



November 5, 2021

U.S. Department of Health and Human Services
Office of the Assistant Secretary for Planning and Evaluation, Strategic Planning Team
Attn: Strategic Plan Comments
200 Independence Avenue, SW, Room 434E
Washington, DC 20201

RE: Public Consultation on the Draft U.S. Department of Health and Human Services (HHS) Strategic Plan FY 2022 – 2026

On behalf of Meals on Wheels America, we would like to thank the U.S. Department of Health and Human Services (HHS) for the opportunity to submit public comments on the *Draft HHS Strategic Plan FY 2022 – 2026*.

Meals on Wheels America is the largest and oldest national organization supporting community-based programs across the country that are dedicated to addressing hunger and isolation among older adults. This network serves many communities in America and, along with millions of staff and volunteers, delivers the nutritious meals, social connection and safety checks that enable older adults and individuals with disabilities to live nourished lives with independence and dignity.

As a membership organization working to support and empower community-based Meals on Wheels programs as they deliver essential nutrition and socialization services to older adults, we support a strong strategic plan that addresses the evolving and growing health needs of at-risk and vulnerable populations. Improvements in service administration and delivery for older adults that more equitably and adequately address their social determinants of health is a particularly critical component of the strategic plan as our nation is experiencing rapid growth in its aging population and increasing demand for long-term care alternatives.

Meals on Wheels America has been a longtime HHS stakeholder and partner focused on the community-dwelling older adult population. We work regularly with the Administration for Community Living (ACL) as the head agency carrying out the Older Americans Act (OAA), including the Title III C Nutrition Program (i.e., Meals on Wheels). Our advocacy as a national organization also aims to protect and grow programs and services administered under the Centers for Medicare & Medicaid Services (CMS) that help older adults age independently in their communities. These HHS agencies and programs are vital to local Meals on Wheels providers and their ability to leverage multiple public and private funding sources to address the unique nutritional, social, financial, and health-related needs of a rapidly growing senior population.

In addition to our following comments that speak to the experience of our organization and the network of senior nutrition providers we represent, we offer general recommendations to strengthen the objectives in the plan aimed at supporting older adults, as well as community-based services and the practices they use to support the social determinants of health for this population. We support and agree with many of the strategies outlined within the draft *HHS FY*

2022 – 2026 Strategic Plan, including the objectives listed below with which our own mission and goals are aligned.

1. **Objective 1.3:** Expand equitable access to comprehensive, community-based, innovative, and culturally-competent healthcare services while addressing social determinants of health
2. **Objective 2.3:** Enhance promotion of healthy behaviors to reduce occurrence and disparities in preventable injury, illness, and death
3. **Objective 3.3:** Expand access to high-quality services and resources for older adults and people with disabilities, and their caregivers to support increased independence and quality of life

Objective 1.3: Expand equitable access to comprehensive, community-based, innovative, and culturally-competent healthcare services while addressing social determinants of health

Home- and community-based aging services (HCBS) that focus on social determinants of health, like Meals on Wheels, provide desirable and often more affordable alternatives to traditional health and long-term care options, and are effective in promoting the physical and mental health and quality of life of older adults. As the trajectory of our current aging services and healthcare systems move toward more person-centered models of care delivery, community-based organizations are essential in supporting the health and social determinants of older adults and other vulnerable and/or underserved populations. With greater contracting between community-based nutrition providers and the healthcare sector, it is possible to more efficiently promote health, reduce associated health care spending, and provide cost-effective and equitable monitoring of health in non-medical settings, such as the home.

Many state Medicaid plans with HCBS waivers provide home-delivered meals as a covered service, which is particularly appropriate for elderly and disabled beneficiary populations. Additionally, with guidance under CMS, Medicare Advantage (MA) Special Need Plans for beneficiaries with chronic conditions are able to cover additional supplemental benefits, including meals delivered to the home, tailored specifically to the patient’s conditions and health needs. **We would like to see a payment and referral system for nutrition assistance and meal delivery that is broadly available under Medicare, Medicare Advantage, and Medicaid.** Direct service providers have also long explored and applied both proven and innovative methods of addressing social determinants of health of older adults, including through use of technology, social enterprise, and partnering with other community-based organizations. If enabled, they can employ them in health care contracts to provide efficient health-related services that target care to individuals in the greatest social and economic need.

Objective 2.3: Enhance promotion of healthy behaviors to reduce occurrence and disparities in preventable injury, illness, and death

Prior to COVID-19, food insecurity and social isolation were already recognized as significant threats to public health. The pandemic has further heightened awareness of these issues, especially its severe impact on the health and wellbeing of older adults, underscoring the need to focus on access to affordable, nutritious food and socialization, as well as strengthen and support federal programs like the OAA Nutrition Program.

Most older Americans possess at least one trait that puts them at increased risk of food insecurity, malnutrition, social isolation and/or loneliness, thereby raising the likelihood of experiencing myriad adverse physical and mental health effects. Despite a recognition of the relationship between healthy aging and access to nutritious food and regular socialization, millions of seniors struggle to meet these basic human needs. Even before the pandemic, nearly one in eight (12.6%) older adults ages 60 and older were threatened by hunger (i.e., marginally food insecure) and 18 million (24%) seniors lived alone in 2019.^{1,2}

Older adults who are food insecure and lack consistent access to nutritious meals experience worse health outcomes than those who are food secure, including increased risk for heart disease, depression and decline in cognitive function and mobility.³ Along with adequate nutrition, social contact is also key to an individual's mental health and well-being; factors including living alone, being unmarried, having fewer friends and/or a chronic illness can make an individual prone to isolation and feelings of loneliness. Among older adults, social isolation is also associated with greater likelihood of falls, dementia, cardiovascular disease and overall decreased mortality.⁴ Furthermore, the economic cost of malnutrition among seniors alone is \$51 billion annually, while falls account for \$50 billion in medical costs.^{5, 6}

As greater awareness of food insecurity and social isolation and their negative effects on physical and mental health have emerged recently, it is important to note that older adults in particular – especially those who were already homebound and/or living in rural areas – have long been at higher risk of hunger, isolation and loneliness and have unique challenges maintaining community connections and adequate healthcare. Older individuals may fall into several of the *underserved population* categories noted in the strategic plan definition, including seniors who are racial or ethnic minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+); living with disabilities; living in or near poverty; and living in rural areas. **Fortunately, HHS can encourage and promote existing services that already target their delivery, as with OAA congregate and home-delivered meals, to seniors in the greatest social and economic need – including those who are low-income; are a racial or ethnic minority; live in a rural community; have limited English proficiency; and/or are at risk of institutionalization.**

Older adults who receive nutrition services like Meals on Wheels perceive themselves to have better health as a result of the service. But there is also an increasing evidence base – reflected in the growing body of scientific literature – documenting improved health outcomes and reduced

¹ Feeding America, 2021, *The State of Senior Hunger in America in 2019*, report prepared by C. Ziliak and J. Gunderson, www.feedingamerica.org/research/senior-hunger-research/senior

² U.S. Census Bureau, 2019, *American Community Survey (ACS) Demographic Data*, available on the Administration for Community Living's (ACL) AGing, Independence, and Disability (AGID) Program Data Portal, <https://agid.acl.gov/CustomTables/>

³ Ziliak & Gundersen, *The Health Consequences of Senior Hunger in the United States: Evidence from the 1999-2014 NHANES*, a report prepared for Feeding America and the National Foundation to End Senior Hunger (Chicago, IL: Feeding America, 2017), <https://www.feedingamerica.org/sites/default/files/research/senior-hunger-research/senior-health-consequences-2014.pdf>

⁴ Falkner, et al., 2003, "Is social integration associated with the risk of falling older-community dwelling women?" *The Journals of Gerontology* (Series A 58(10)), <https://pubmed.ncbi.nlm.nih.gov/14570865/>

⁵ Snider et al., 2014, "Economic burden of community-based disease associated malnutrition in the United States." *Journal of Parenteral and Enteral Nutrition* (Vol. 38(2S):77S-85S), <https://www.ncbi.nlm.nih.gov/pubmed/25249028>

⁶ Florence et al., 2018, "The medical costs of fatal falls and fall injuries among older adults." *Journal of the American Geriatrics Society* (Vol. 66(4):693-698; 2018), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6089380/>

healthcare service utilization and spending among older adults who receive nutritious meals and regular social interaction. A rigorously designed study from 2015 found that seniors receiving home-delivered meals experienced greater improvements in health than their counterparts who did not receive services. Between baseline and follow up, the group of older adults who received home-delivered meals and safety checks were more likely to have improved physical and mental health, including reduced feelings of anxiety and loneliness, and fewer hospital admissions and falls.⁷ On the ground, senior nutrition program staff and volunteers delivering meals can help identify and promptly notify caretakers and healthcare providers of a change in an older adult's condition, so that necessary steps can be taken to address urgent and/or developing health and medical needs. The regular visits through the local program can also help individuals to feel more secure, less fearful of falling – a major contributor of preventable hospitalizations and healthcare spending among older adults – and address other problems before they escalate into more serious and costly healthcare episodes. Early identification of other health and safety concerns, such as home safety hazards, inadequate transportation, pest control needs or assistance with legal documents, can allow for timely intervention to improve the health and quality of life of the individual and ultimately, lower their healthcare costs.

Objective 3.3: Expand access to high-quality services and resources for older adults and people with disabilities, and their caregivers to support increased independence and quality of life

As this objective and others included in the plan reflect, there is a clear need for a strong community-based aging services network, particularly as the country's older adult population rapidly grows and becomes increasingly diverse. The demand for nutrition and other health-related social services has historically surpassed the capacity and resources required to serve all of the older individuals in need. Recently in the face of COVID-19, more older adults have had to physically isolate at home and request services amid public health and safety measures. Based on surveys we conducted, Meals on Wheels programs have taken on hundreds of thousands of additional clients, and at their pandemic peak, local programs reported delivering an average of 100% more home-delivered meals than they served pre-pandemic and were providing home-delivered meals to 44% more seniors.⁸ At this time, eight out of ten (82%) of programs reported that these new clients are here to stay, and many programs continue to experience persistently high caseloads. As of July 2021, local Meals on Wheels programs reported serving an average of 57% more home-delivered meals than they were before the pandemic.⁹

In light of this national demand, access to financial and human resources are necessary for local senior nutrition programs to continue to maintain and expand the reach of activities needed to fully meet the growing, evolving needs of older adults that promote their health and wellbeing. Continued increased and reliable funding for these local senior nutrition providers – including through the OAA – remains critical to address the nutritional, social and health needs of a growing number of vulnerable older adults. As of July 2021, nearly half of Meals on Wheels

⁷ Meals on Wheels America, 2015, *More Than a Meal Pilot Research Study*, report prepared by K. S. Thomas & D. Dosa, <https://www.mealsonwheelsamerica.org/learn-more/research/more-than-a-meal/pilot-research-study>

⁸ Meals on Wheels America, November 2020, *COVID-19 Impact Survey*, research conducted by Trailblazer Research, <https://www.mealsonwheelsamerica.org/learn-more/research/covid-19-research-portfolio>

⁹ Meals on Wheels America, July 2021, *2021 Mid-year COVID-19 Pulse Survey*, <https://www.mealsonwheelsamerica.org/learn-more/research/covid-19-research-portfolio>

programs (48%) said they would not be able to support their current client base without continued infusions of funding beyond their typical funding.²

Considering the growing challenges that older adults face to their health and wellbeing – especially members of other underserved communities – we encourage HHS to prioritize planning and implementation of activities that promote the health of older adults and ensure that the nutrition provider network is properly funded to serve their communities. This includes increased resources for existing and successful HHS programs, such as the OAA Nutrition Program, and expanded integration of community-based nutrition providers in the healthcare provision of older adults through widespread coverage of and referral for nutrition services as recommended under Objective 1.3 above.

Summary of Recommendations and Conclusion

To summarize our comments regarding the objectives outlined above we propose the following key recommendations:

1. **Objective 1.3:** Expand equitable access to comprehensive, community-based, innovative, and culturally-competent healthcare services while addressing social determinants of health
 - **Implement widespread coverage and referrals for nutrition assistance and meal delivery that is broadly available under Medicare, Medicare Advantage, and Medicaid.** Community-based senior nutrition providers that are addressing social determinants of health and employing the use of proven and innovative methods such as technology, social enterprise, and partnerships can be leveraged in health care contracts to provide cost-efficient and targeted health-related services and care to older individuals. Better integration of the existing network of senior nutrition services into the healthcare landscape can help more efficiently promote health, reduce associated health care spending, and provide cost-effective health monitoring of seniors in home and community-based settings.
2. **Objective 2.3:** Enhance promotion of healthy behaviors to reduce occurrence and disparities in preventable injury, illness, and death
 - **Promote existing HHS services and supports – such as OAA congregate and home-delivered meals – that offer targeted care and service delivery to seniors, especially older individuals that belong to certain underserved populations or are otherwise in social and/or economic need.** Older adults who receive nutrition services are found to have improved health outcomes and reduced healthcare service utilization and spending. The benefits of regular social interaction with services like Meals on Wheels helps individuals who receive them feel more secure, less fearful of falling, and identify other health and safety concerns in the home, which can allow for timely intervention to ultimately help improve health outcomes and quality of life and avoid preventable healthcare usage and expenditures.

3. **Objective 3.3:** Expand access to high-quality services and resources for older adults and people with disabilities, and their caregivers to support increased independence and quality of life

- **Prioritize planning and implementation of activities that promote the health of older adults and ensure that the nutrition provider network is properly funded to serve their communities.** Access to consistent financial and human resources are necessary for local senior nutrition programs to continue to maintain and expand the reach of activities needed to fully meet the needs of older adults and promote their overall health and wellbeing. Increased funding for these local senior nutrition providers – including through the OAA – remains critical to address the nutritional, social and health needs of a growing number of vulnerable older adults and must be sustained through the support of HHS as an administering agency.

Additionally, we recommend that the unique social and health-related needs of the older adult population to be considered in all objectives and strategies that impact the HHS program delivery landscape. And lastly, we urge the ongoing participation and involvement of senior nutrition providers as important stakeholders that should be consulted in the planning, implementation, and evaluation of the strategies and activities that are carried out under this plan.

Thank you again for the opportunity to submit comments and recommendations for this draft strategic plan. The goals, objectives and strategies proposed by HHS build upon a historical foundation and provide direction to greatly improve the delivery, access, and affordability of health and human services for older individuals and ultimately enhance the health and wellbeing of all Americans. We look forward to continuing to work together toward that end. Please do not hesitate to reach out with questions and/or if we can serve as a resource.

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