



## FOOD IS MEDICINE

**Jean Terranova**, Director of Food & Health Policy, Community Servings

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November 17, 2016

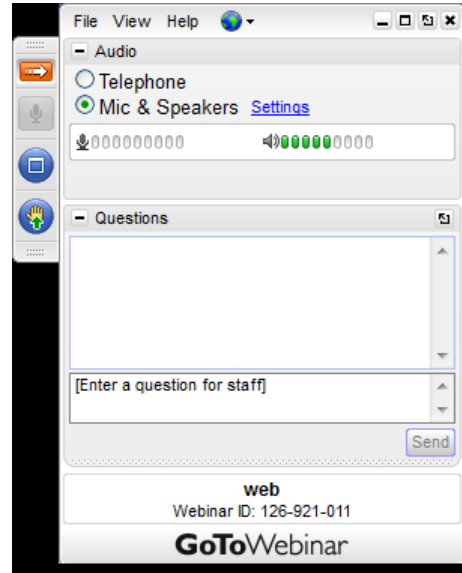
# WELCOME

## Ask Questions Using the Box on the Control Panel

This orange button on the upper right of your screen shows or hides the control panel



Type your questions and comments here and press send to “entire audience”



# **FOOD IS MEDICINE**

**JEAN TERRANOVA  
DIRECTOR OF FOOD AND HEALTH  
POLICY, COMMUNITY SERVINGS**

# AGENDA

- Community Servings' mission and history
- Community Servings' medically tailored home-delivered meals and nutrition programs
- Funding for our meals
- Our national partners in healthcare research, reimbursement, and advocacy
- Helpful resources for Meals on Wheels America programs
- CHLPI's mission and history
- Developing a policy strategy
- Current policy opportunities for Food is Medicine
- Laying the groundwork for the future
- Questions

# OUR MISSION

COMMUNITY SERVINGS IS A NOT-FOR-PROFIT ORGANIZATION WITH A 26 YEAR HISTORY OF PROVIDING MEDICALLY TAILORED MEALS AND NUTRITION SERVICES TO HOMEBOUND INDIVIDUALS AND THEIR FAMILIES COPING WITH CRITICAL AND CHRONIC ILLNESSES.



# OUR HISTORY IS TIED TO THE AIDS CRISIS

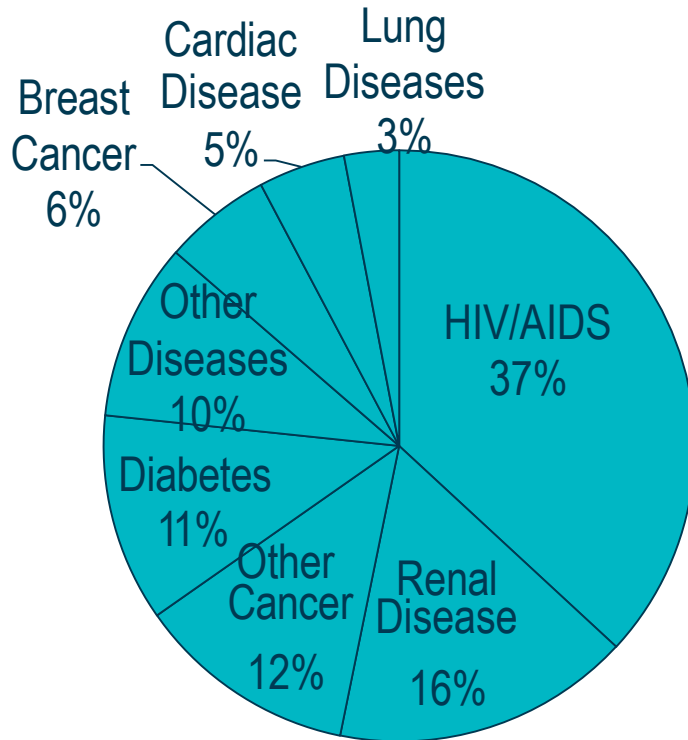


Founded in 1990 to provide home-delivered meals to individuals living with HIV/AIDS, we initially served 30 people a day in two neighborhoods of Boston.

We now serve 1,100 clients per day in 20 cities and towns in Massachusetts, regardless of illness.



# OUR CLIENTS ARE HOMEBOUND WITH 35+ ILLNESSES



- **71%** have **multiple diagnoses**
- At least **92%** live below 200% of the **federal poverty level**
- **70%** are **under the age of 60**

# AUDIENCE POLL

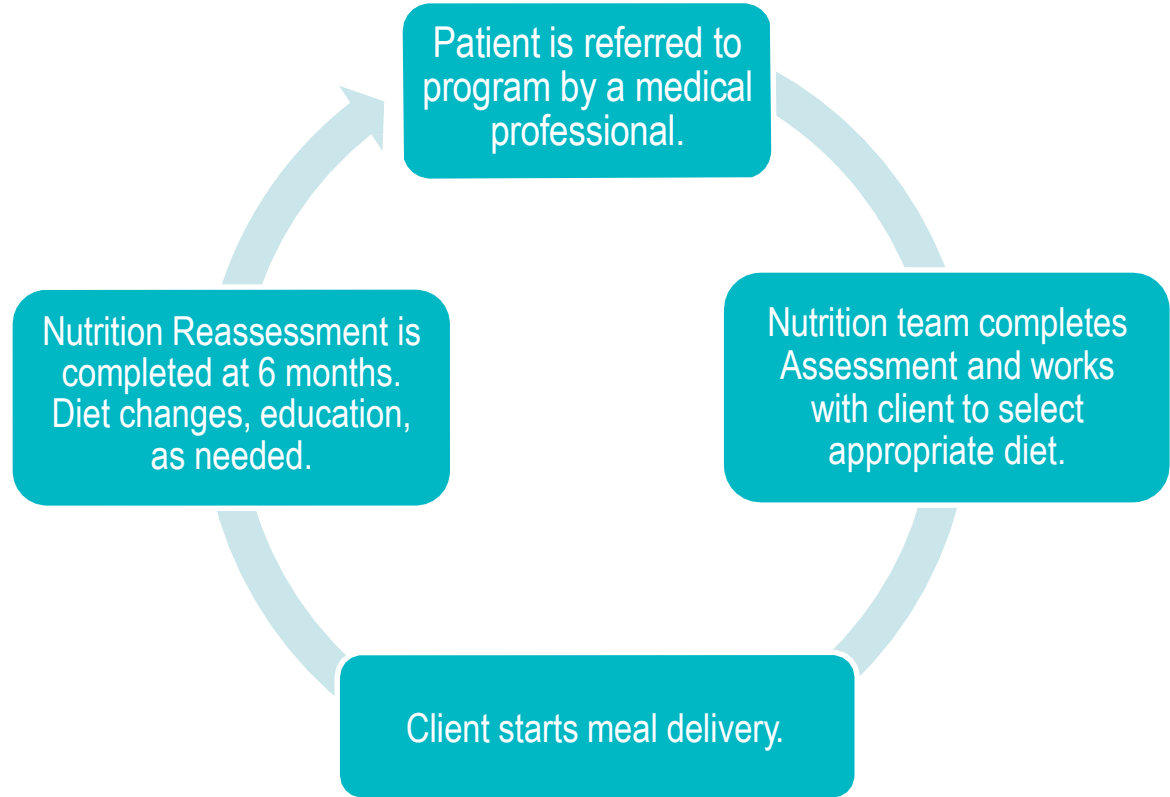




# CLIENT ELIGIBILITY AND REFERRAL PROCESS

## To Qualify:

- Critical stage of life-threatening illness
- Limited Mobility and/or Nutrition Risk



# MOTIVATING OUR SICK CLIENTS TO EAT



Appetizing, culturally appropriate foods

Medically tailored diet plans

Nutrition counseling and education

# OUR NUTRITION INTERVENTION

## Medically Tailored Home-Delivered Meals

- 17+ medical diets, up to three combinations per patient
- Appetizing, culturally appropriate foods
- Meals made from scratch
- Children's menu

## Additional Services

- Individualized nutrition counseling
- Disease-specific nutrition education
- Nausea care packages



# MEAL OPTIONS AND CUSTOMIZATION

- Regular\*
- Diabetic
- Renal
- Low-Fat
- Low Fiber
- Low Vitamin K
- Low Sodium/Bland
- Vegetarian
- Soft
- No Nuts
- No Red Meat
- No Dairy
- No Eggs
- No Fish/Shellfish
- No Poultry
- No Citrus/Tomato
- Children's Menu

Any client may combine **up to 3 diets** from the above.

Ex: Diabetic + Renal + Low-Fiber

Ex: Low Sodium + Low Fat + Vegetarian

# AUDIENCE POLL

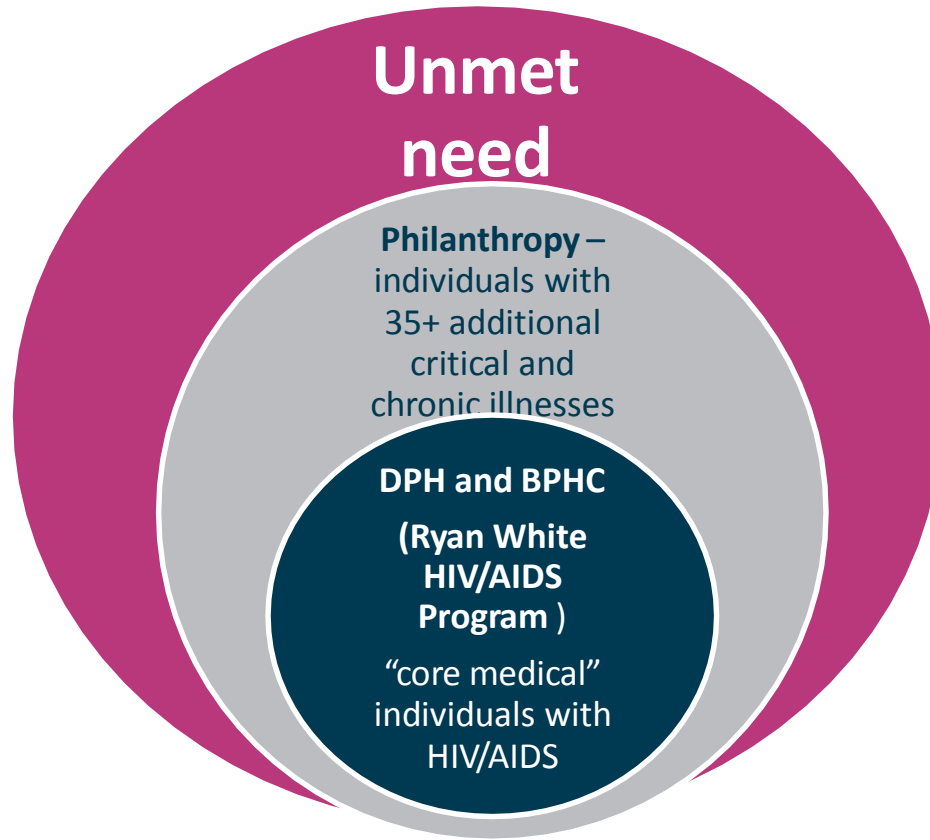


# OUR WEEKLY DELIVERY



- 5 entrees
- 4 soups
- 4 salads
- 2-3 pieces of fruit
- 2-3 yogurts
- 2 snacks
- A quart of milk
- 5 desserts (may include fruit)
- Bread

# FUNDING FOR OUR MEALS



This limited funding leaves an unmet need for low-income, severely ill individuals at high risk for food insecurity and malnutrition.

# THE FOOD IS MEDICINE COALITION

We are founding partners of the Food is Medicine Coalition (FIMC), which advocates to integrate medically tailored foods and nutrition services into public and private healthcare systems.





# OUR STRATEGY FOR SECURING SUSTAINABLE FUNDING

RESEARCH

PARTNERSHIPS

ADVOCACY

# MALNUTRITION IS A PREVALENT, COSTLY PROBLEM FOR THE HEALTHCARE SYSTEM

- At least **1 in 3** patients enters the hospital malnourished. <sup>1</sup>
- Hospital stays for malnourished patients are up to **3x** longer than for properly nourished patients.<sup>1</sup>
- Healthcare costs for malnourished patients are up to **3x** higher than costs for properly nourished patients.<sup>2</sup>

Sources: 1. Jensen GL, et al., *Recognizing Malnutrition in Adults: Definitions and Characteristics, Screening, Assessment, and Team Approach*, J. Parenteral and Enteral Nutrition (2013). 2. Corkins MR et al., *Malnutrition Diagnosis in Hospitalized Patients: United States 2010*, J. Parenteral and Enteral Nutrition (2013)

# MEDICALLY TAILORED HOME-DELIVERED MEALS ARE A LOW-COST HEALTHCARE INTERVENTION

CHAIN NY <sup>1</sup>	MANNA PA <sup>2</sup>	National study <sup>3</sup>
45% less likely to have ER visit	50% fewer hospitalizations <sup>3</sup>	\$109M projected savings to Medicaid via home-delivered meals for 65+ adults through 1% added investment
47% less likely to have an inpatient stay	20% lower healthcare costs <sup>4</sup>	1. Aidala et al., Comm Health Advisory J Prim Care Comm Health, 2013; 3. Symposium at Harvard Law; JThomas

Brief, 2013; 2. Gurvey et al., William George, 10/21/2016 et al., Health Aff, 2013

# AUDIENCE POLL



# RESULTS OF OUR FIRST WHITE PAPER

- **96%** of healthcare professionals reported that our meals program **improved their clients' health**
- **65%** believed the program resulted in **decreased hospitalizations**
- **94%** believed the program significantly improved patients' **access to healthy food**



Improves  
psychosocial  
well being



Promotes  
healthy weight



Improves  
medication  
adherence

# PILOT RESEARCH WITH MASS. GENERAL HOSPITAL

- 40 Type 2 diabetes patients
  - Report food insecurity
  - Poorly controlled blood sugar (HbA1c > 8%)
- 24 week randomized controlled trial
- Anticipate results by Spring 2017

# OUR EXPERIENCE IN DEVELOPING PARTNERSHIPS



Board  
cultivation

Engagement in  
coalitions  
focused on  
nutrition access

Outreach to  
medical and  
academic  
research  
professionals

Outreach to  
healthcare  
payers,  
providers, and  
policy leaders

# PARTNERSHIPS WE HAVE DEVELOPED

- **Healthcare payers and providers**
  - Managed Care Organizations, Accountable Care Organizations
- **Academic partners**
  - Harvard Law School, Columbia University Mailman School of Public Health, Tufts Medical Center
- **Coalitions**
  - FIMC, The Root Cause Coalition, DefeatMalnutrition.Today



# ADVOCACY

- Congressional briefing in March co-sponsored by Congressman McGovern, Congressman Nadler, and Senator Gillibrand
- Regular Hill visits
- State and local advocacy



# HELPFUL RESOURCES FOR MOWA PROGRAMS

## RESEARCH



- Become familiar with MoWA research and evaluation studies
- Use the infographics, fact sheets, and social media toolkits

## ADVOCACY



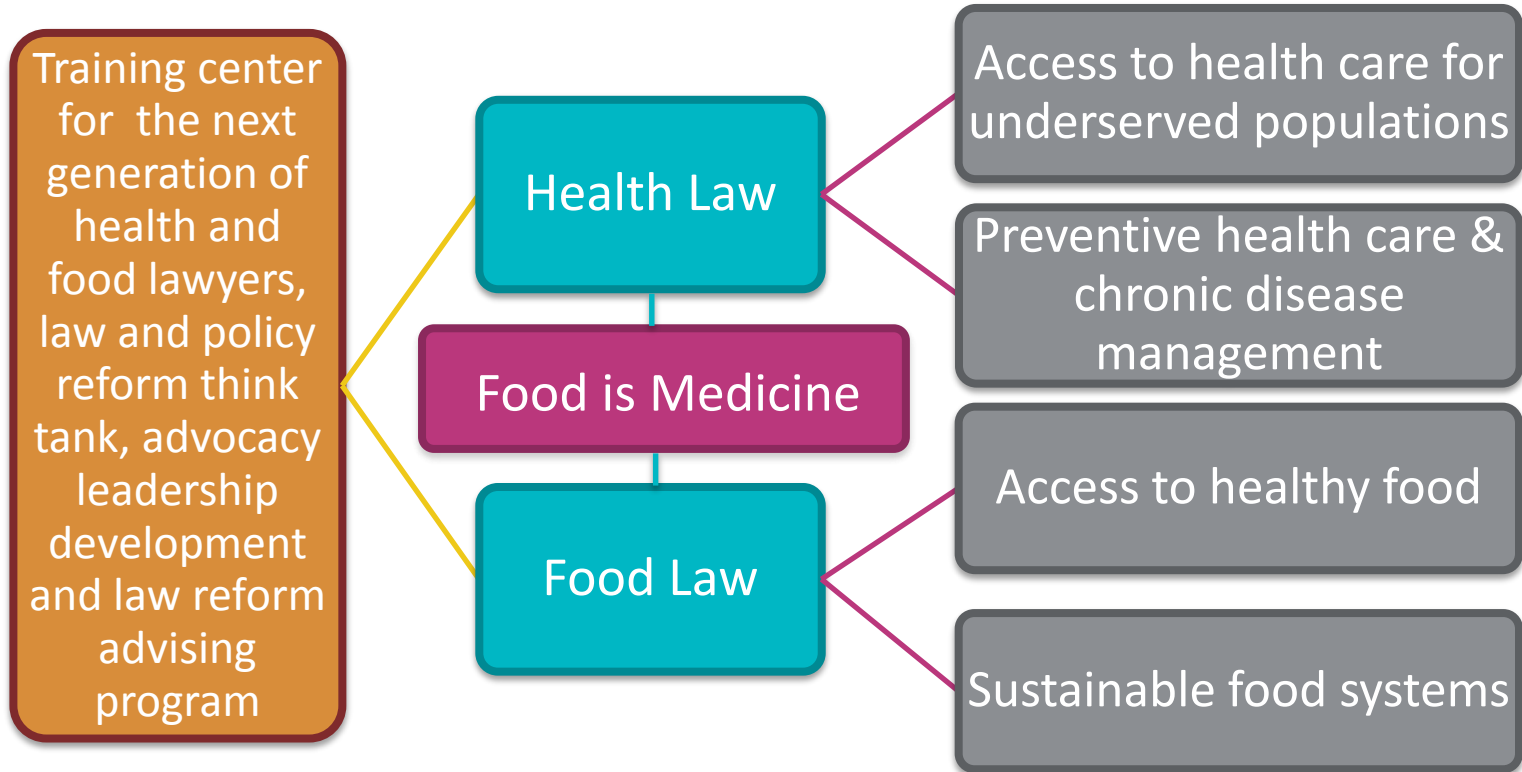
- Learn about the MoWA advocacy agenda
- Follow Chief Advocacy and Government Affairs Officer Erika Kelly @NoSenior Hungry on Twitter

# FOOD IS MEDICINE

## KATIE GARFIELD

*ADVOCATING FOR THE INTEGRATION OF  
MEDICALLY TAILORED HOME-DELIVERED MEALS  
IN PUBLIC AND PRIVATE HEALTHCARE SYSTEMS*

# CENTER FOR HEALTH LAW AND POLICY INNOVATION (CHLPI)



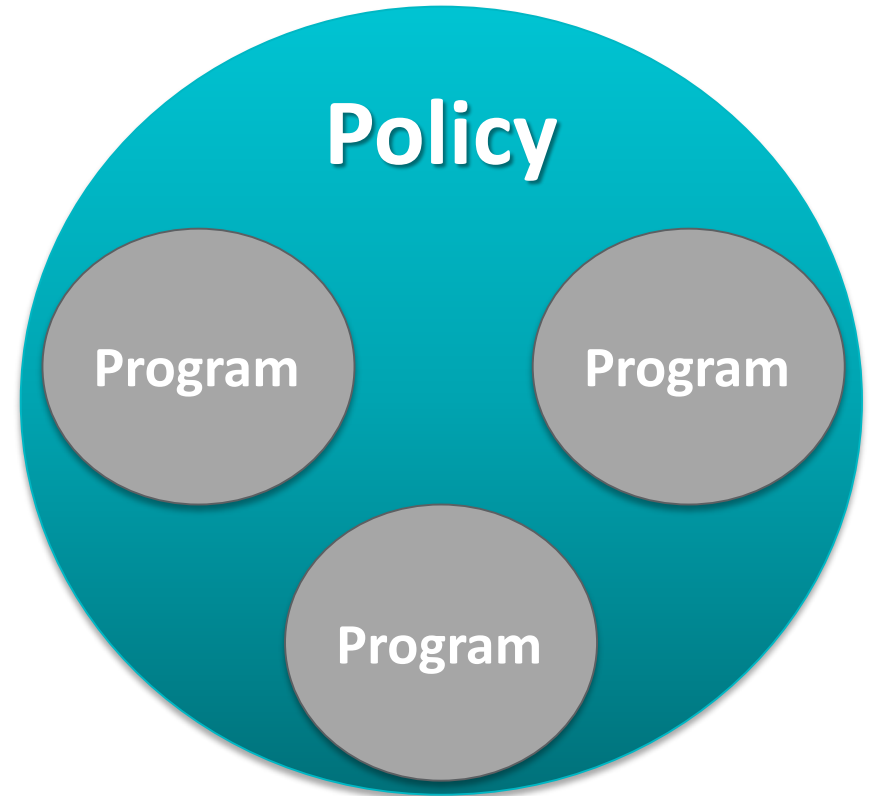
# WHAT IS POLICY CHANGE?

## Policy Change

- Changes the framework, opportunities, and incentives in our landscape

## Policy vs. Program

- Policies may be broader and more sustainable than programs



# DEVELOPING A POLICY ADVOCACY STRATEGY

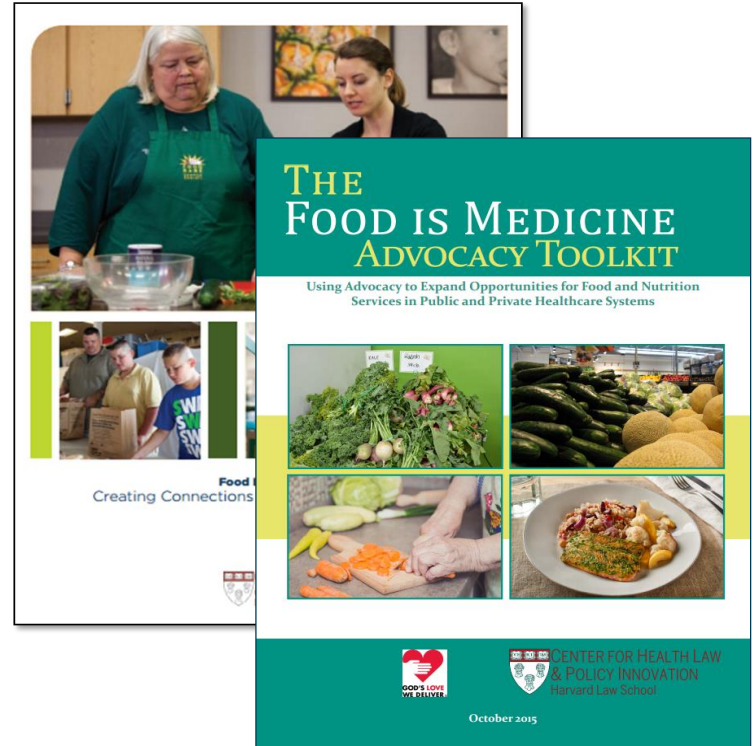
Assess Internal Capacity

Identify the “Ask”

Identify Partners

Gather Data

Identify Concrete Next Steps and Implement!



# POLICY CHANGE & THE FOOD IS MEDICINE MOVEMENT

## Moving Beyond Ryan White

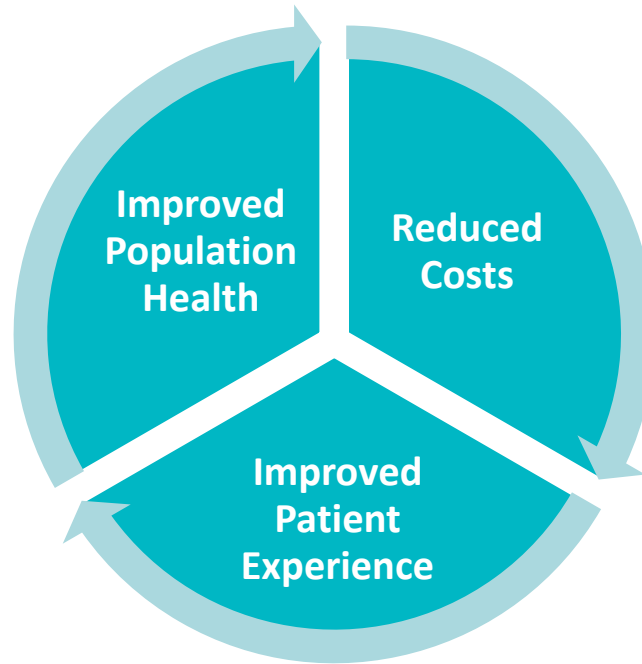
- Discretionary program
- Limited to individuals living with HIV/AIDS
- Potentially vulnerable to funding cuts

## Moving Beyond Grant Funding/Donations

- Insufficient to meet need
- Often time-limited

# HEALTHCARE REFORM: A POLICY OPPORTUNITY

## Triple Aim of Healthcare Reform





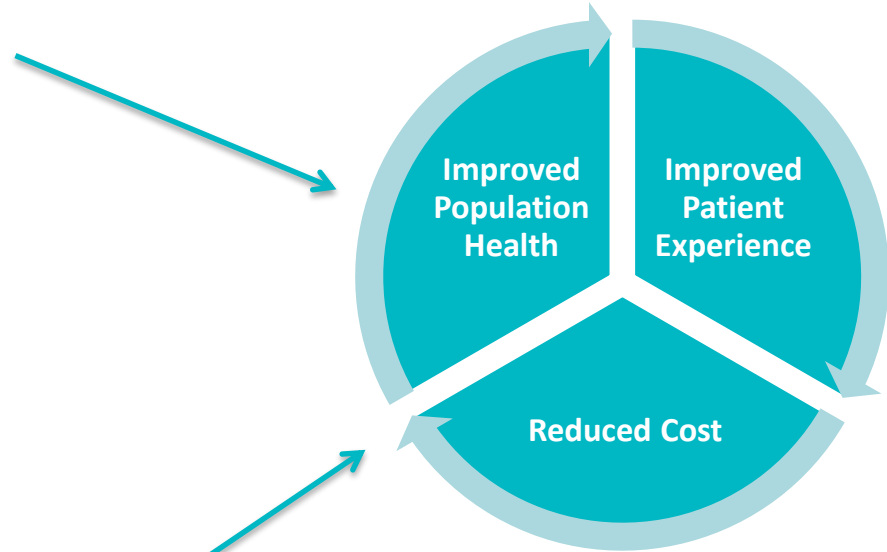
# FOOD INSECURITY IS A HEALTHCARE ISSUE

## Food Insecurity Drives Poor Health Outcomes

- Hospitalizations
- ED Visits
- Depression
- Missed appointments
- Poor medication adherence

## Food Insecurity Increases Healthcare Costs

- Annual healthcare costs have been shown to be **76%** higher for households with severe food insecurity than for those that are food secure.

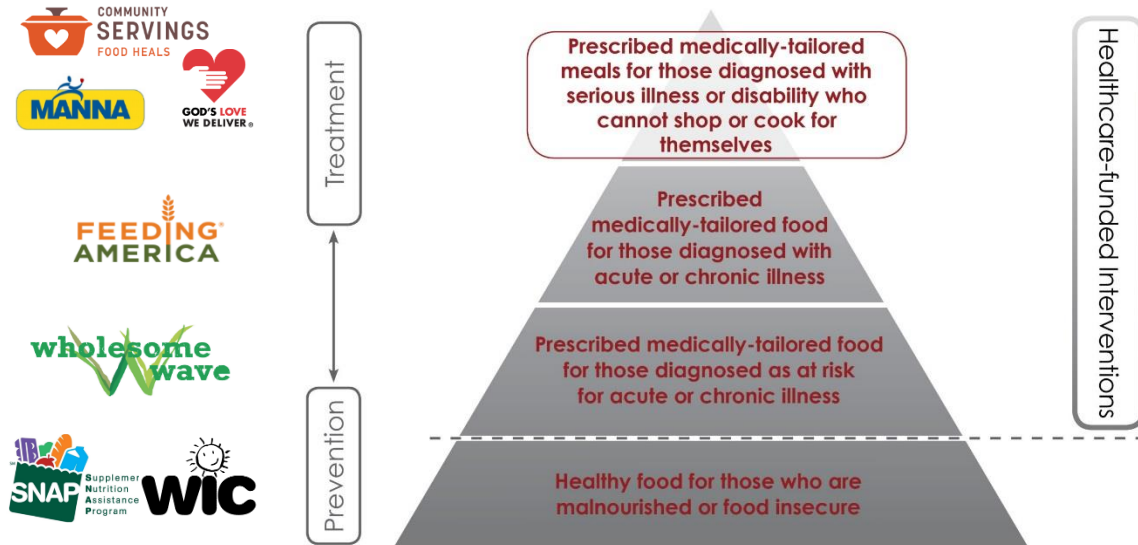


Tarasuk et al., Can. Med. Assoc. J.,  
2015

# FOOD IS MEDICINE: A HEALTHCARE SOLUTION

## FOOD IS MEDICINE PYRAMID

**Food is Medicine** interventions, such as prescribed medically-tailored meals, should be covered services within public and private health insurance systems as they improve health outcomes and reduce healthcare costs for individuals living with chronic health conditions



**Medically-tailored Food:** Food designated by a Registered Dietitian as an appropriate part of a treatment plan for an individual with a defined health condition or combination of conditions

# AUDIENCE POLL



# CURRENT OPPORTUNITIES

## **Current opportunities to obtain coverage for food and nutrition services in Medicaid programs:**

- Medicaid Managed Care
- Home and Community Based 1915(c) Waivers
- 1115 Demonstration Waivers

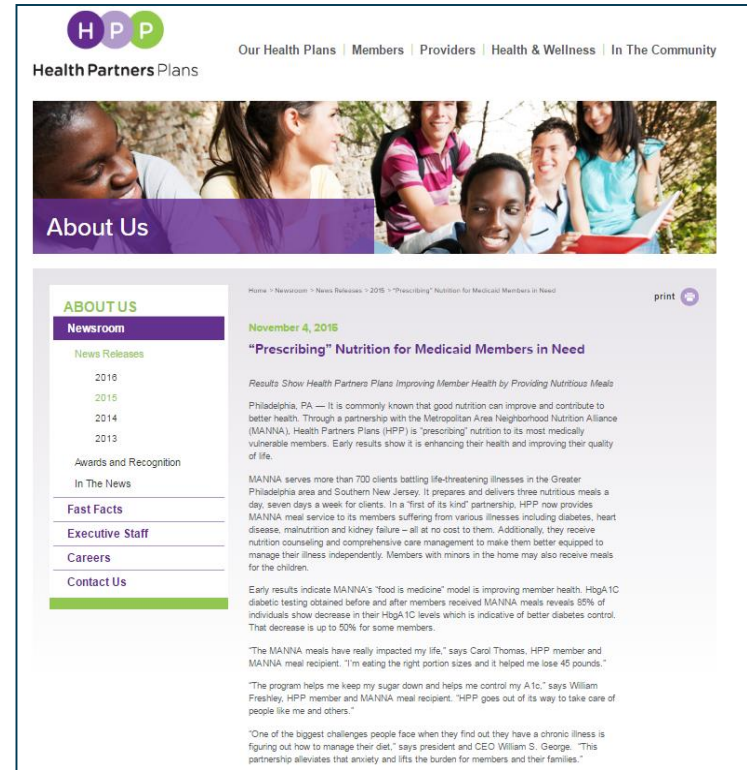
## **Current opportunities to obtain coverage for food and nutrition services in Medicare programs:**

- Medicare Advantage Plans (supplemental benefit)

# FOOD IS MEDICINE SUCCESS STORIES

## Medicaid Managed Care

- **MANNA** (Philadelphia, PA) contracts with Health Partners Plans to provide meals to patients suffering from:
  - Diabetes
  - Heart disease
  - Malnutrition
  - Kidney failure
- **Early results show improved patient health**



**HPP**  
Health Partners Plans

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**November 4, 2015**

**"Prescribing" Nutrition for Medicaid Members in Need**

*Results Show Health Partners Plans Improving Member Health by Providing Nutritious Meals*

Philadelphia, PA — It is commonly known that good nutrition can improve and contribute to better health. Through a partnership with the Metropolitan Area Neighborhood Nutrition Alliance (MANNA), Health Partners Plans (HPP) is "prescribing" nutrition to its most medically vulnerable members. Early results show it is enhancing their health and improving their quality of life.

MANNA serves more than 700 clients battling life-threatening illnesses in the Greater Philadelphia area and Southern New Jersey. It prepares and delivers three nutritious meals a day, seven days a week for clients. In a "first of its kind" partnership, HPP now provides MANNA meal service to its members suffering from various illnesses including diabetes, heart disease, malnutrition and kidney failure — all at no cost to them. Additionally, they receive nutrition counseling and comprehensive care management to make them better equipped to manage their illness independently. Members with minors in the home may also receive meals for the children.

Early results indicate MANNA's "food is medicine" model is improving member health. HbA1C diabetic testing obtained before and after members received MANNA meals reveals 85% of individuals show decrease in their HbA1C levels which is indicative of better diabetes control. That decrease is up to 50% for some members.

"The MANNA meals have really impacted my life," says Carol Thomas, HPP member and MANNA meal recipient. "I'm eating the right portion sizes and it helped me lose 45 pounds."

"The program helps me keep my sugar down and helps me control my A1c," says William Freshley, HPP member and MANNA meal recipient. "HPP goes out of its way to take care of people like me and others."

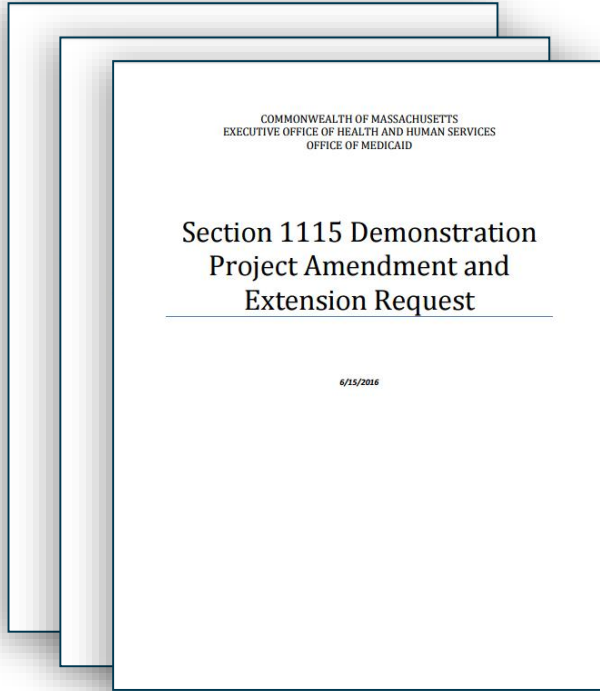
"One of the biggest challenges people face when they find out they have a chronic illness is figuring out how to manage their diet," says president and CEO William S. George. "This partnership alleviates that anxiety and lifts the burden for members and their families."

# CURRENT OPPORTUNITIES

## **Current opportunities to integrate food and nutrition services into new payment and delivery models:**

- Accountable Care Organizations (ACOs)
- Center for Medicare & Medicaid Innovation (CMMI)
- Medicaid Health Homes
- Dual Eligible Programs

# FOOD IS MEDICINE (FUTURE) SUCCESS STORIES



## Massachusetts Medicaid ACOs

- Massachusetts is currently overhauling its state Medicaid program to implement ACOs
- These ACOs will each receive a pot of money for “flexible spending” to address social determinants of health, including nutrition

# AUDIENCE POLL





# WHAT IF MY ORGANIZATION ISN'T READY?

**Consider other opportunities to partner with healthcare providers to promote patient health:**

- Offering targeted nutrition and health education to clients
- Increase provider awareness of link between food and health
- Increase provider awareness of screening tools
- Consider increasing your capacity to provide meals that are tailored to patient health needs
- Develop partnerships with non-profit hospitals to help them conduct their **Community Health Needs Assessment** and meet their **Community Benefit** requirements

# AUDIENCE POLL



# LAYING THE GROUNDWORK FOR THE FUTURE

## Potential Impact of the Presidential Election

- The new administration has expressed interest in making changes to our public and private healthcare systems
- Some of these changes may impact efforts to integrate food and nutrition services

## Potential Changes (Nothing Is Decided Yet!)

- Block grants or per capita caps for Medicaid
- Elimination of innovative programs established under the ACA (e.g., CMMI, etc.)
- Elimination of the current qualified health plan system and related tax credits/subsidies

# LAYING THE GROUNDWORK FOR THE FUTURE

## What can you do to continue/expand support for Food Is Medicine under the new administration?

- Advocate for additional research/demonstration projects to show impact on outcomes and cost
- Highlight the findings of that research to show the benefit of providing medically-tailored meals when financial resources are more scarce
- To the extent that changes may harm your clients, support state and national efforts to highlight the potential impact of those changes

# QUESTIONS?



# THANK YOU!

**Questions?** Don't hesitate to contact us!

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Policy

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LEADERSHIP ACADEMY

**FOOD IS MEDICINE**

November 17, 2016