NIH REQUEST FOR INFORMATION (RFI): FOOD IS MEDICINE RESEARCH OPPORTUNITIES

2023 MEALS ON WHEELS AMERICA RESPONSE

INTRODUCTION

Meals on Wheels America is the leadership organization supporting the more than 5,000 community-based programs across the country that are dedicated to addressing senior isolation and hunger. Through the delivery of healthy meals tailored to the needs of older adults, the door opens to address social connection, safety, and much more – all of which are proven to enable America's seniors to live nourished lives with independence and dignity. By providing funding, leadership, education, research, and advocacy support, Meals on Wheels America empowers its local member programs to strengthen their communities, one senior at a time.

One in four Americans is 60 or older, with an additional 12,000 turning 60 each day. This population is projected to reach 118 million by 2060 - increasing the number of seniors today by more than half. Among Americans 60 and older: 29% have a disability and 39% live alone. According to the National Council on Aging, nearly 95% of older adults have at least one chronic condition, while nearly 80% have two or more chronic conditions (learn more: https://ncoa.org/article/the-inequities-in-the-cost-of-chronic-disease-why-it-matters-for-older-adult). Increasingly, older adults need access to nutritious meals and comprehensive services that can help them manage their chronic conditions. Meals on Wheels America believes that our nation's seniors should have access to a range of healthy nutrition as their health and medical needs evolve, regardless of their functional or economic status. As such, we advocate for ensuring broad access to the range of culturally relevant and medically tailored meals older adults need.

Medically tailored meals – a Food is Medicine intervention – are increasingly defined in ways that can limit feasibility and availability (e.g., medically tailored meals are produced using only organic ingredients, in scratch-cooking-only facilities, etc.). Meals on Wheels America is advocating for a broader, more inclusive definition and defines medically tailored meals as fully prepared meals produced or sourced under the consultation of a Registered Dietitian Nutritionist (RDN) or state-credentialed nutrition professional to support an older adult's medical condition (learn more: https://www.mealsonwheelsamerica.org/docs/default-source/advocacy/food-as-medicine_medically-tailored-meals_one-pager_final.pdf). More information on medically tailored meals offered by the Meals on Wheels network can be found on our website (learn more: https://www.mealsonwheelsamerica.org/learn-more/the-power-of-a-knock-nutrition/medically-tailored-meals).

In partnership with our national membership network, Meals on Wheels America is committed to the all-sector approach to ending hunger, improving nutrition and physical activity, and reducing diet-related diseases. The federal government can support this effort by (1) Establishing home-delivered meals as a fully reimbursable benefit for fee-for-service Medicare, Medicare Advantage, and Medicaid, and (2) implementing medically tailored meal pilots and initiatives that utilize community-based senior nutrition programs. We are submitting responses to the National Institutes of Health's Request for Information to assist in optimizing the implementation and dissemination of Food is Medicine research by the federal government, supportive of the older adult population we serve.

RESEARCH

1. **What are considered high-priority research gaps and opportunities for Food is Medicine?**

High-priority gaps in research and opportunities related to Food is Medicine for the older adult population center on representation and inclusion. There is an opportunity to include older adult populations in Food is Medicine research, with diverse populations of older adults in particular. Many older adults are at risk of nutrition disparities due to differences in educational attainment; social support; gender; and economic, geographic, functional, racial, or ethnic status. A desk review of recently published Food is Medicine research suggests that peer-reviewed studies that include older adults often focus on those with recent hospital discharges, precluding application to independently living, community-residing older adults. Similarly, given the growth in both the size and diversity of the older adult population, Food is Medicine research that evaluates the provision of culturally relevant nutrition interventions (e.g., meals, groceries, and health/nutrition education) is also warranted. Most Food is Medicine research is underpowered to evaluate the impact of these interventions on the health and well-being of culturally diverse older adult populations. Examples of specific research gaps include: (1) understanding barriers and/or drivers to acceptance of Food is Medicine interventions among both general and culturally diverse older adults, and (2) evaluating the impact of Food is Medicine interventions in older adult populations beyond typical durations (longer than 12 months) to evaluate the impact of longer-term adherence.

2. **What short-term health care, quality of life, or patient-centered outcomes (e.g., quality of care, disease-specific biometric measures, symptom, and side effect management during treatment, engagement in preventive services such as primary care, mental health, behavioral health, and obstetrics/gynecology care, prenatal and postpartum outcomes in parent-child dyads, utilization, cost, etc.) can be most impacted by Food is Medicine services and for what populations (e.g., urban, rural, pregnancy, children, underrepresented, underserved populations with health disparities)?**

The Aspen Institute Food is Medicine Action Plan (available at: https://www.aspeninstitute.org/wp-content/uploads/2022/01/Food-is-Medicine-Action-Plan-Final_012722.pdf) provides an important introduction and overview of the research conducted in the Food is Medicine space. With a focus on older adults, the short-term patient-centered outcomes that can be useful to communicate the impact of Food is Medicine interventions are: measures of nutrition security, maintenance or improvements in weight status, measures of malnutrition status (e.g., Mini Nutritional Assessment), client satisfaction, key food group consumption, and food security. When assessing health-related quality of life, we find that well-established single-question assessments of self-perceived health perform better in the field than measures like the CDC Healthy Days assessment. The collection of disease-specific biometric measures, while vital, may be challenging for aging service providers to engage in and have limited application in community-based, resource-limited settings.

PROVISION OF SERVICES AND ACTIVITIES

3. **What strategies are needed for populations with varied functional capabilities (e.g., ability to open a package, chew); housing supports (e.g., access to refrigeration or cooking utensils); or transportation (e.g., ability to access or receive food – delivery to a secure high rise or rural locations)?**

For over 50 years, Meals on Wheels programs have provided a range of nutrition services to community-residing older adults with a variety of functional limitations. Meals are tailored to meet the functional needs of older adult clients and delivered to the home or community settings with a frequency that meets older adults' needs. Informed by this experience, it will be important to offer Food is Medicine interventions to older adults in texture-modified formats (e.g., chopped, pureed, liquid) and be mindful of their mobility level (e.g. delivered to the home or a central/easily accessible community dining setting).

An important strategy for providing for the nutrition needs of the community-residing older adult population is continuous evaluation of any nutrition intervention as client needs evolve. Decades of delivering Meals on Wheels services have resulted in the use of a client-centered assessment process that ensures the services provided change as needs change. Leveraging the national network of Meals on Wheels providers and their skilled application of frequent assessments of nutrition, health, and social service needs is a vital strategy to address the unique needs of this population. When designing services to meet the needs of any underserved or unserved population, it is important that their needs and lived experience be centered in the approach.

Older adults and minoritized populations are typically not included in the research design process. It is well established that logistical barriers to these populations can disproportionately burden participants belonging to minoritized communities, introducing selection bias and limiting the ability to detect differential mechanisms of risk, resilience, and responsiveness to interventions in subpopulations. Combating social

exclusion requires sufficient cultural humility, awareness, commitment, and investment in proactive solutions to ensure inclusion. Requiring the use of community-based participatory research models of engagement that invite involvement and input from affected communities is important. Well-established tactics to increase older adults in research include engaging trusted community members to support recruitment when conducting outreach; engaging caregivers and family members in the research process; providing meaningful, accessible, and culturally-appropriate respite care for caregivers; facilitating access to appropriate transportation; and providing accessible materials in the participant's preferred language.

4. **What are best practices and/or lessons learned for providing Food is Medicine services? (e.g., best practices in planning/designing programs; creating awareness and sustaining engagement- directly with intended recipients and indirectly with "influencers"; fulfillment/delivery; evaluation; and the identification of individuals to be served by these programs, other implementation challenges and how those challenges were overcome, if applicable)?**

To inform the 2022 White House Conference on Hunger, Nutrition, and Health and the resulting National Strategy to end hunger and increase healthy eating and physical activity by 2030, Meals on Wheels America hosted a Virtual Listening Session on June 30, 2022. From this event, local programs confirmed their desire to provide medically necessary meals to meet the growing need; however, adequate funding is a significant challenge to implementation as local programs are not receiving increased reimbursement to provide them. Due to inflation, the costs to deliver meals are increasing and program staff reported challenges to provide basic meals, let alone specialty or medically tailored meals. In addition, ensuring operational flexibility in program delivery is essential to accommodate real-world situations in the provision of specialty or medically tailored meals. For example, older adults receiving Meals on Wheels share meals with others in the household, such as grandchildren. The opportunity to share meals with children is a useful tactic to support sustained engagement by older adults and can provide older adults an opportunity to model the consumption of nourishing foods to family members who can also benefit from Food is Medicine interventions.

Meals on Wheels America routinely offers grants, leveraged from private funding and grant funds, when available to local programs to encourage the expansion or enhancement of their provision of medically tailored meals. From this, we have important insights into the drivers of and barriers to the successful provision of medically tailored meal interventions. For example, appropriately communicating and engaging older adults in Food is Medicine interventions is vital. To optimize participation in such interventions, older adults need to understand how the meals offered differ from 'regular' meals (e.g., nutrient composition, and portion sizing) and have the opportunity to sample the meals before committing to regular service delivery. Giving older adults the opportunity to tailor

the intervention to meet personal preferences is an important approach to ensuring they are treated with the dignity and respect their age requires.

5. **How may Food is Medicine services be combined with other food assistance, nutrition and health education, and health care services (e.g., social services, meals on wheels, Community Health Workers, care transitions case management, etc.) to improve engagement and affect health outcomes?**

Tangible opportunities to deliver Food is Medicine services are accessible as a part of the way nutrition assistance services like Meals on Wheels are delivered. Over the past five decades, local Meals on Wheels providers have honed the delivery of services and programs to community-residing older adults. At the heart of this approach is the delivery of an age-appropriate, nourishing meal. This meal delivery provides an opportunity to meet a full range of needs as they evolve over time and support aging in place through the Meals on Wheels Service Model: tailored nutrition (meals designed to meet distinct needs and preferences of the community), social connection (building and maintaining personal connections), safety (assessing the home environment and addressing identified hazards), and resources and referrals (connecting clients to additional services and responding to the emerging needs). Over the course of delivering the Meals on Wheels Service Model, a client receiving services may have changes in their needs. This can be identified at the point of delivery or through one of the frequent assessments completed by Meals on Wheels staff. When a need is identified, such as the need for medically tailored meals or the need for Medical Nutrition Therapy, programs can internally refer clients to Registered Dietitian Nutritionists to provide the appropriate intervention(s). Food is Medicine interventions are routinely addressed in this way across the national Meals on Wheels provider network. As such, the existing network of Meals on Wheels providers can serve as vital Food is Medicine partners.

6. **In what ways can Food is Medicine services be used to address nutrition disparities and unequal access to nutritional foods?**

Given the variety of interventions offered under the umbrella of Food is Medicine, there is an opportunity for nutrition disparities and unequal access to nutritious foods to be addressed. The ability to acquire, prepare, and transport food differs among vulnerable populations, as is the case with many older adults served by Meals on Wheels programs around the country. By providing access to meals and/or groceries via a Food is Medicine intervention, it is possible to address these common barriers to adequate nutrition in an older adult population. Food is Medicine interventions may also appeal to previously unserved or underserved populations of older adults. Following the COVID-19 public health pandemic, Meals on Wheels programs across the country are serving more older adults than in previous years. As such, community-based nutrition service providers like Meals on Wheels who adopt a Food is Medicine framework or market existing services using this terminology may have an improved opportunity to connect with and serve additional populations in need of tailored nutrition services.

Local senior nutrition programs routinely report the positive impact that Meals on Wheels services have on the nutrition of older adults. Here are a few examples:

- One older meal recipient had uncontrolled diabetes, but appropriate portions and nutrition through Meals on Wheels helped her to lose 12 pounds. She loved the food and said even when she came off the program she was learning new, healthy habits.
- One individual experienced back and neck pain for many years. She took a food sensitivity test and nutritional changes offered by her Meals on Wheels program helped alleviate her pain.
- New clients share stories about how their change in diet and how the frequency of healthy food helps them.
- Good nutrition supports people in both losing and re-gaining weight. People with diabetes find it easier to control with sound nutrition. Not everyone is looking for weight loss or weight gain but needs the healthy, nutrition-dense food offered by senior nutrition programs.

According to the National Council on Aging, nearly 95% of older adults have at least one chronic condition, while nearly 80% have two or more chronic conditions (learn more: https://ncoa.org/article/the-inequities-in-the-cost-of-chronic-disease-why-it-matters-for-older-adult). Providing Food is Medicine interventions is an increasingly important approach to support older adults' ability to successfully live nourished lives with independence and dignity in their communities of choice.

COMMUNITY OUTREACH AND ENGAGEMENT

7. **What are key strategies for community engagement and outreach, or obtaining local community input from those with lived experience or organizations that provide direct Food is Medicine or related services to persons with hunger and food insecurity, populations who experience health disparities, or other health-related social needs?**

To successfully implement strong Food is Medicine interventions, we encourage ongoing communication, outreach, and engagement of individuals with lived experience to inform strategy and policy. Some mechanisms for these efforts currently exist through the Older Americans Act (OAA) State and Area Plans on Aging process. For example, the OAA instructs the establishment of local representative advisory councils – partially composed of older adults who are eligible or already participating in programs under the Act – to support the mission of developing and coordinating community-based services within the planning and service area. Advisory councils – whether formal like those authorized under the OAA or informal – can ensure that many voices are heard and help providers understand the needs of older adults and individuals who rely on or can benefit from Food is Medicine services. As community-based programs that are largely targeted at older adults who live in the community setting, Meals on Wheels providers know that

engaging with stakeholders is essential to successful design and implementation – which can look different from community to community. Here is a selection of examples of the advisory council approach from our Members:

- CJE Senior Life, Bureau of Sages Model: https://www.cje.net/bureauofsages.
- AgeOptions, Advisory Council: https://www.ageoptions.org/about-ageoptions/advisory-council/
- Meals on Wheels Advisory Committee: https://www.ocwcog.org/connect/volunteer/mowac/

Another strategy for obtaining local community input from older adults with lived experience includes partnering with national organizations that engage directly with local aging services providers (e.g., Meals on Wheels America, USAging, National Council on Aging, National Association of Nutrition and Aging Service Providers, Leadership Council of Aging Organizations). These national organizations can serve as conduits, convenors and collaborators to assist in learning directly from persons with lived experience.

8. **What issues may arise in a community-living setting, high-rise building, food deserts, rural locations, or other unusual community-living settings that may influence Food is Medicine research interventions?**

The older adults served by the Meals on Wheels national network reside in community-based settings, often in food deserts, some in rural locations, and some may not have access to home environments that support optimal nutrition status (i.e., appropriate or functioning kitchen equipment for food preparation and storage). They often experience challenges to the acquisition, preparation, and transportation of food and meals. Some clients have functional challenges that further limit their ability to independently consume meals, lack necessary mealtime support, or require specialized utensils. These barriers will hinder their access to Food is Medicine interventions, as well as any other food or nutrition assistance program. Depending on their home environment, degree of family or social support, and geography, some may have limited ability to participate in drop-shipped meal delivery interventions (e.g., it may be cost-prohibitive to ship items to their locations, they may not have the ability to move boxes of food from the exterior of the home to the kitchen, etc.).

Despite these limitations, every effort to include nutritionally vulnerable older adults in Food is Medicine research must be made to ensure that these challenges do not lead to selection bias or their exclusion from research, and recommendations to ultimately meet their needs.

EDUCATION AND TRAINING

9. **What training is needed for community health workers, federally- and community-funded food and meal program staff (e.g., Older Americans Act**

Senior Nutrition program staff, 2-1-1, social service intake, referral, and benefits counseling staff, food banks, etc.), and nutrition and health education staff to successfully operate in or advance the Food is Medicine space?

There is a diversity of staff and expertise within each organization that leverages the Older Americans Act (OAA) Nutrition Program to fund the provision of meals to older adults. Depending on the role each plays within and across the organization, different types of education and training are needed related to the provision of Food is Medicine interventions. For example, board members, executive leadership, program staff, and volunteers will require different training. Over the years, Meals on Wheels America has learned a great deal about the challenges Meals on Wheels program staff face in their efforts to expand, enhance and scale their nutrition and meal offerings to meet the needs of the older adults they serve. It is clear that:

- Meals on Wheels programs are passionate about serving their local communities and can offer an array of locally sourced, client-centered nutrition services, targeted to those in greatest need.
- Meals on Wheels America member programs strongly believe that the level of unmet need for meal services is high in the communities they serve.
- Meals on Wheels programs are growth- and transformation-oriented and are eager to expand their service offerings to align with client needs.

A 2019 Government Accountability Office report, *Nutrition Assistance Programs: Agencies Could Do More to Help Address the Nutritional Needs of Older Adults*, found that local aging service providers (like Meals on Wheels programs) encountered challenges tailoring meals to meet certain dietary needs, such as offering diabetic or pureed meals (learn more: https://www.gao.gov/products/gao-20-18). The COVID-19 pandemic only intensified the need for programs to expand access to senior nutrition services, particularly Food is Medicine interventions, signaled by sharp increases in need during this period. OAA Nutrition Staff have access to training and technical assistance through the National Resource Center on Nutrition and Aging (NRCNA) (www.seniornutrition.acl.gov), administered by the Administration for Community Living.

The NRCNA provides education and training on an array of topics, including OAA Nutrition Program basics and introductory information on food safety, food service management, business acumen, program operations, and medically tailored meals. Other areas for training support on topics specific to Food is Medicine include program or intervention evaluation, sustainability, and business development, in addition to culinary medicine, effective data collecting and analysis, and research basics. Taken together, foundational knowledge of the identified topics will position OAA Nutrition Program staff to effectively operate and advance Food is Medicine interventions.

COVERAGE FOR SERVICES

10. **What types of reimbursement strategies exist, and what approaches hold promise for nationwide scaling for Food is Medicine services within health care, state and local governments, and community-based entities?**

Many local senior nutrition providers have established or are seeking out healthcare contracts and reimbursement for services. There are models in Medicaid and Medicare Advantage (MA) of meals being covered for limited time periods and in very specific situations (e.g., two weeks upon discharge, 30 days for certain conditions). Some state Medicaid plans with Home- and Community-Based Services (HCBS) waivers currently provide home-delivered meals as a covered service, which is particularly appropriate for elderly and disabled beneficiary populations. With guidance under CMS, 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 beneficiary's conditions and health needs.

Some of the current reimbursement strategies can be burdensome for local providers like Meals on Wheels delivering medically tailored or medically necessary meals. For example, the requirement for a nurse to conduct home and wellness checks for insurance reimbursement purposes can be challenging for many local programs to meet and sustain.

We recommend the establishment of a payment and referral system for nutrition assistance and meal delivery broadly available under Medicare, Medicare Advantage, and Medicaid. Community-based senior nutrition services providers – many of whom have been operating within their communities for decades – can be further leveraged to scale up the existing infrastructure and provide nutrition benefits to more individuals. Meals on Wheels is engaged in ongoing advocacy to help local Meals on Wheels program meet the needs of their communities. To that end, we build support on Capitol Hill and in the Administration to advance funding and policies that strengthen home-delivered and group-setting (congregate) meal programs, the volunteers who make them happen, and the seniors they serve. We continue to advocate for the establishment of home-delivered meals as a fully reimbursable benefit through fee-for-service Medicare, Medicare Advantage and Medicaid, as an approach that holds promise for the nationwide scaling of Food is Medicine services in community-based settings of care.