innovative mobile software-based strategy to be a feasible mechanism among trained Meals on Wheels volunteers for monitoring change-in-condition and providing necessary referrals, and may provide a solution to addressing the unmet needs of older adults aging independently in their homes.<sup>13</sup> Through the scaling of this effort, programs have reported assessing that there are needed modifications to their clients' homes. These programs have reported difficulty finding community partners to provide the service and/or that waitlists for home modification services are lengthy. We see the ability to have systematically-collected information on clients' well-being as an opportunity to advocate for increased funding for falls prevention programming, home modifications, and to connect and support care coordination efforts within the healthcare system.

#### *Health Care Coordination:*

As was noted by expert witness testimony and highlighted in the Committee report, lack of care coordination and communication in the healthcare setting contributes to falls that can be prevented with a person-centered, multidisciplinary healthcare approach. The model and infrastructure of Meals on Wheels programs provides an excellent platform and opportunity to work with healthcare teams and providers so that they can be notified promptly of an individual's change in condition or exposure to a new safety hazard and take the necessary steps to address their patients' health and safety needs.

There are several person-centered models of care coordination, like the Program of All-Inclusive Care for the Elderly (PACE), that provide comprehensive treatment of the whole patient and address social determinants of health, such as nutrition and safety. Local Meals on Wheels programs are well-designed to participate in such care models that may promote health and reduce associated health care costs and spending. For example, Meals on Wheels and Aetna, a CVS Health business, are currently piloting the use of the technology-enhanced change of condition monitoring system mentioned above in conjunction with Aetna's care coordination for high-risk, high-need Medicare Advantage beneficiaries.

### **FALLS PREVENTION: FUNDING AND ACCESS**

Like many public health and prevention initiatives, budgetary constraints have prevented falls prevention programs from receiving the funding necessary to scale-up and expand access and reach of activities and services to meet the growing and shifting needs of older adults. Funding for social services and health promotion activities provided through federal programs, such as the Prevention and Public Health Fund and the OAA, has remained stagnant despite the soaring senior population and has not kept pace with the increasing demand.<sup>14,15</sup>

With an issue as avoidable and widespread as older adult falls, timely funding investments and implementation of strategic policy changes now and in the near future will provide a hefty return-on-investment, as the reduced rate of falls will have a direct impact on the need for high-cost healthcare services to address the consequences of falls. Accordingly, the rapidly growing senior population today warrants robust and timely investments in fall prevention programs.

Furthermore, despite promising and innovative trends in both community partnerships and technology, significant gaps exist in both the availability and accessibility of evidence-based falls prevention programs for certain older adult populations. Many older adults living in rural communities do not have access to evidence-based falls prevention programs, and as such, efforts are needed to expand access and reach for different types of programs in rural communities.<sup>16</sup> Additionally, evidence-based programs to prevent falls are typically designed to be implemented in community settings, such as senior centers, and less so in the homes of older adults. As a result, homebound older adults – those who are the most frail and vulnerable to falls – have inadequate access to falls prevention programs that may greatly benefit them, indicating another vital gap in the diversity of falls prevention programs that are effective and accessible to the seniors who need them.

## **RECOMMENDATIONS**

The Committee's report outlines strong policy recommendations and strategies that we support and look forward to working together to implement. We also urge you to prioritize the following high-impact recommendations to achieve the overarching goal of reducing the rate of older adult falls:

- Substantially increase the nation's investment in fall prevention interventions to significantly expand reach, including evidence-based falls prevention programs, home-modification programs and nutritious meals designed for homebound older adults and those living in rural communities. In particular, reauthorization of the OAA and Fiscal Year (FY) 2020 Labor, Health and Human Services, and Education appropriations are two critical legislative vehicles to increase funding and implement innovative and effective policy.
- Fund and support transformative system-level solutions and partnerships for care coordination that help connect vulnerable seniors with effective fall prevention programs and services. For example, more formalized methods of information sharing between partners such as healthcare providers and community-based organizations ensures that older adults are connected efficiently to appropriated and needed interventions.

## **CONCLUSION**

Thank you again for holding this important hearing and for the opportunity to submit this statement to share our unique perspectives and experience with older adult falls and prevention methods. We would like to extend special appreciation to Chairman Collins and Ranking Member Casey for their bipartisan leadership and attention to this critical issue. We hope the information and recommendations shared in this statement provide additional insights and helpful information, and we look forward to continuing to work with you to prevent the vital issues of senior hunger, isolation and falls in the years to come.

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- <sup>2</sup> CDC, Older Adult Falls: Important Facts about Falls (2019), available at <https://www.cdc.gov/homeandrecreationalafety/falls/adultfalls.html>
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- <sup>6</sup> Mabli, et al. Evaluation of the Effect of the Older Americans Act Title III-C Nutrition Services Program on Participants' Food Security, Socialization, and Diet Quality. Report prepared for the Administration for Community Living (ACL) by Mathematica Policy Research (2017), available at [https://acl.gov/sites/default/files/programs/2017-07/AoA\\_outcomesevaluation\\_final.pdf](https://acl.gov/sites/default/files/programs/2017-07/AoA_outcomesevaluation_final.pdf)
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- <sup>11</sup> Thomas & Dosa. More Than a Meal Pilot Research Study. Study and report commissioned by Meals on Wheels America (2015), available at <https://www.mealsonwheelsamerica.org/learn-more/research/more-than-a-meal/pilot-research-study>
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- <sup>13</sup> Morris, et al. Leveraging Home-delivered Meal Programs to Address Unmet Needs for At-Risk Older Adults: Preliminary Data. *Journal of the American Geriatrics Society* (2017), abstract available at <https://www.ncbi.nlm.nih.gov/pubmed/31188480>
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