



Nutrition & Socialization: Critical Social Determinants of Health

**California Association of Health Plans
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- Statewide Association for nonprofit Meals on Wheels and Senior Nutrition Providers
- 40 member agencies and growing
- Diabetic-friendly and low-sodium meals offered by most programs
- *More than a Meal – socialization, safety-checks and more*
- Opportunity - Develop contracts with healthcare entities to provide meal and related services

- SeniorServ – Meals on Wheel Orange County
- About 1,000,000 meals annually
- 2,500 seniors a day (on average)
 - Senior Center Lunch Programs
 - Meals on Wheels delivered to home by friendly drivers
 - Case Management
- Adult Day Health Care
- Care Transitions & Coordination Services
- Member of Partners at Home Network



35% of California Low Income Seniors are Food Insecure

- **Limited or uncertain** access to adequate food
- **Contributing factors**
 - Low Income
 - Adverse Social Conditions
 - Reduced Mobility
 - Health



Why Poor Nutrition Matters: Estimated 50% of Seniors Malnourished

- **Half of all diseases** impacting older Americans are directly connected to **lack of appropriate nutrient intake.** ¹
- **Food insecure older adults are:** ²
 - **60%** more likely to suffer **congestive heart failure or a heart attack**
 - **50%** more likely to have **diabetes**
 - **Three times** as likely to **suffer depression**

1. Ziliak, Gunersen and Haiste. *The Causes Consequences and Future of Senior Hunger in America*. University of Kentucky Center for Poverty Research and Iowa State University (2008)

2. Older Americans Act Nutrition Programs. Lloyd & Wellman. *Journal of Nutrition in Gerontology and Geriatrics* 34:2, 90-109, 2015.
www.tandfonline.com/loi/wjne21

Isolation is a growing health epidemic

- **17%** of adults age 65 and older are isolated
- **26%** increased risk of death due to subjective feeling of loneliness
- The health risks of prolonged isolation are equivalent to smoking **15** cigarettes a day.

Source: Connect2affect.org [aarp]

High Nutrition Risk: Meals on Wheels Participants (National Survey)



Source: “More the Just a Meal: Pilot Research Study.” Kali Thomas, PhD, MA., Brown University School of Public Health. Funded by Brown University, AASP and Meals on Wheels America.

Meals on Wheels Providers Offer “More than a Meal”

- Community-based Meals on Wheels volunteer or paid drivers may be the only regular human contact recipients receive
- Services may include:
 - Home safety checks
 - Referrals to community services
 - Alerts on changes in condition
 - Telephone check-ins, friendly visitors or other services
- Observation: A year’s worth of Meals on Wheels costs about the same as an ER visit/hospital overnight



National Survey reveals that Meals on Wheels Improve Well-being and Reduce Healthcare Costs

- Those receiving home-delivered meals had greater improvements in:
 - Anxiety
 - Self-rated health
 - Isolation
 - Loneliness
- And had reduced rates of:
 - Hospitalizations
 - Falls

Myths about Meals Wheels

- Myth: “Free” services will meet your members’ needs
 - Waitlists common: 50% drop in federal funding per older adult compared to 1990¹
 - No confirmation of services
 - No data for health plans
- Myth: It is sufficient to drop-ship meals to the homes of frail seniors
 - No meaningful contact
 - Unwieldy boxes
 - No eyes & ears in the home

¹: Older Americans Act Nutrition Programs. Lloyd & Wellman. Journal of Nutrition in Gerontology and Geriatrics 34:2, 90-109, 2015. www.tandfonline.com/loi/wjne21

Opportunities Through the Chronic Care Act

- Now allowed to target benefits to groups of enrollees who have certain clinical diagnoses / chronically ill
- Examples of Services:
 - Adult Day Care Services
 - Home-Based Palliative Care
 - In-Home Support Services
 - Opportunity to offer meals (starting 2020)

Let's connect to explore opportunities

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