

MEALS ON WHEELS

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ANNUAL CONFERENCE AND EXPO

DALLAS, TX



How Meals on Wheels Organizations Can Help Prevent Older Adult Falls Risk



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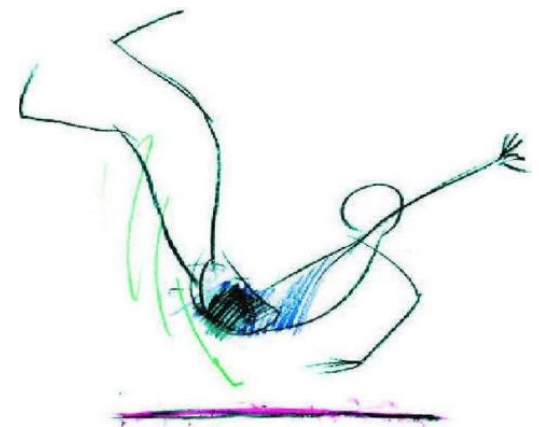
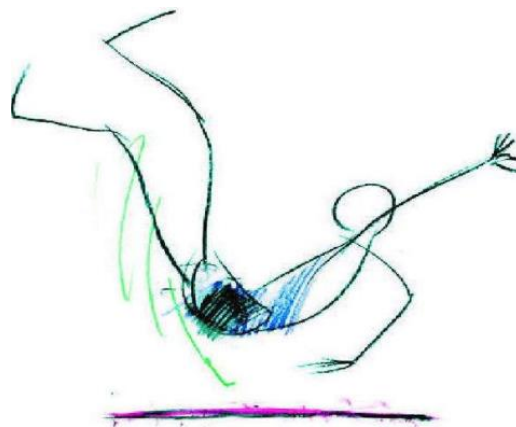
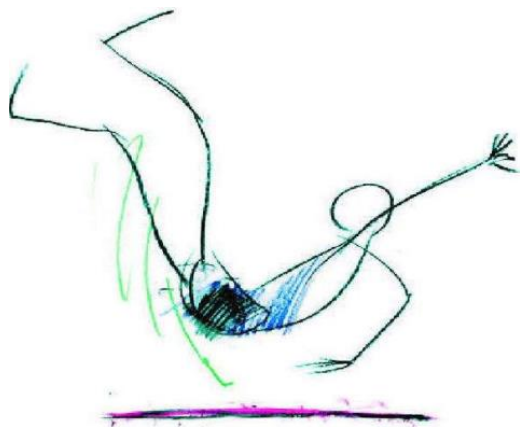
Who are We? Who is in the Room?

- Session Objectives:

- Learn about fall risk among community-dwelling older adults
- Find out how to implement evidence-based fall prevention workshops and innovative strategies to help older adults reduce fall risk within your organization in or partnership with other community-based organization
- Gain insight about accessing resources
- Learn from Member organizations about what they are doing around falls prevention

How Significant is the Problem?

- Falls are common, predictable, and largely preventable
- United States Statistics for Falls among Older Adults
 - One-fourth of Americans aged 65+ falls each year
 - Every 11 seconds: older adult treated in the emergency room
 - Every 19 minutes: older adult dies



How Significant is the Problem?

- Each year, millions of people 65 and older are treated in emergency departments because of falls
- Over 800,000 patients a year are hospitalized because of a fall injury, most often because of a broken hip or head injury
- The average hospital cost for a fall injury is over \$30,000
- The costs of treating fall injuries goes up with age

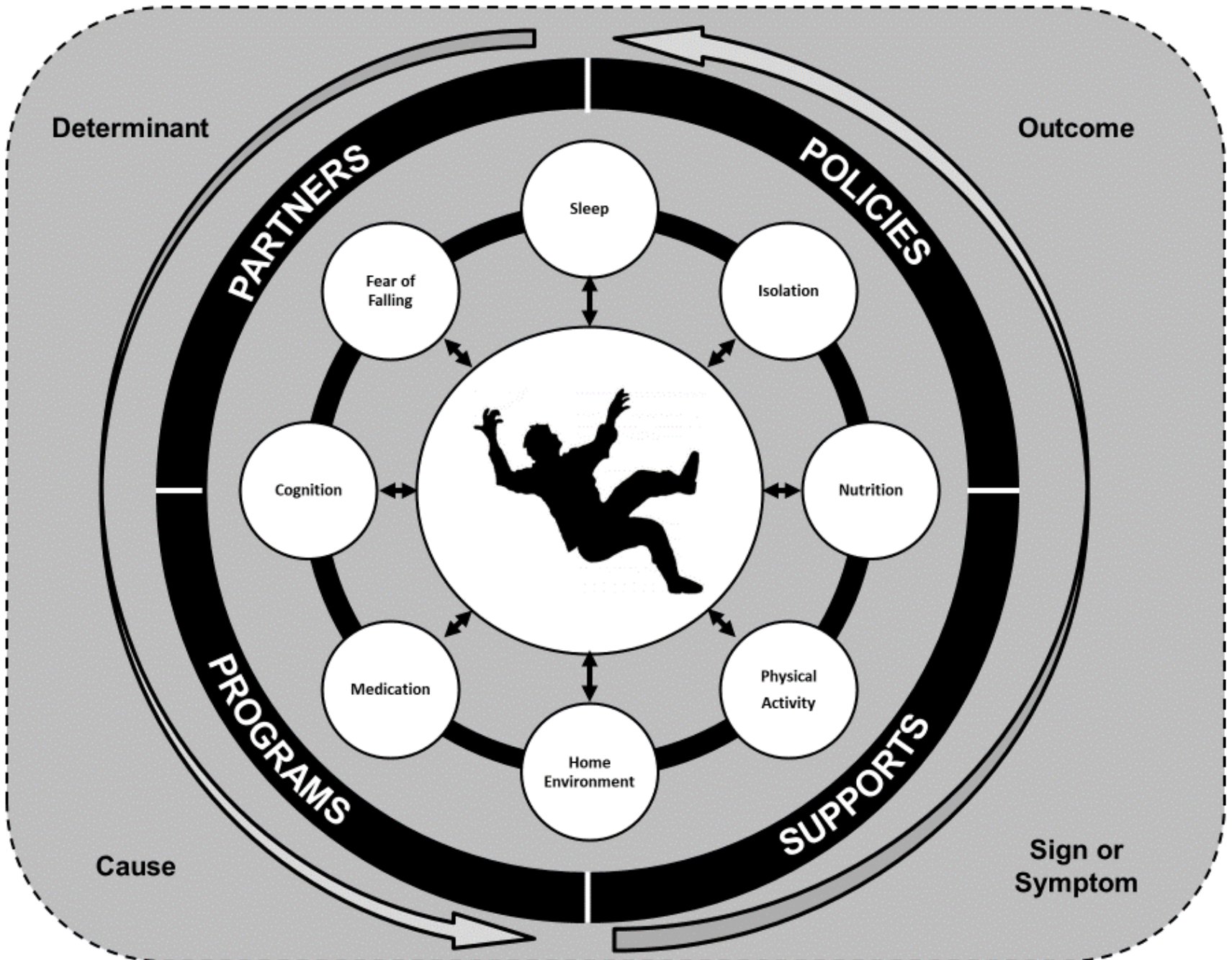


➤ CDC Fatalities and Injuries from Falls Among Older Adults – United States 2019

Magnitude and Cost of Falls

- About 30% of older adults experience falls annually, which costs about \$50 billion a year
- By 2020, the annual direct and indirect cost of fall injuries is expected to reach \$67.7 billion
- Among community-dwelling older adults, fall-related injury is one of the 20 most expensive medical conditions





Risk Factors

Intrinsic

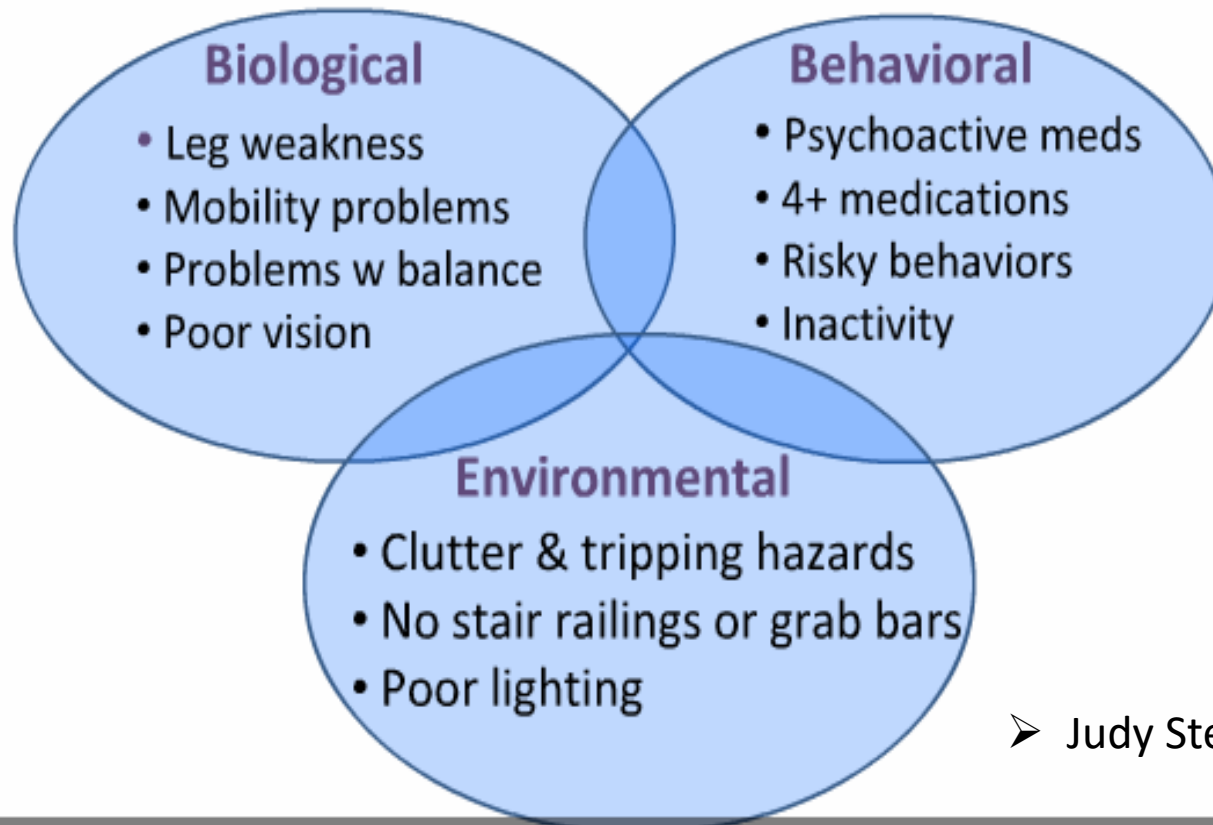
- Vision/visual impairments
- Balance and gait
- Cognitive/Dementia
- Medical conditions
- Multiple medications
- Multiple falls
- Advanced age
- Postural hypotension
- Impaired ADLs

Extrinsic

- Physical environment:
 - Poor lighting
 - Uneven/slippery surfaces
- Assistive devices
- Poor footwear
- Use of non-sturdy furniture or equipment



Modifiable Risk Factors



➤ Judy Stevens, April 2013

The more risk factors, the increased chance for a fall.
The interaction between risk factors can also increase falls.

Brainstorm Activity

WHAT DOES RISK LOOK LIKE?



Assessments and Solutions to Reduce Falls Risk: Opportunities for MoW

- Falls risk screening via provider or community STEADI assessment
- Nutrition risk screening/referral to RDN, Meals on Wheels, etc.
- Social Isolation screening/referral to programs, home visitors, etc.
- Social Determinants of Health screening/referral to services based on needs
- Evidence-based fall prevention programs: Stepping On, Enhance Fitness
- Phone and Medical Alert Services
- Captioned Telephone, Speech to Speech, Visually Assisted, Hands-free)
- Medication reconciliation/review
- Home Safety check/modification

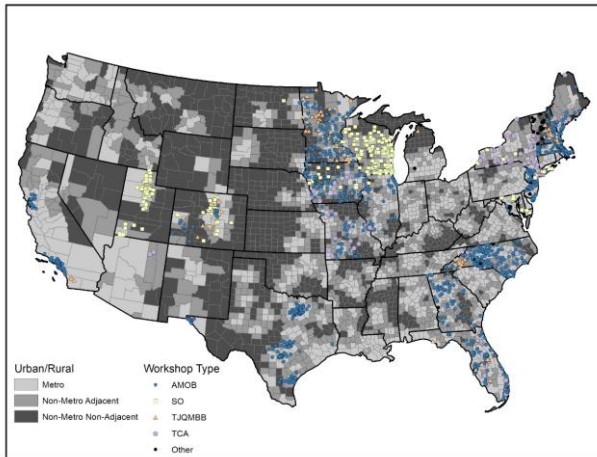
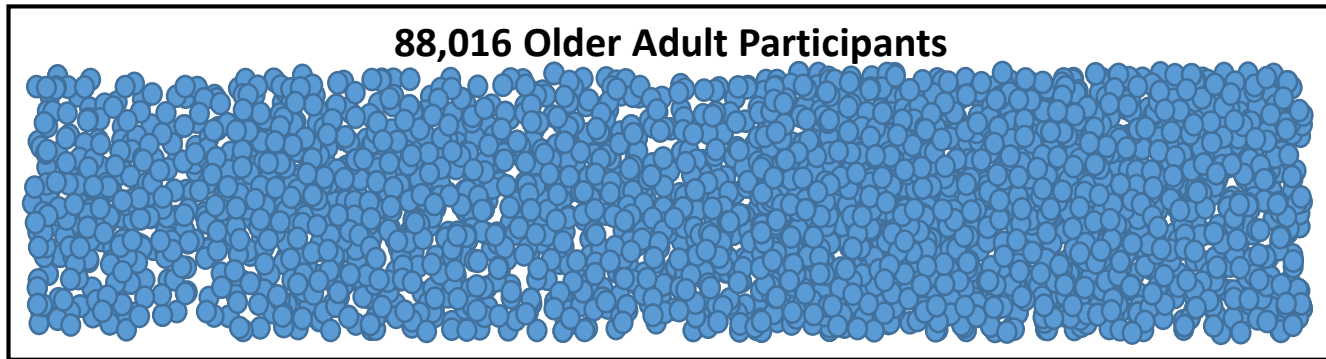
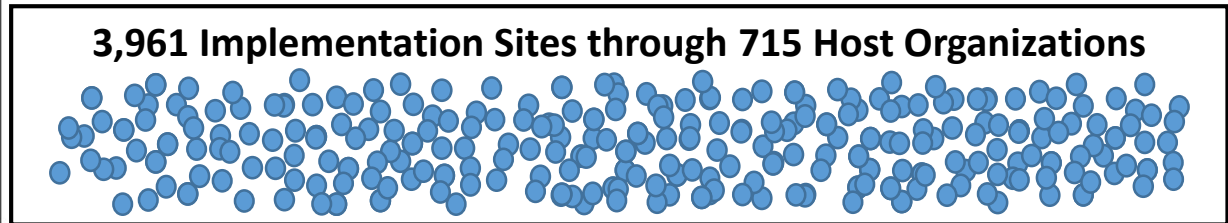
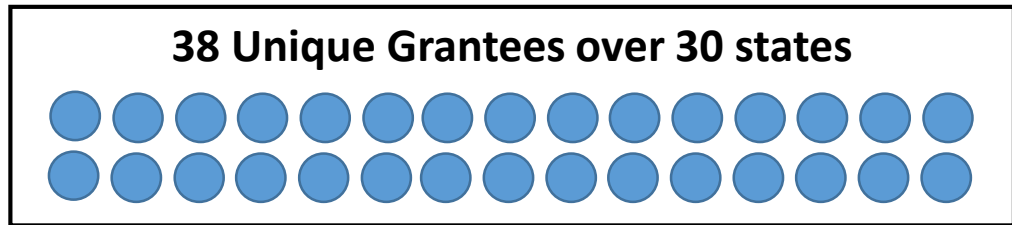
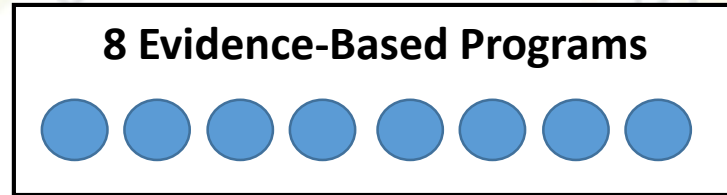
Community Evidence-Based Fall Prevention Programs

- A Matter of Balance
- Stepping On
- EnhanceFitness
- Tai Chi
- Walk with Ease
- EnhanceFitness
- Otago Exercise Program
- And many more...

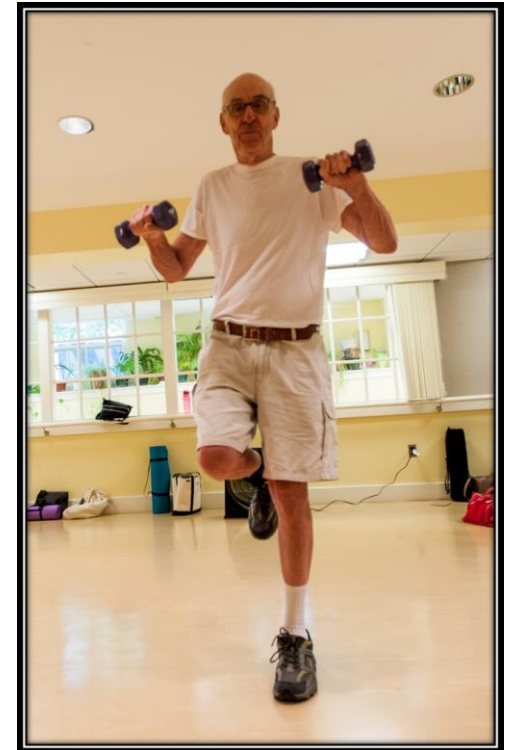


Evidence-Based Fall Prevention Programs

From 2016 to 2019



Stepping On Example of Physical Activity to Improve Balance



Stepping Up Your Nutrition – Malnutrition Screening



Why Older Adult Malnutrition?

1 in 2 older adults at risk

300% increase in healthcare costs for those with poor nutritional status

4 to 6 days longer in the hospital

\$51.3 billion in costs for disease-associated malnutrition in older adults annually

60% of older adults in hospitals may be malnourished

Link Between Falls Risk and Malnutrition

- Nutritional status among older adults is a key predictor of frailty and Sarcopenia
 - Poor nutritional status is associated with the onset of frailty
 - Fallers are more often malnourished than non-fallers and fallers are almost twice as likely to be malnourished
 - Older adults who fall are malnourished and often experience a decline in health-related quality of life
- Artaza-Artabe, L. et. al. The relationship between nutrition and frailty: effects of protein intake, nutritional supplementation, vitamin D, and exercise on muscle metabolism in the elderly. A systematic review. *Maturitas*. 2016;93:89-99. doi:10.1016/

FACT: Malnutrition Affects All People

- 9 million older adults cannot afford nutritious food
- 1 in 4 adults aged 65+ either reduces meal sizes or skips meals
- 16% of independent older adults are at high risk for malnutrition
- Up to 60% of older adults in health care settings are malnourished



FACT: Malnutrition Can Come From Many Factors

- Chronic conditions
- Limited income
- Trouble swallowing /chewing
- Poor dental health
- Changing taste buds
- Living alone
- Medication side effects
- Poor appetite
- Restricted diets
- Lack of mobility
- Depression
- Dementia
- Gastrointestinal disorders

FACT: Malnutrition Has Many Warning Signs

- Muscle weakness
- Fatigue
- Increased illness or infection
- Feeling irritable or depressed
- Unplanned weight loss
- Decreased appetite



STEPPING UP YOUR NUTRITION



• PROGRAM GOAL:

- Participants will understand the importance of balanced nutrition for the prevention of falls and will be able to identify the **key** warning signs of poor nutrition

• PROGRAM IMPACT:

- Nutrition status and muscle health are linked to falls risk
- Exercise and protein are key factors to help maintain and build strong muscles
- Through action planning and collaboration with your healthcare professional, you can begin reducing your falls risk

2.5-Hour Interactive Workshop



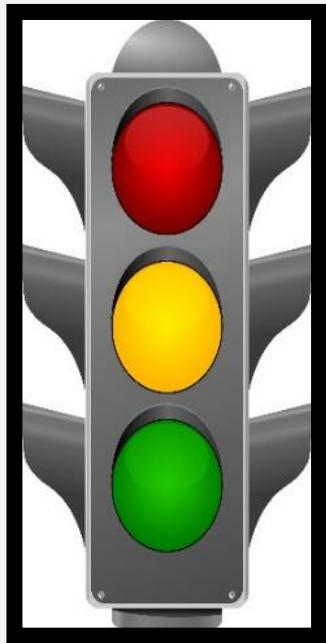
- How nutrition affects falls risk
- The importance of muscles for strength
- Key nutrients for older adults, particularly protein and fluid
- How to determine personal nutrition risk and handgrip strength scores
- How to create an action plan to improve nutritional health

Stepping Up Your Nutrition Topics/Activities



- How Nutrition Affects Falls
- Why Muscle Matters
- WHERE'S THE PROTEIN
- Nutrients to Know: Protein and Fluid
- ROLE PLAY, PROBLEM-SOLVING AND Action Planning
- Personal Nutrition Risk Score
 - Validated tool measures Malnutrition Risk and Food Insecurity
 - Grip Strength measurement (week 1 and end of week 7)
 - Potential follow-up at 3 months

Measuring Malnutrition Risk Level



High Nutrition Risk: Score > 50

Consult with healthcare team as soon as possible to address the areas of nutrition concern and improve nutrition status

Moderate Nutrition Risk: Score 50 to 54

Take action to improve nutrition health. Discuss options with healthcare team and identify resources to help reduce risk

No/Low Nutrition Risk: Score 55+

Continue current eating habits to keep healthy and strong

STEPPING UP YOUR NUTRITION

Activity



- Brainstorm: What Food Means to You
- Protein Rich Foods Quiz



SteppingUpYourNutrition.com

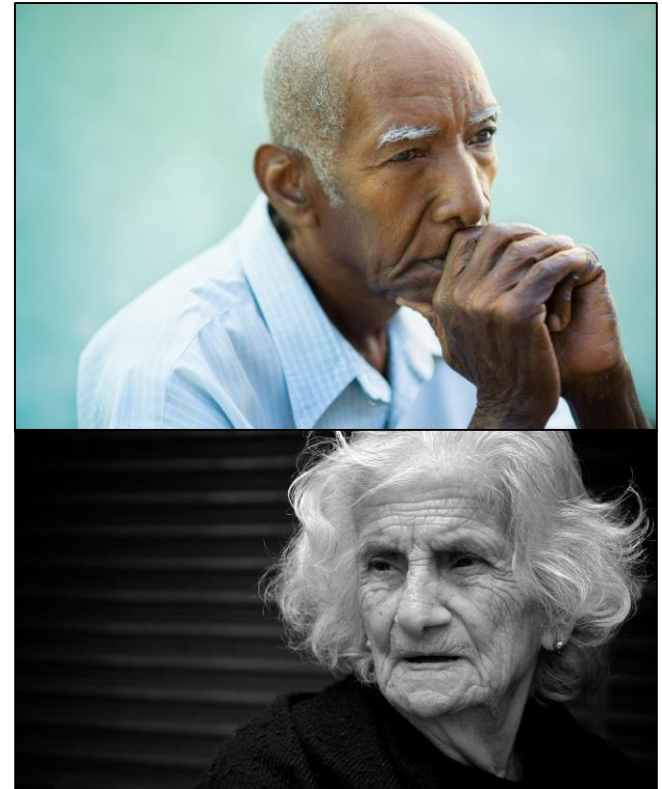
Social Isolation Risk Assessment

- About 28% of older adults in the United States (13.8 million people) live alone, but many are not lonely or socially isolated
- At the same time, some people feel lonely despite being surrounded by family and friends
- The AARP Foundation and the Maryland Living Well Center of Excellence – MAC, Inc. are piloting a tool to identify early signs of social isolation
- A ‘stoplight’ assessment tool will be widely available online and to Community-Based Organizations and healthcare providers

➤ <https://www.nia.nih.gov/news/social-isolation-loneliness-older-people-pose-health-risks>

Social Isolation Risk Factors

- Living Alone
- Divorced, separated, or widowed
- Never married
- Disability and Impairment
- Independent living difficulty
- Poverty



Validating 'Tipping Point' Risks

- Goal: Develop a brief, easy-to-use validated screener to identify older adult risk of social isolation & link them to local resources and services
- Created a multi-component Instrument with parts of validated scales and items about sociodemographics and other social determinants
 - ***Upstream Social Isolation Risk Screener (U-SIRS) (pronounced "users")***
- Pilot in Progress
 - Series of National online surveys
 - Face-to-face validation with professionals in 3 States (MD, TX, WA)
 - Community-based organizations
 - Clinical sites

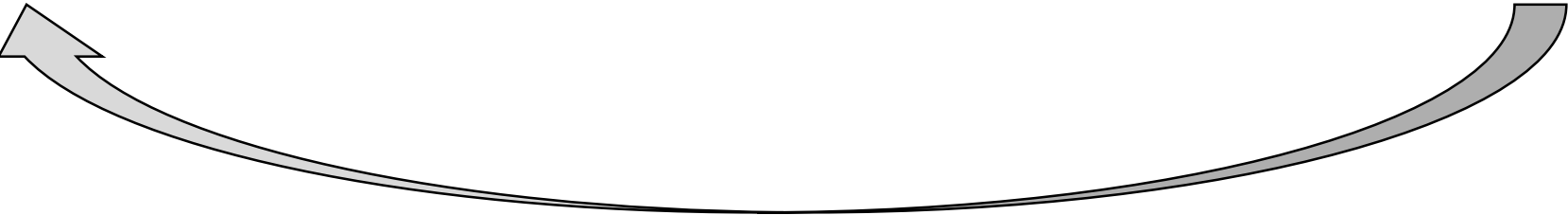
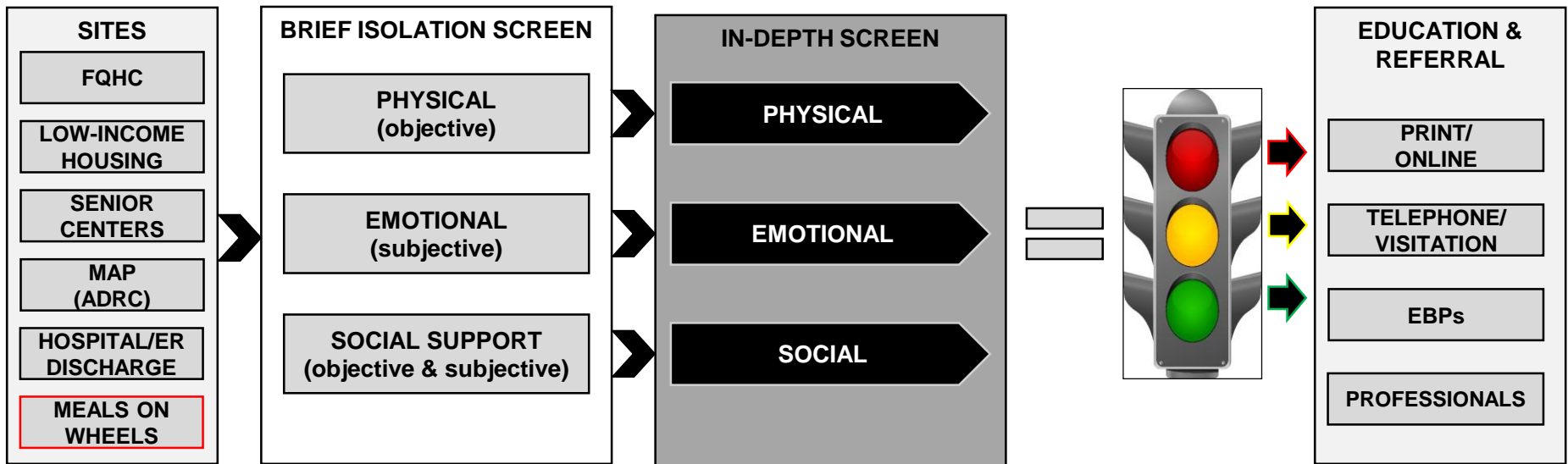


Upstream Social Isolation Risk Screener (U-SIRS) Constructs

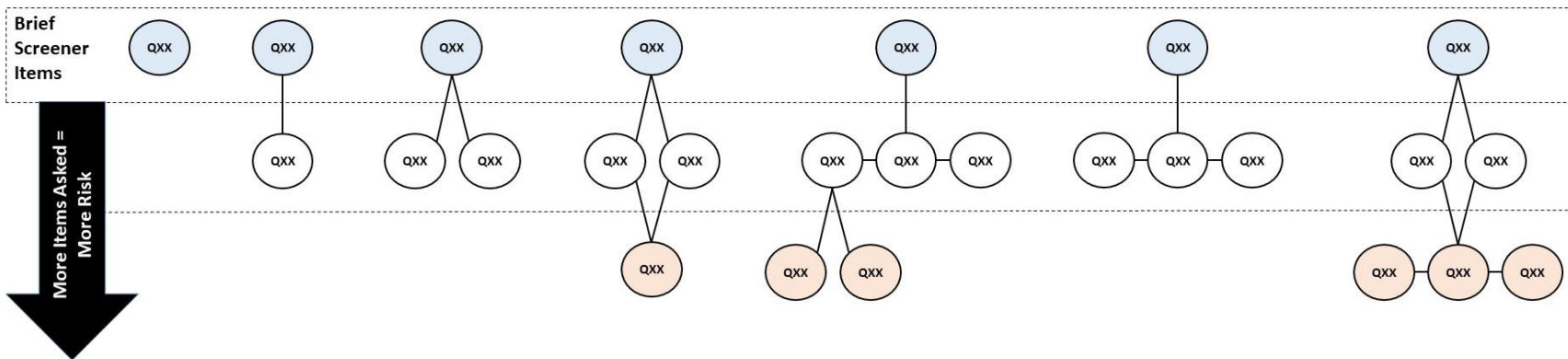
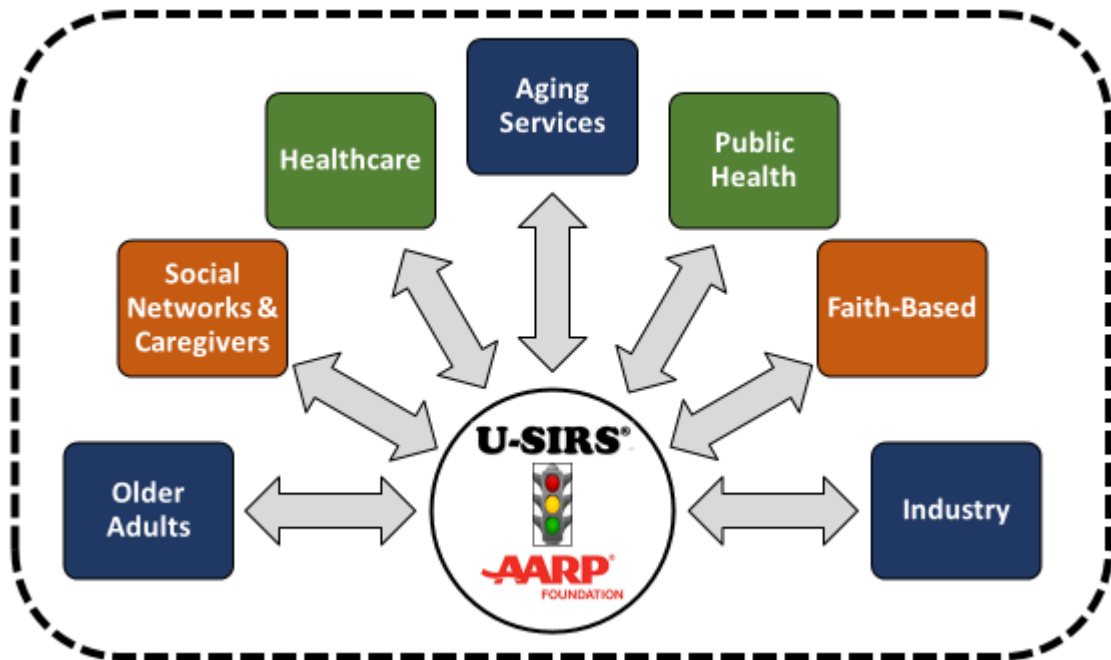
A combination of objective and subjective measures that assess an individual's connectivity and interaction with others (e.g., family members, friends, community members, organizations, service providers, social supports)

Focus on three interconnected dimensions of social isolation:

- Physical [objective]
 - (network structure, network strength, frequency of interaction, physical mobility, access/transportation)
- Emotional [subjective]
 - (perceptions about network structure composition and quality, loneliness, depression, satisfaction with current situation)
- Social Support [objective & subjective]
 - (sources, perceptions about meeting needs, perceptions about accessing services/resources, satisfaction)



Social Isolation Intervention Discussion



QUESTIONS ????

