Food is Medicine

Food for Good Conference
Amherst, Massachusetts
October 30, 2015
Hunger is a health issue

- Poverty
- Poor food access
- Poor nutrition
- Chronic disease/Disease complications
Food insecurity is linked to diet-related chronic disease and poor health outcomes

+25% admissions for hypoglycemia at the end of the month – correlating with exhaustion of SNAP benefits†

2x worse diabetes control for food insecure diabetics, increased admissions to emergency rooms and hospitals‡

~50% increase in kidney disease, especially in patients with diabetes or high blood pressureδ
Chronic disease and malnutrition are costly, prevalent problems for the healthcare system

Chronic diseases and conditions – including heart disease, stroke, cancer, diabetes, and obesity are among the most common, costly, and preventable of all health problems in the United States.ψ

At least 1 in 3 patients enters the hospital malnourished

Hospital stays for malnourished patients are up to 3x longer than for properly nourished patients.~

Healthcare costs for malnourished patients are up to 3x higher than costs for properly nourished patients.~

CMS will penalize ~ 80% of all hospitals in Massachusetts for higher-than-expected Medicare readmission rates in FY 2015. According to the MA Health Policy Commission, collaborations between providers, community-based services and other local partners represent a particularly important strategy for reducing avoidable ED use.∫
Nutritious foods for the chronically and critically ill have high potential for Return on Investment to the healthcare system.

Treatment

Medically-tailored meals for homebound seriously or chronically ill & disabled

Prescribed medically-tailed food for those living with acute or chronic illness

Prevention

Prescribed medically-tailed food for those at risk for acute or chronic illness

Prescribed healthy food for those who are malnourished, hungry or food insecure

Source: Center for Health Law and Policy Innovation
Community Servings is a not-for-profit organization with a 25 year history of providing medically tailored meals and nutrition services to homebound individuals and their families coping with critical and chronic illnesses.
Food is Medicine

Motivating our Sick Clients to Eat

- Appetizing, culturally appropriate foods
- Medically tailored diet plans
- Nutrition counseling and education

17+ medically tailored meal options
Up to 3 combinations per person
Founded in 1990 to provide home-delivered meals to individuals living with HIV/AIDS, we initially served 30 people a day in Roxbury and Dorchester.

We now serve 1000 clients a day in 20 cities and towns in Massachusetts.
Our clients are homebound and critically or chronically ill

35+ Illnesses

- HIV/AIDS: 32%
- Cancer: 18%
- Renal Illness: 12%
- Diabetes: 20%
- Lung Disease: 9%
- Cardio Illnesses: 4%
- Multiple Sclerosis: 3%
- Other: 2%
Funding for our meals

Unmet need

Philanthropy – individuals with 35+ additional critical and chronic illnesses

Ryan White HIV/AIDS Program
“core medical” individuals with HIV/AIDS
MTMs for critically and chronically ill patients serve the Triple Aim of healthcare reform.

- **Patient Satisfaction**
- **Lower Cost of Care**
- **Better Health Outcomes**

**MTM**
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*
I receive a diabetic, low vitamin K diet. I need the low vitamin K meals to help prevent blood clots. I love to cook and used to cook all of the time. But now I have a hard time standing up.

Grady

Sometimes during my treatments, I wouldn’t even be able to get up. I wasn’t sure how my girls were going to eat.

Sherys
Research by our national *Food is Medicine Coalition*

**God’s Love We Deliver – NYC**

- CHAIN longitudinal study on PLWH: high rates of food insecurity (85-89%)
- Food insecure v. food secure PLWH: higher use of ED (34% v. 23%); more missed primary care visits (28% v. 12%); lower CD4 counts; less likely to have undetectable viral loads; higher rates of morbidity and mortality.

**MANNA - Philadelphia**

- Pilot analysis of claims data for 65 critically ill patients receiving 7-days worth of MTMs weekly for 12 months
- MANNA patients had fewer hospital admissions, shorter inpatient stays, and much lower costs of care 12 months after receiving MTMs and vs. comparison group
Pending research by the *Food Is Medicine Coalition*

- **Project Angel Heart (Denver)**
  - Retrospective evaluation of meals impact (through All Payers Claims Database)

- **Project Open Hand (San Francisco)**
  - Examining impact of meals on patients with diabetes and HIV (SF General Hospital)

- **Community Servings (Boston)**
  - Exploring the impact of MTMs on patients with advanced diabetes
  - Evaluating the impact of our meals with Commonwealth Care Alliance
FIMC agencies reimbursed through the healthcare system

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<th>Medicaid</th>
<th>Medicare</th>
<th>PACE/Duals</th>
<th>ACO/FQHC</th>
<th>Private Insurance</th>
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7 agencies

2,415 clients
267,316 meals served
Advocacy priorities

- Fund nutrition through HIV/AIDS programs (MA and federal)
- Allocate resources to fund nutrition through Medicare, Medicaid, and ACA pilot projects (MA and federal)
- Establish a commission on malnutrition prevention (MA)
- Support legislation advanced by the Healthy Food, Health Homes, Healthy Children Coalition (MA)
How anti-hunger advocates can join the *Food is Medicine* Movement

- Understand the evolving role of nutrition in the healthcare landscape (excellent resources by the Center for Health Law and Policy Innovation at Harvard Law School).
- Advocate for more robust screening for food insecurity and malnutrition in hospitals, doctors’ offices, and community health centers.
- Advocate to integrate nutrition interventions into healthcare payment models.
- Evaluate the impact of nutrition programs on the health of your clients.
- Sign on to the FIM advocacy priorities, and continue building the advocacy agenda.
REFERENCES

†Seligman HK, Bolger AF, Guzman D, López A, Bibbins-Domingo K, **Exhaustion of Food Budget at the End of the Month**, 33 Health Aff. (Millwood)(1), 116-23 (2014).


∫Health Policy Commission, **Cost Trends Report** (2014).
Thank you!

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