

THE MEALS ON WHEELS DIFFERENCE

SPECIALISTS IN ADDRESSING SOCIAL DETERMINANTS OF HEALTH FOR THE COMPLEX SENIOR MARKET

The senior market is extremely complex and exceptionally costly to reach. Yet, no one is more experienced at navigating and servicing this demographic than Meals on Wheels. The Meals on Wheels network is poised to help you keep your members healthy and out of expensive healthcare settings while tackling one of your biggest pain points – serving costly high-need / high-risk populations and dual-eligible beneficiaries.

For seniors as a whole, the implications of multiple chronic conditions and longer healing cycles, coupled with the social isolation that often accompanies old age, make arriving at effective approaches and solutions particularly challenging. As the "eyes and ears" inside your members' homes – a role that Meals on Wheels already fulfills every day – we can facilitate the delivery of timely responses to changes of condition and well-being among your members. This proves to be especially important to expedite recovery upon discharge from hospitals, and to prevent emergency department visits and hospitalizations.

Monitoring and assessing the status of seniors in their homes and over time is a capability that Meals on Wheels has honed through serving more than 8 billion meals over its 40+ years of community-based service.

Every day across America, Meals on Wheels reaches hundreds of thousands of homebound seniors and disabled individuals with meals, socialization and safety checks in the home. While others can deliver meals to the door, Meals on Wheels has earned the unparalleled trust and permission to cross the threshold into the homes of seniors, many of whom are these high-risk individuals that cost your health plan so much. Our ability to assess and monitor observed changes in health and behavior, collect and report data, and prevent unnecessary emergency department visits and hospital admissions and readmissions are critical to effective medical care. This is the most effective way for healthcare providers to deliver efficient and cost-saving services. And this is a value that only Meals on Wheels can deliver with unparalleled passion and concern for your senior members. That is what we do every day.



MEALS ON WHEELS DELIVERS:

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DELIVENS.	INCREASED PROVIDER PERFORMANCE
Cost reductions and health outcome improvements in the short- and long-term	 Post-discharge costs per member per month (on a PMPM basis) were reduced by 31% in a Medicare Advantage pilot that was then scaled to serve more than 135,000 people receiving Meals on Wheels across 36 states.¹ Average monthly healthcare costs were reduced by more than \$10,000 per member, and average monthly inpatient costs were reduced by almost \$53,000 after three months of Meals on Wheels services.²
Member satisfaction increases and Star Ratings improvements	 93% of Meals on Wheels clients in the Medicare Advantage pilot referenced above reported satisfaction with delivery of food, and 92% were likely to re-enroll with their health plan following service.¹ Meals on Wheels provides information that can lead to risk adjustments. Meals on Wheels services contribute to direct improvements in triple-weighted Star Ratings and other critical ratings, including: Plan readmissions Diabetes care – blood sugar controlled Controlling blood pressure Care coordination Reducing the risk of falling Improving or maintaining self-rated health³
	IMPROVED HEALTH AND WELL-BEING
Nutritional status improvements	 Almost all Meals on Wheels clients report eating healthier (85%), improvements in health (84%) and feeling better (90%) after receiving home-delivered meals.⁴ The rate of seniors reporting a "well-nourished" nutritional status more than tripled after two months of receiving Meals on Wheels service (from 8% to 29%).⁵ Seniors reported to be "malnourished" decreased substantially (from 34% to 6%) after two months of Meals on Wheels service.⁵ 96% of Meals on Wheels clients in Florida self-reported that the meals help them eat healthier and maintain healthier weight.⁶
Isolation and loneliness reductions and improvements in health and well-being	 Brown University's major <i>More Than a Meal</i> study³ showed that participants receiving daily-delivered meals were more likely to report: Improved mental health (e.g., anxiety) Improved physical health Fewer falls Reduced feelings of isolation and loneliness Reduced worry about being able to remain at home Other studies show that loneliness and isolation have comparable impact to obesity, substance abuse and smoking 15 cigarettes a day. Loneliness is also associated with increases in heart disease, stroke and high blood pressure.⁷
	TRUST AND EXPERTISE
Unparalleled brand trust and reputation	 The general public trusts Meals on Wheels. 90% awareness of the brand, reporting 90% brand favorability⁸ Seniors trust Meals on Wheels and feel comfortable in: Inviting staff and volunteers into the home Discussing and disclosing physical and mental health conditions/issues to staff and volunteers, who are trained on what they should do with such information
Expertise in the seniors market	 Meals on Wheels' in-depth experience strengthens the body of knowledge about seniors' specific nutritional and social needs. The "in community" presence of local Meals on Wheels programs enables long-term relationship-building and connections to needed services, often through other community-based organizations.
Experienced "eyes and ears" in the home on an ongoing basis	 Trained social workers, case workers or nutritionists conduct the initial risk assessment with new referrals and periodic in-home assessments thereafter, addressing the unique needs of seniors. Meals on Wheels can track and monitor clients over time – including during emergencies – so you always know where they are.
	COMMUNITY PARTNERSHIPS
Ways to address social determinants of health through community-based connections	 Meals on Wheels programs provide access to a variety of services in the community, which may include home repair, cleaning, grocery shopping, transportation and nutrition education, among others. Nearly 30% of those who received meals in a Medicare Advantage pilot were referred to additional services.¹
Meal choice and delivery options selected to suit your needs and those of your members	 Wherever possible, Meals on Wheels programs deliver daily hot or chilled meals that meet Older Americans Act nutritional requirements along with a regular check-in with the seniors they serve, in addition to home delivery of frozen meals everywhere in the continental U.S. Local Meals on Wheels programs offer a variety of meal types, including medically tailored – such as pureed or renal diet meals – and meals tailored to meet cultural preferences to reflect the community in many areas.

1. Miller, Gail. Presentation before Aging Options in Aging Conference sponsored by the Administration on Aging, December 2006.

Gurvey, J., Rand, K., & Daugherty, S. (2013). Examining health care costs among MANNA clients and a comparison group. Journal of Primary Care and Community Health, 4, 311-317. DOI: 10.1177/2150131913490737.

3. Meals on Wheels America, with Thomas, K., Dosa, D., Brown University. More Than a Meal Study 1, 2015.

4. Meals on Wheels America. 2017. Hunger in Older Adults: Challenges and Opportunities for the Aging Network.

 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. DOI: 10.1080/21551197.2015.1022681.

 State of Florida Department of Elder Affairs. (2012). 2011 Home-delivered meals survey report. Accessed at http://elderaffairs.state.fl.us/doea/Evaluation/2011_Home_Delivered_Meals.pdf.

 Holt-Lunstand, J., Smith, T.B., & Layton, J.B. (2010). Social relationships and mortality risk: A meta-analytic review. PLoS Med, 7(7), e1000316; Valtora, N.K., Kanaan, M., Gilbody, S., Ronzi, S., & Harratty, B. (2016). Loneliness and social isolation as risk factors for coronary heart disease and stroke: Systemic review and meta-analysis of longitudinal observational studies. Heart, Published Online First: 18 April 2016. DOI: 10.1136/heartjnl-2015-308790; Hawkley, L.C., Thisted, R.A., Masi, C.M., & Caioppo, J.T. (2010). Loneliness predicts increased blood pressure: 5-year cross-lagged analyses in middle-aged and older adults. Psychology and Aging, 25, 132-141. DOI: 10.1037/a0017805.

8. EXCEL SSRS/Social Science Research Solutions Omnibus Study. October 2013.