

Transcript: July 2017 UP Network Webinar

Meals on Wheels: Delivering Health, Independence & Food

Cindy Sun: Hello everyone, and welcome to the July 2017 Underserved Population Networking webinar. I'm Cindy Sun and one of the HHQI RN project coordinators. For those of you that have attended these UP LAN events in the past, you'll notice that Misty Kevech is missing today. We all know there is no replacing Misty, but I'll do the best I can to fill in for her for today only. She'll be back with us soon. We're very excited about today's presentation, Meals on Wheels: Delivering Health, Independence & Food, and our speaker's expertise and passion on this topic. Today's session is being recorded and all phone lines are muted. Please use the chat box or the Q&A box for questions and comments throughout the webinar today.

If you're not seeing these options on your screen you may need to click the icons in the upper right-hand corner of your screen so that you can activate these. Now when submitting your questions make sure to send them throughout the session today. You don't need to sit on them until we get to the Q&A screen. We want to hear your questions and let's just make this as interactive as possible. We'll stop for Q&A's after the presentation and answer as many as possible with today's timing. Now there are 1.5 hours of free CE's available for both nursing and social workers through the HHQI university after watching this webinar and completing the post-test and evaluation. The university site is different than HHQI's general site where you access the tools and resources, and we'll have a link a little later in the slides to help you with that.

The nursing CE approval is from the Alabama State Nurses Association through the American Nursing Credentialing Center's Commission on Accreditation, and this is currently accepted in all states. Social working CE's approval is by the National Association of Social Workers, which is now accepted in all but six states. I'll tell you a little bit more about how and where to get the CE's later in today's event. I'm very pleased to introduce you today if you are not familiar with our guest speaker. Our expert is Ucheoma Akobundu. She is the Director of Project Management & Impact at Meals on Wheels America, where she works to develop and implement grant-funded projects that evaluate and demonstrate the business case for senior nutrition programs, as well as guide business intelligence research activities at Meals on Wheels America.

She also identifies, analyzes emerging education and training needs and trends related to healthcare integration, business acumen development, program evaluation, as well as aging and nutritional services. Prior to joining Meals on

Wheels America she worked at the United Way at Passaic County in New Jersey as the hunger-free communities initiative director. Uche holds a master's in nutrition with concentration in public health from the University of Massachusetts Amherst, and she later obtained a PhD in nutrition at the University of Maryland College Park and then went on to complete her dietetic internship at Hunter College. She lives in Alexandria, Virginia, and volunteers in her spare time at various organizations at the D.C. Metro Area including Old Town Alexandria, Farmer's Market, and WANDA, Women Advancing Nutrition, Dietetics, and Agriculture. I'll now turn the presentation over to Uche.

Uche Akobundu:

Great, good afternoon and thank you so much for the introduction. It's my pleasure to be here and to speak with you today about our topic, Meals on Wheels: Delivering Health, Independence & Food. I'll get right into the subject matter for today. Essentially during this talk today I'll be talking to you a little bit about Meals on Wheels America, what we do, how we support the network of home and community-based senior nutrition program providers out in the community. I'll share with you a bit of information about the population that we serve, some of the data available. We'll talk a little bit about health in its broadest form, health as it applies to the older adult population, food and security in particular, and a little bit about some of the research work that we're doing here at Meals on Wheels America to really understand the value and impact that our members have across the country and opportunities for home health organizations to engage for us to partner to better meet the needs of the seniors that we both serve.

Getting started, a little bit about us. Meals on Wheels America is the oldest and largest national organization representing the field of community-based nutrition meal service providers. We are an association. We have about 1,100 members, but we represent the interests of the about 5,000 programs across the country in every community that do this great work. As a organization we were incorporated in 1976 and subsequently recognized as a non-profit entity. In 2013 we came under new leadership under Ellie Hollander and began a multi-year transformational strategic plan that helped us to engage in substantive national and local research, leveraging a myriad across sectorial relationships to really strengthen our role, strengthen our network, and be able to embrace opportunities to improve the sustainability and awareness and brand.

We operate in virtually every community in the United States through these networks of locally run programs. We are comprised again of non-profit entities, government agencies, and tribal organizations that all work to directly deliver meals to those who are in need. We are comprised of over 1,000 members as I mentioned and about 10 state associations. These are entities that allow state-level action and collaboration to further galvanize opportunities and resources to best meet the needs of the seniors that we serve. We look at resources, we bring them together through local community organizations, businesses,

donors, sponsors at the national and local level, supported by the funding available through the federal government to really provide that national safety net for seniors. Ultimately we want to help seniors remain in the communities that they want to be in by addressing some of the main three largest threats to aging, and we'll talk about that in subsequent slides.

Our vision here at Meals on Wheels America is an America in which all seniors live a nourished life with independence and dignity. Our goal always is to empower local programs so that they, through their local resources empowered by us at the national level, can provide that high quality of life to the seniors so that everyone has access to the resources they need to maintain health and independence. How we actualize our mission here at Meals on Wheels America is, as depicted on this slide, through providing funding opportunities through these member programs. We provide thought leadership, opportunities on many key issues. Through research, and I will show you some of that today. We provide education and training through multiple live and online training opportunities to our members to ensure that they are in top form and operating at the highest levels of quality and leveraging current research to do their jobs ultimately.

We provide advocacy support at the national level, as well as support state and local efforts to ensure that the resources available to these programs can be sustained. We leverage local and national partnerships to, again, provide those resources to our member programs. A little bit now about the need of the individuals that we serve. We know, many of us do, that the senior population is growing and expected to double by 2050. What does that really mean? About 12 to 15 percent of U.S. population at present is 65 years of age and older. That means that in about 2050 this population will be projected to be about 83 million individuals, about twice the current size. That is a significant demographic shift and one will have substantial impact societally. We know this population is growing larger and also more racially and ethnically diverse.

We know that society's also changing in terms of the different kinds of supports that are available to this population. Ultimately this will challenge us in all aspects, socially, economically, in terms of our policy and legislative activities, to really work collaboratively to meet the health and social needs of the senior population to ensure they remain independent. Sadly about half of America's seniors are at or below 200% of the poverty line. That's about \$23,000 a year, making it difficult to certainly meet the needs that they would have to maintain that health and independence. Federal and local resources are not keeping pace with this growing need. We can certainly attest to that as our network is serving millions fewer meals now than it used to in 2005, due to changes at the federal and local level in terms of available resources.

We know that ultimately senior hunger is costly for individuals who are adversely affected, our communities as a whole, and our nation's healthcare system ultimately. Through recent research we have come to understand that over 50 billion dollars is the cost to our healthcare system that's associated with malnutrition in older adults. This is not only a societal challenge but certainly an economic challenge as well. We know based on leveraging national client data about the impact our program has that it is seen as a valuable service for the senior population. 90% say it makes them participating in this program feel safe and secure, 92% say it enables them to remain living at home independent in the communities that they want to be in, and about 81% says overall participating, receiving these meals helps them improve their health.

Based on this information we definitely serve a vulnerable population. I have some infographics on this slide just to share with you some of the data that we have collected in recent years to really show how a challenge to the individuals we serve are, and what the opportunities through the Meals on Wheels network across the nation is to serve and meet their needs. There is a significant amount of health and nutrition vulnerability in addition to the challenges that face all seniors in terms of living in isolation. 1 in 4 seniors live alone and certainly struggle with hunger, and so this is an opportunity our network has to provide and meet these needs. When we think about health, it's more and more the conversation is changing and we're thinking of health more holistically than we had necessarily in the past.

We had always considered the medical care system as being that venue where health happens and health was addressed, and more and more we are understanding that we need a broader approach to address these social economic factors that are certainly more key to addressing our health. We know based on recent research looking at social determinants of health that they account for about 40% of what affects our health. We know that 20% is attributable just to medical care, so clearly there is more going on beyond the clinical sphere that affects our health and we can best address these issues, these structural determinants that really impact how people live, work, and grow older, by integrating services across the clinical and community-based continuums. How do we do this? These social determinants of health are listed on this slide, and many of the senior nutrition programs that we represent do offer services that address these in every sphere.

For instance in the area of income, providing meals to individuals either in a community-based setting, in a congregate dining setting, or in a home delivery meal setting allows individuals to preserve available income to meet other needs. For instance in the area of transportation many senior nutrition programs also have transportation services that help seniors maintain that sense of independence and be able to access a greater range of services in the community. Clearly our network addresses issues related to hunger and

provides access to healthy options, as many of the meals do meet federal nutrition guidance. Certainly these services are provided in a linguistically and culturally competent fashion, so a lot of what senior nutrition programs do address the heart of the social determinants available here.

Many of the threats to aging ... As I mentioned earlier I noted on this slide why I will be discussing in particular food insecurity. However with that, malnutrition is also central to this area. Many of the stats to malnutrition or sufficient nutrition intake are not related to nutrition at all. They have to do with social support, functional limitations, perhaps even social stigma that may preclude a senior's participation in meal programs. It's so important that we look holistically at the challenges that seniors face so we can best meet their needs. Food insecurity, as many of you might know, is measured annually by the United States Department of Agriculture to understand how households experience lack of food. In 2015 about 12.7 of the U.S. households were indicative as being food insecure. That's 15.8 million households across the country.

Individuals with low food security or very low food security are those who are truly exhibiting or experiencing disturbed eating patterns, reductions in resources, and ultimately the quality and the quantity of food. Our interest today will be in among those experiencing low food insecurity and very low food security too. When we look at how this issue changes as people age we see that ultimately, if you look at the very last line in this graph, we see that among those who are particularly challenged, those in the very low food security band, we see that food security definitely increases between the 40's and 50's and then decreases as seniors are able to access senior-related benefits such as Social Security and Medicare, but remain a challenge certainly across the ages.

The implications of course of not having adequate access to food is that there are trade-offs that are made between other expenses, housing, medical care, transportation, utilities, and these often lead to a cycle where individuals are making trade-offs that impact ultimately health and wellness and the ability to remain resident and independent in their communities of choice. Some of the implications are in terms of how individuals cope with these challenges. As you can see from this graph, data from Feeding America, when they looked at their clientele and particularly Baby Boomers, indicated that almost 60% are using three or more coping strategies. These include buying the cheapest food, receiving help from friends, watering down food or drink just to make sure that it stretches, being able to part with personal belongings in order to raise resources needed to get food.

When we look again at the health effects of food insecurity, limited access to food has negative impacts. We see that from our research here at Meals on Wheels America that 50% of seniors are more likely to have diabetes, to have adverse health outcomes such as cognitive heart failure or heart attack, report

gum disease or asthma, or have impairment in terms of their abilities to physical function. All these are related to limited food access. Then we look again in terms of these characteristics of the population and who has access to home delivered meals, we see a gap sadly. Looking at this graph if you look at the furthest right column, looking at individuals based on the characteristic of being food insecure or food secure, whether they receive home delivered meals or community-based meal services, congregate meals, we see that clearly there is a unmet need, that individuals who are challenged either with food security or unable to perform activities needed for daily life do not have the access needed necessarily to these nutrition supports.

Ultimately meals matter, and we know that there is an economic case to be made. A lot of the research that's depicted on this slide indicate just that trade-off, that opportunity that providing meals can have in terms of costs savings, savings in terms of poor health outcomes such as falls, ultimately resulting in a win-win solution for seniors, our communities, and our nation. We have initiated a research program here at Meals on Wheels America called More Than a Meal to really look at the issues of the impact that home delivered meals in particular can have on senior health and wellness. I'll take you on that More Than a Meal journey with me. We are engaging in this work because we're facing a changing environment. We know, as I noted, that funding is a challenge. We know that there is increased competition for the home delivered meal space.

We know that more research ultimately is needed to really prove the value of the More Than a Meal model and demonstrate healthcare savings, and we have done just that. But first, what does More Than a Meal mean? It means all of these things. It means that programs across the country provide that nutritious meal in addition to a friendly visit. We have volunteers who are engaged in these friendly visits, understanding and interacting with seniors, providing that social connection, and also understanding if there are changes in conditions that are happening each time that volunteer comes to the door. They're able to make that assessment. Many of our programs also provide pet programs so that pet meals are delivered in addition to the senior meal. There is home repair, often possible through some of our programs across the country, and ultimately that safety check is provided to make sure the senior is safe and well at home.

You can find out more about the More Than a Meal project by going to mealsonwheelsamerica.org/mtam, and you're able to learn about our pilot research project as well as some of our other More Than a Meal studies. This initial pilot project definitely was impactful. It was an opportunity for us to compare the health impacts of individuals receiving daily meals compared to those who receive frozen meals and those who don't participate in the program. We were able to compare data across these three groups, those who get daily delivered meals, those who get once weekly frozen meals, and those who were

not participating in the program. We saw that ultimately those getting daily meals had a range of health improvements as depicted on this slide, improvements in mental health, reductions in the rate of falls, improved feelings of isolation and loneliness, and decreased worry about being able to stay at home.

The data was similar in terms of trends for those receiving frozen meals compared to those who get daily meals, that daily delivered meals attributed to greater sense of health and well-being. Why do these things occur? Some of the qualitative data you can see on this slide in terms of seniors reporting the actual felt perceived benefit of participating in the daily delivered program. Individuals would see them every day. They knew someone was going to check on them. It was great to see these data because it really went to the heart of the More Than a Meal model and showed why that daily connection, that daily touch in addition to nutrition offerings, are so vital. Ultimately we recognize that we serve seniors along a continuum of need. There are nutrition resources available that serve those who are most mobile, seniors can participate in the congregate community-based program, and those who are least mobile can participate in the home-delivered program.

So we offer services across this continuum. More data presented on this slide that just speaks to the impact of the More Than a Meal approach. Ultimately they center in terms of costs reductions for this community-based service. We also have research to demonstrate that individuals participating this daily meal program do have an improved diet, greater consumption of vital nutrients that are important for maintaining health and well-being. Just in the time we have remaining, I'd like to talk to you a little bit about opportunities for collaboration. The value and the impact of the programs that we represent is clear based on some of our practice and research-based work, but we leverage these findings into seeking opportunities for greater collaboration so that we can extend these benefits to the seniors that we serve in addition to other organizations in the home and community-based space.

The opportunities for senior nutrition programs is really for them and for our collaborators to understand the value add that More Than a Meal approach, that senior nutrition programs can offer. Many offer evidence-based chronic disease self-management programs in addition to that More Than a Meal touch. We provide nutrition assessment, education, and counseling services, and nutrition supplementation as needed to those individuals that are at risk, certainly address issues related to food security, and help individuals who are unable to perform food-related activities of daily living: going to the kitchen, working with a stove, standing up and chopping vegetables for instance. All those activities and those opportunities, sadly for fall risk, are eliminated by individuals by receiving that home-based meal. Oversight by a nutrition

professional, and the food service professional that's directing the meal service is also provided.

These are all the value added opportunities that senior nutrition programs come with. I'd like to share with you one example of this value added service by giving you a practice model from our member program in Bedford, Massachusetts. Here we have a scenario from Minuteman Senior Services. They went on to try to understand how they could really rigorously test some of this value added approach. They are a multi-service community-based program serving individuals in Massachusetts with a 40-year history of helping older adults. They saw an opportunity to help clients adhere to a healthy lifestyle, and they wanted to leverage their health professionals, the registered dietician, to support this dietary adherence. Say for instance you were discharged from a hospital and you have a chronic disease.

Education you receive at the hospital is important, but often that's not a teachable moment and additional support in terms of supporting that client to maintain that dietary prescription is needed and better manage the chronic illness. Minuteman Senior Service decided that they would develop a service package that they were able to offer and see how that would impact client health. They said, "Okay, we will package our home delivered meals. We will include a consultation by a registered dietician in the home of the senior and provide a care manager to help with continued management of the care of the individual going forward." They were able to compare and contrast this service package against what they called usual care, individuals who just got the home delivered meal. They were able then to report based on a 30-day trial of this two different service packages, the usual care service package and this enhanced service package, and look at hospital readmission rates.

They found, if you look at the colored bars, the red and the blue bar, a striking difference between those who received that dietary consultation versus those who did not. Those who had that support from professionals already working at the meal program, but in this enhanced sort of way, were able to realize lower hospital readmission risks than those who just received, say, a usual care scenario where they just got the meals. Let's connect the dots then. It seems here there's lots of opportunities then to consider meal programs in this value added framework. My message today is really to try to elevate the understanding that meal programs offer more than just that meal and have a lot of additional services that can be of great benefit to collaborators in the home and community-based longterm services and support base.

We know that nutrition is key to so many aspects of recovery, ensuring that patient strength is improved post-hospital discharge, making sure that individuals are able to maintain medication regimens so that those medications are effective, and can have so many impacts on reducing post-discharge,

readmission, and other costs. Some of the challenge, though, is that stakeholders aren't always aware of the full role of Meals on Wheels programs and are not aware of the opportunities to take advantage through partnership of these benefits. For example, in 2014 there was a poll taken looking at nurses, and found that so many of them did not incorporate nutrition into discharge planning, did not understand how to leverage nutrition information as part of a discharge plan. About half said they didn't have clear methods on how to refer individuals to community-based services and didn't have nutrition embedded in their discharge planning procedures at their institution.

This just speaks to the opportunity that we have to work together and raise awareness so that nutrition-centered, patient-centered planning can be done for seniors as they transition between settings of care. How can we work together better? I have a few ideas and some of them are on this slide. Possible opportunities for collaboration include screening patients and families for food insecurity. There is a two-item questionnaire that has been developed in recent years that allows for this to happen very easily and quickly. The two questions ask individuals whether they worry about food running out and whether their budgets just did not allow them to get more food at the time. Based on answers to these questions individuals are screened yes or no for food insecurity and then can be connected to additional food resources in the community.

It's also possible to support greater access to nutrition services by educating patients about available federal nutrition programs such as the Older Americans Act nutrition program. Also we find that individuals do not seek out these services because they are not aware that they are available or they are unaware of the eligibility benefits. Many programs are not means tested, meaning that individuals are not targeted for services based on their income. Individuals are targeted for services based on need. That could be a social need, a functional need, in addition to other needs not income based. Allowing people to have greater information about federal nutrition programs such as the Older Americans Act nutrition program may encourage individuals to seek out these services if they need them.

Certainly guiding patients and families to local meal programs, letting them understand that there are programs available for them to investigate and to avail themselves of should they need that. Other opportunities for collaboration include connecting patients and families to local dietitians, a nutritionist working at or working with senior nutrition programs. These individuals have the training and are able to provide that in-home consultation as needed, those nutrition education pieces that would really support improved nutrition and the adherence to prescribed dietary regimens whilst individuals are in the community. It's also possible to partner with meal programs to provide in-service training to staff. How much do staff or your colleagues know about food

insecurity and malnutrition and issues related to senior nutrition at the national level, at the local level, in your community?

How much are they aware of perhaps the More Than a Meal-type research that indicates how impactful meal programs can be in supporting the health and independence of older adults? It's definitely true that the more people know, the more they are aware and these issues are top of mind and they're able to leverage them and incorporate them into their daily work. Some additional ideas here could be inviting a local Meals on Wheels staff member to do a presentation at your home health agency for the staff, or to participate in a on-site health fair for instance. Again, increasing awareness, exposure to the meal program just to facilitate that greater level of collaboration. We find of course the more individuals know and are aware, see, and hear from local programs, the more again they remain top of mind and are viewed as a resource then to share and support client health with.

Come on down to your local Meals on Wheels program. Talk with program staff, sample meal offerings. Speak to the case management staff that some Meals on Wheels programs have to better understand what they do, how collaborations can be structured, what is the referral mechanism. Is there a number to call? What number is that number? All this can be facilitated through taking a field trip down the street, as there are many Meals on Wheels programs in striking distance of your facilities no doubt. In seeking to find out where a senior nutrition program or Meals on Wheels program can be located, you're more than welcome to surf on over to mealsonwheelsamerica.org. Right from the center on our landing page you will find a "Find a Meal" button where you're able to enter your zip code and be directed to a listing of senior nutrition programs in your area by zip code.

You can also enter your city and state and that information will also be provided. I invite you at this time to type in any other ideas, your experience with senior nutrition programs, collaborating with, seeking opportunities perhaps or questions related to connecting more closely with a local program, and enter them into the chat box, the question and answer box. I welcome your additional ideas than the ones I've presented here. We can crowdsource some solutions together to increase our opportunities to partner and collaborate. Just as I end the talk this afternoon, wanting to remind folks on the call today about that More Than a Meal approach that espouses the Meals on Wheels network. It goes beyond that nutritious meal and includes that friendly visit, engagement of volunteers in providing safety check, in providing social elation to seniors who are unable to leave their homes and rely on that daily connection and touch by the volunteers.

Volunteers also benefit from participating in this activity and report high levels of satisfaction with supporting their seniors. It's important to note that some

Meals on Wheels programs offer pet programs where pet meals are also delivered with the senior meal, again to ensure that seniors are staying fully and adequately nourished in addition to the lovable four-legged members of their families as well. We're all about nutrition and we want to support that in the most holistically possible. Home repair programs are also available through some Meals on Wheels programs. Again, opportunities through referral or actual contracting to ensure that homes are safe and support that opportunity to live in the community independently as long as is possible.

We also like to share that Meals on Wheels is a public-private partnership that delivers across our nation. We're able to provide customized solutions to meet the individual needs of seniors, connecting seniors in addition to the nutrition services that are provided, to community services that address some of their own social determinants. Be them home repair, be it other public health services or food assistance services, seniors are able to access often first that meal and then additional services that meet their needs. We are well-known and trusted and definitely able to cross the threshold into the home of the senior and provide these vital linkages to ensure health and independence. Certainly cover the country in terms of where Meals on Wheels programs are located and provide certainly high return on investment for the services that we offer.

Please do find out more. Come visit us online. We are available to you at mealsonwheelsamerica.org. You're able to learn more about the issues that we represent, the research work that we are doing, and some of the advocacy work that we leverage to support the work that our members do across the country. In closing, I just wanted to leave you all with a few thoughts that are on this slide. It's through our services ultimately that we impact client health. We know that participating in meal programs supports patient health and recovery by delivering that value added meal service, those value added nutrition services to seniors at critical moments. We also know that that social supports increase well-being by providing that daily human contact that is so vital, particularly for individuals who are unable to leave their home.

They are short- and long-term health benefits that are provided through participating in Meals on Wheels, and ultimately all the services provide work to address social determinants of health to ensure that we are maximizing the opportunity for continued community residents. There are lots of opportunities to partner, lots of ways that I look forward to discussing with you, now that we're at the conclusion of the call, in terms of how the Meals on Wheels network can better partner with your organizations going forward. I cited several resources today. Many of them are listed on this slide. I invite you to take a look, have a look at some of these resources, in addition to many of the research products that are available on the Meals on Wheels America site.

Thank you all so very much for your time and attention. I know I'm closing a little bit early but happy to take any questions that you may have.

- Cindy Sun: Thank you, Uche. That was wonderful. We want to remind everyone to go ahead and submit your questions in the Q&A box. We have quite a few that have already come in so I'll get started with them, but we don't want to deter anybody else. Go ahead and send them in and we will get to as many as we can during the session. I'm going to go ahead and start with one that says: "Do you have IT capacity to capture for each client the number, timing, and type of meal delivered, or is that left to each local provider's level of IT readiness?"
- Uche Akobundu: Thank you so much for your question. Yes, we are an association and provide member benefits to the senior nutrition program member. The particulars of their delivery, that information resides with the local community member.
- Cindy Sun: Okay. Thank you. Our next question is: "You mentioned other nutritional programs are available in some communities. What is the best way to find out what my local Meals on Wheels programs offer?"
- Uche Akobundu: It's a great question. Thank you so much for asking. We invite you to surf on over to mealsonwheelsamerica.org, enter your zip code, city, or state into our "Find a Meal" text book. You're able to locate the listing of senior nutrition programs in your area, and we invite you to reach out, connect, and have that conversation with them directly to find out what nutrition services they offer. These programs are government entities, 501C3's, tribal organizations across the country, and each offer services that are best tailored to meet the needs of seniors in their local communities, so they do differ, and that personal contact will allow you to get access to their unique offering of nutrition and health services.
- Cindy Sun: Thank you for that. This is not by the same person but I think this will lead off of it: "I want to clarify that not all community Meals on Wheels will provide all the services you mentioned such as home repairs and pet programs. Is this correct?"
- Uche Akobundu: Yes, that is correct. This More Than a Meal approach in terms of home repair and pet meals is offered differently in different communities. So that personal contact, reaching out to your local program, will allow you to determine what among that suite of services are offered. The basic nutrition services in terms of meals, nutrition assessment, counseling, and education and supplementation, those basic services are offered routinely across the country. The other services that provide, as noted in the presentation, do differ. There are other services that I did not mention too that are also provided. Transportation for instance and a myriad of other service, the evidence-based health and wellness, chronic disease self-management programs. There is a range of services that are offered

and each program takes its own approach to offer its own mix of the More Than a Meal suite of services.

- Cindy Sun: That's just amazing. Okay, a comment from a participant: "Social determinants of health was a new term for me. Typically we think of Meals on Wheels to meet dietary rather than many different social determinants you mentioned. We see those barriers affecting many patient outcomes and disease management. Thanks." Another comment came in: "Thank you. This was very informative. I was not aware of the significance of social isolation and how Meals on Wheels can make an impact." I think many of us would agree with that as well. Another question is: "What is the cost to the patient for home repairs? Is there a flat or an hourly rate?"
- Uche Akobundu: Thank you, an excellent question, and another that would be determined locally by the program that would offer these services in your area. Many programs have a different approach to the funding mix that supports their services. Some services are available for a nominal fee, just based on a referral to another entity, or coverage by the program based on the funding source they may have. It's so important that you're able to connect directly with them to find out exactly the kinds of services offered, how they're supported, and how seniors can benefit in your area.
- Cindy Sun: This is a question, it just came in: "The Meals on Wheels in our area costs \$5 plus a meal, unless our patients qualify for PA or waiver service through a local department on aging. The cost leaves our homebound patients who do not qualify vulnerable. Can the local community agency receive aid from the national agency?"
- Uche Akobundu: Thank you for your question. Local programs, again, are independent entities and pursue funding sources that are available to them based on their missions and approach. We provide many funding opportunities to programs across the country and they're able to take advantage of those to meet different needs. There might be other funding sources locally that would support the needs of seniors that are unable to meet the \$5 plus meal cost, but I would invite you to look and have conversations with your local program to find out what opportunities there might be to meet the needs of vulnerable seniors.
- Cindy Sun: That's great advice and thank you for the question as well, the person who sent this in. I think many people in home health, we tend not to know as much as we ... This has been very informative. We need to know more about this so thank you for the resources. Another question that has come in is: "I want to be sure I heard you correctly. Did you say one day in the hospital is about the same cost as Meals on Wheels for an entire year?"

Uche Akobundu: Yes, that is correct. The back of the envelope calculation will confirm that figure. That is correct, and that is the line of thinking that we like to espouse to show the true cost effectiveness of community-based senior nutrition services such as Meals on Wheels.

Cindy Sun: Very amazing. Another question: "Where are the meals made for patients who live in specific counties? Where can a person find where their meals are made?"

Uche Akobundu: That's a great question. Thank you so much for asking that. More and more Americans across the country are very interested in where our meals come from, and so it's a great question to ask to find out. Different meal programs tackle this issue in different ways. Some have their own kitchens where they're able to prepare meals. Others do contract from local kitchens or food service providers to provide that meal. Seniors and yourself, anyone in the community in fact is able to inquire of their local senior nutrition program to find out this very question. Where does my meal come from? Is it locally sourced and what are the types of resources that are used to produce the meal? Many meal programs are very aware of supporting the local community, in terms of local farmers and local vendors, in order to make sure that that meal represents the economic value the Meals on Wheels program brings to that community by supporting local folks to support their own local seniors through the meal.

Cindy Sun: Great information. Okay, just a few comments to wrap this Q&A session up. If anybody has additional questions, go ahead and get those into us in the next 1 to 2 minutes and we'll be sure to ask them. Two more comments have come in. "Our agency is focusing on reducing hospitalizations and falls. This information will be great to add to our intervention strategy. Thank you." I think one that we can all agree to is: "Great presentation. Enjoyed it very much." With that we'll go ahead and I want to move on, but again, go ahead if you have questions and submit them and we'll answer as many as we can before the top of the hour. On this slide you will notice there are links that are to the research articles that were discussed in today's session. We also wanted to share a few HHQI resources that may assist you to further with your efforts related to the topic discussed today.

The Underserved Population Best Practice Intervention Package or what we call the BPIP. You'll find additional nutritional assistance information and resources on pages 54 through 58 of that particular document. Also in the Fundamentals of Reducing Hospitalization BPIP it focuses on learning more about hospitalizations and readmissions as well as interventions and tools. All of these are available on the HHQI website. We wanted to ask you to mark your calendars for the next Underserved Population networking event on October 19th, 2017 from 2 to 3 p.m. Eastern. Our guest expert will be Dr. Debra Cherry, the Executive Vice President of the Alzheimer's Greater Los Angeles Organization. You can subscribe to HHQI's mailing list to get information first

when the details become available. HHQI is always careful to keep our communications to you at a minimum to avoid overloading your inbox.

The next several slides provide information on obtaining the continuing education hours. These are free. You will need to complete 30 more minutes of activities in HHQI University, which will cover the post-test and the evaluation as course requirements. Please contact us at HHQI@qualityinsights.org with any questions. You'll need to register or log in to HHQI University. Notice that this is different than the HHQI General Access where you get the BPIP's and the resources. This website where the course and the other courses are located is www.hhqiuniversity.org. The link is on this slide. You can find it there. You'll be sent to this particular website immediately after this webinar, and if you can't remember your username or if you're unsure if you've even registered for the university, please email us at HHQI@qualityinsights.org and we'll be glad to look it up for you.

We want to just keep one account per person so that all of your courses and certificates are kept in one location. If you remember your username but not your password, there's a forgotten password feature that is available on the login site. You'll find the course for Meals on Wheels: Delivering Health, Independence & Food in the Underserved Population course catalog. That's very important. I'm going to repeat it. When you get into the university you must go to the course catalog titled "Underserved Population" in order to locate this course. Once you've located the course just follow the remaining steps on the next slides to launch the course. When you get to the slide that says "Watch the live or recorded Meals on Wheels webinar," just click the "next" tab and begin the post-test and evaluation. When you are done with the course, you can go back to the "My Account" tab to obtain your certificate.

If you have any issues with this at all, don't hesitate to contact us. I'll give you our address on the very last slide. We're going to pause for a moment and see if there are any additional questions. It doesn't appear that any more came in. We're going to go ahead and this is the slide that has the HHQI website. It also has the information box. HHQI@qualityinsights.org to contact us with any questions or concerns. We want to thank Uche for sharing her time and expertise with us today. We really appreciate it. I think we all have learned quite a lot. I know I personally have, so thank you for that. We'd also like to thank all of you that are participating with us today for not only your time but your questions, your engagement, and your participation. With that, we will close this webinar and wish everybody to have a great day. Goodbye, everyone.