



Health Inequity, Food Insecurity, and the Impact of COVID-19

2020 ADvancing States HCBS Conference
Innovation Track
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Mom's Meals®, A PurFoods® Company
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TODAY'S SPEAKERS



Tim Conroy
VP, Government and Healthcare Partnerships
Mom's Meals

In his role as National Vice President, Government and Healthcare Partnerships for Mom's Meals, Tim Conroy has responsibility for overseeing Long Term Services & Support (LTSS) waiver benefit programs, helping customers and clients access state benefit programs for home-delivered meals. He partners with executive management teams at the state government, managed care and local Area Agencies on Aging (AAAs) and Community Based Organizations (CBO) organizations to ensure continuation of partnerships to support member services.



Ann Marie Winter
Executive Director
Area Agency on Aging of Pasco-Pinellas, Inc.

Ann Marie Winter is responsible for leading the Area Agency on Aging of Pasco-Pinellas Florida (AAAPP) and providing for its strategic vision and direction. She develops and nurtures partnerships to improve the lives of seniors and persons with disabilities and oversees the \$19,000,000 annual investment that helps 55,000 seniors each year age in place. She serves as the agency's representative to its state and federal partners and has 25 years of experience working with complex domestic and multi-national social service and humanitarian organizations.



Shauna Kargan, MPH, RD, CDN, CCM
Senior Manager, Care Management Operations
Healthfirst

Shauna Kargan has been working for SHP and Healthfirst for 13 years, directly providing nutrition consult to members. In her current role as Senior Manager at Healthfirst, Shauna directly supervises and manages Registered Dietitians for Healthfirst's Nutrition Team, working primarily with managed LTC members in Senior Health Partners and CompleteCare, as well as episodic case management for Medicaid and Medicare plans. Her Nutrition Team works collaboratively with case management to address the nutritional concerns of Healthfirst members.



Agenda

1 Health Equity and SDOH

2 Collaborations Promoting Food Security

3 AAA Innovation and Community Level Advocacy

4 Managed Medicare and Medicaid Care Continuity

About Mom's Meals

- Over 20 years in healthcare serving:
 - Medicaid LTSS/HCBS Waivers
 - Managed Medicaid
 - Medicare Advantage
 - Dual Eligibles/DSNPs
 - Hospitals & Health Systems
 - Government programs
 - AAAs
 - Private Pay
- 2,000+ employees; leaders with deep food and healthcare industry experience
- 40M+ meals delivered annually to **any address in 50 states** and Puerto Rico
- Only national provider of **refrigerated, medically tailored home-delivered meals**
- **Programs:**
 - Long Term Services and Support
 - Post-Discharge Care
 - Chronic Care Management



SDOH and COVID-19

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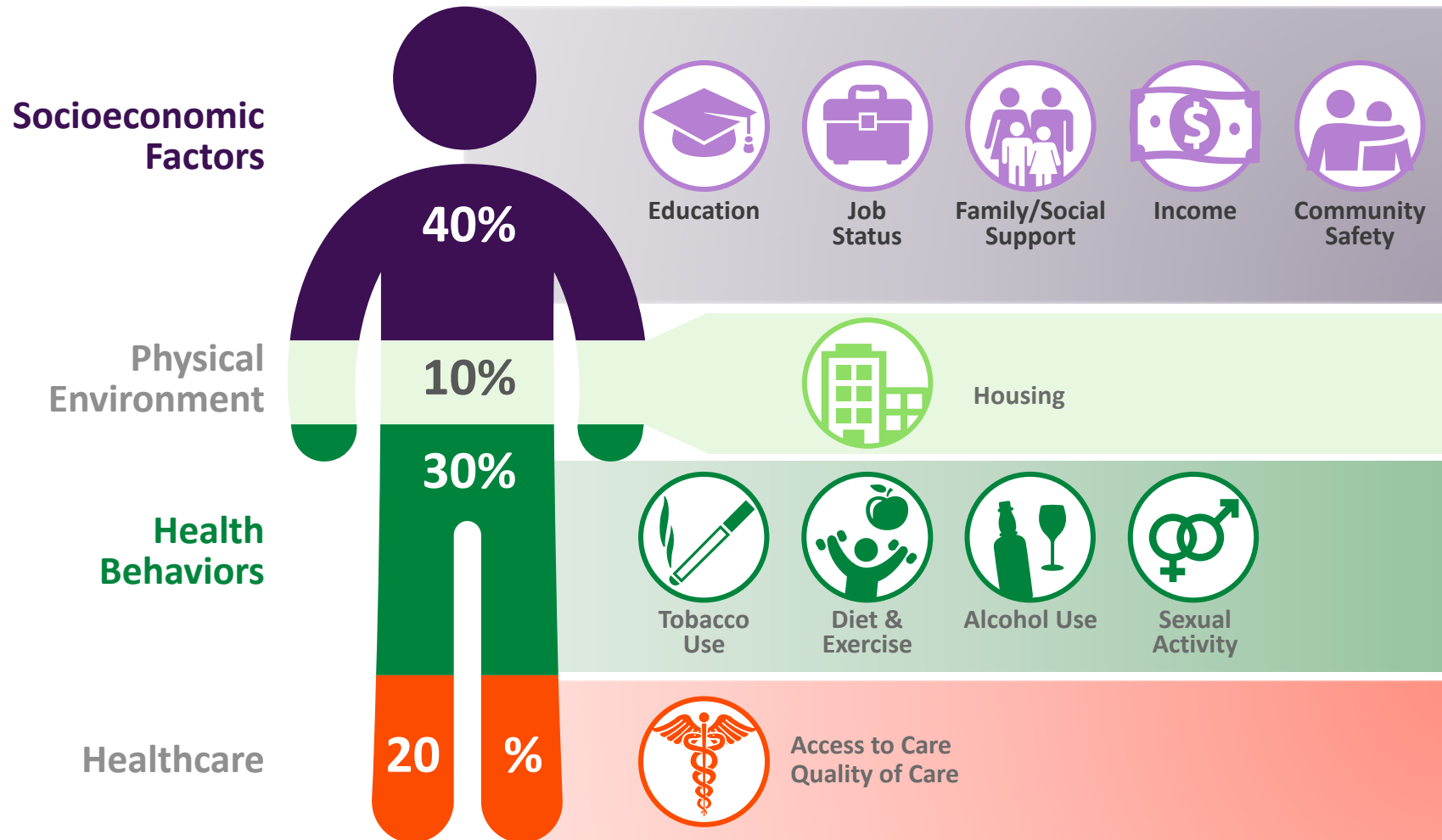




“Your Zip Code has more effect upon your health than your genetic code.”

– David A. Ansell, MD, MPH
Senior VP for Community Health Equity
Rush University Medical Center

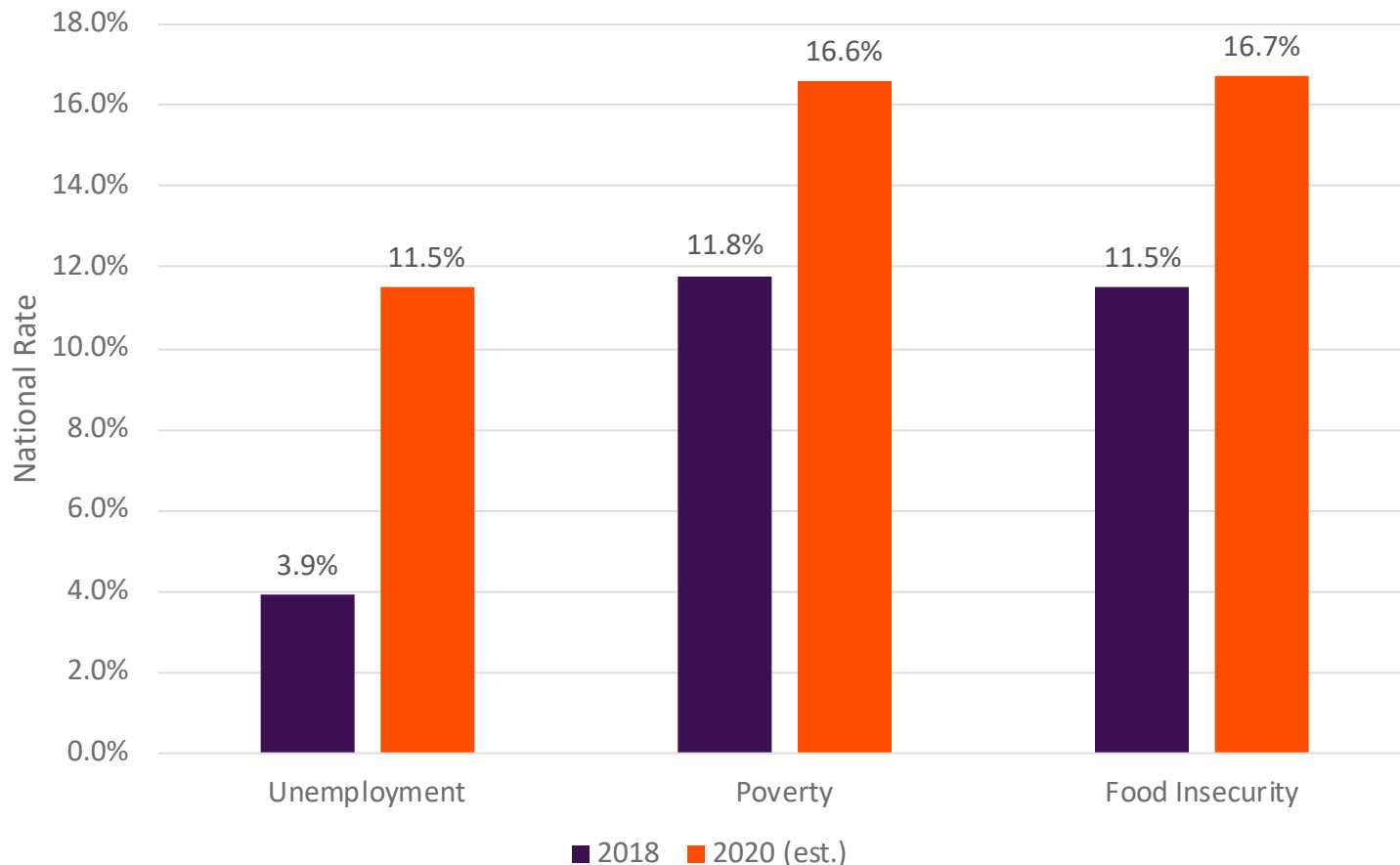
The Impact of Social Determinants of Health (SDOH)



- The **physical environment, socioeconomics, and health behaviors** drive **80 percent** of health outcomes
- **Only 20 percent** is related to **access to care and quality of services**
- However, public health crises like COVID-19 can **disrupt a person's access to care and other SDOH**

How COVID-19 Impacts Social Determinants of Health (SDOH)

Projections of Food Insecurity and Underlying Factors



SDOH Challenges During COVID-19



Reduced access to food



Social isolation or compression



Employment changes and economic hardships



Changes in housing



Changes in access to care



HEALTH DISPARITIES AND HEALTH EQUITY

Health Disparity

A particular type of health difference that is closely linked with social or economic disadvantage



Health disparities are often measured by, and discussed in the context of, characteristics such as:

- Race
- Ethnicity
- Immigrant status

- Disability
- Sex/gender
- Sexual orientation

Health Equity

The attainment of the highest level of health for all people



Achieving **health equity** means developing programs and approaches to care that take into account factors such as:

- Geography
- Income
- Education Level

Source: https://www.healthypeople.gov/sites/default/files/PhaseI_0.pdf

Food Insecurity “Landscapes”



Food Deserts

Areas where the nearest supermarket is more than 1 mile away (urban) or 10 miles away (rural) for at least 1/3 of the residents.

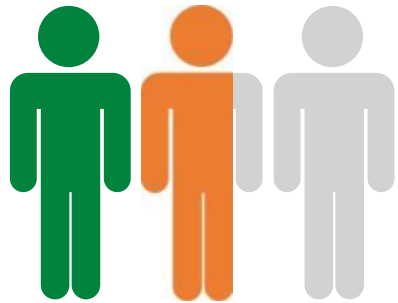


Food Swamps

Areas where healthy food sources are readily available, but are vastly outnumbered by low-cost, low-quality alternatives.

Food Insecurity and Health Outcomes

Decades of research have established a connection between food insecurity and poor health outcomes.



Nearly **60%** people in the U.S. enter a hospital malnourished or at-risk of malnourishment

Food-insecure mothers had **2.2 times higher rates of mental health issues** than fully food-secure mothers.

Odds of oral health problems among the working poor with food insecurity were **3.31 times higher** than among food-secure households.

Odds of iron deficiency among pregnant women ages 13–54 with food insecurity were **2.90 times higher** than among pregnant women who were food secure.

Food-insecure individuals have approximately **twice the odds of experiencing diabetes** compared to food-secure individuals.

Food insecurity is associated with a **20% increase** in the risk of self-reported hypertension and a **30% increase** in risk of self-reported high cholesterol.

Seniors experiencing food insecurity are more likely to have limitations in activities of daily living similar to a food-secure senior **14 years older**.

Food-insecure elderly individuals were **2.33 times more likely** than their food-secure peers to report fair or poor health status.

Food Insecurity and Social Isolation



As of 2018, roughly 28% of older adults (14.3 million people) live alone. However, as many as 43% of older adults reported feelings of loneliness.

Individuals who experience social isolation, both perceived and actual, have much higher odds of struggling with food insecurity.

Studies show food insecurity and social isolation increase a person's risk of developing:

- Depression
- Poor sleep quality
- Impaired executive function
- Accelerated cognitive decline
- Cardiovascular problems
- Weakened immune response
- Irregular metabolic regulation
- Chronic pain and inflammation
- Early mortality

Source: <https://royalsocietypublishing.org/doi/10.1098/rstb.2014.0114>; <https://www.wsj.com/articles/loneliness-is-a-health-hazard-too-11584906625>;
<https://acl.gov/sites/default/files/Aging%20and%20Disability%20in%20America/2017OlderAmericansProfile.pdf>; <https://www.tandfonline.com/doi/abs/10.1080/19320248.2019.1595253>
<https://stonegatesl.com/one-is-the-loneliest-number-combating-senior-isolation/>

Food Insecurity's Impact on the Healthcare System

Compromised nutrition impacts patients and the healthcare system through poor outcomes and increased costs:

- Slower healing and recovery
- More medical, surgical complications
- Longer hospital stay
- Increased readmission rates
- Higher use of long-term care and rehab
- Increased mortality

Exhibit 2 Estimated Costs Attributable to Food Insecurity and Hunger in the US, 2014

Source of Cost	Costs (\$Billion 2014 Dollars)
Direct health-related costs in 2014 based on new research evidence	\$29.68
Non-overlapping direct health-related costs reported by Brandeis researchers in 2011, continued in 2014 and expressed in 2014 dollars	\$124.92
Indirect costs of lost work time due to workers' illnesses or workers providing care for sick family members based on new research evidence	\$5.48
Total direct and indirect 2014 health-related costs	\$160.07
Indirect costs of special education in public primary and secondary schools, based on new research evidence	\$5.91
Total costs of dropouts reported by Brandeis researchers in 2011, continued in 2014 and expressed in 2014 dollars	\$12.94
TOTAL ESTIMATED COSTS	\$178.93

Source: Chen, et al., (2001). Journal of Advanced Nursing 36 (1), 131-142; http://www.bread.org/sites/default/files/downloads/cost_of_hunger_study.pdf



MCOs and AAAs In Action



- 91% of Managed Care Organizations (MCOs) reported working with CBOs to link members to needed social services
 - Some states have waivers that allow direct meal assistance to target populations and/or support for enrollees’ non-medical health needs.
- Introduced by the Older Americans Act in 1965, Area Agencies on Aging (AAAs) are the first stop for all home and community based services for seniors, and have expanded their partnerships with CBOs to provide even more meals and other essential supplies

2020's Silver Lining: Funding and Flexibility



- As of June 2020, Congress passed several bills designed to mitigate the social, health and economic effects of COVID-19. Altogether, these comprise more than \$6 trillion in appropriations—with nearly \$1 trillion directly related to nutrition programs, such as WIC, TEFAP and SNAP.
- The Nutrition Services Program, authorized under Title III of the Older Americans Act (OAA), received a total of \$720 million in FY2020 supplemental funding for nutrition programs to respond to the COVID-19 pandemic.
- Medicaid Health Plans have also achieved greater flexibility to respond to food insecurity and other SDOH challenges through the use of Section 1135(b), 1115, and 1915(c) waivers.
- New funding and waivers give both AAAs and Medicaid Plans the ability to be nimble and flexible when it comes to meeting the unique needs of their local communities

AAAPP Food and Nutrition Programs

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About AAAPP



ABOUT US

The **Area Agency on Aging of Pasco-Pinellas** is a non-profit organization that has been serving seniors and individuals with disabilities in our community since 1974. We serve as the **Aging and Disability Resource Center** for the entire two county area, providing an initial entry point for all aging and disability social services and coordinating a network of partners and providers to better meet the needs of our aging population.

AAAPP At a Glance

53,000 – seniors served in 2019

24,000 – calls to our HelpLine

38,939 – life-sustaining trips provided

1,029 – seniors who received utility assistance

1,225 – seniors received case management



Food Insecurity in Pasco and Pinellas Counties



Pasco County (Pop. 553,947)

Overall food insecurity rate
12.9%

Senior population (60+)
153,373

Total food-insecure individuals
65,670

Est. food-insecure seniors
19,785

Pinellas County (Pop. 974,996)

Overall food insecurity rate
12.9%

Senior population
317,594

Total food-insecure individuals
123,860

Est. food-insecure seniors
40,970

Source: <http://map.feedingamerica.org/county/2018/overall/florida/county/>
<https://www.census.gov/quickfacts/fact/table/pinellascountyflorida,pascocountyflorida/PST045219>
http://elderaffairs.state.fl.us/does/pubs/stats/County_2018_projections/Counties/Pasco.pdf
http://elderaffairs.state.fl.us/does/pubs/stats/County_2018/Counties/Pinellas.pdf

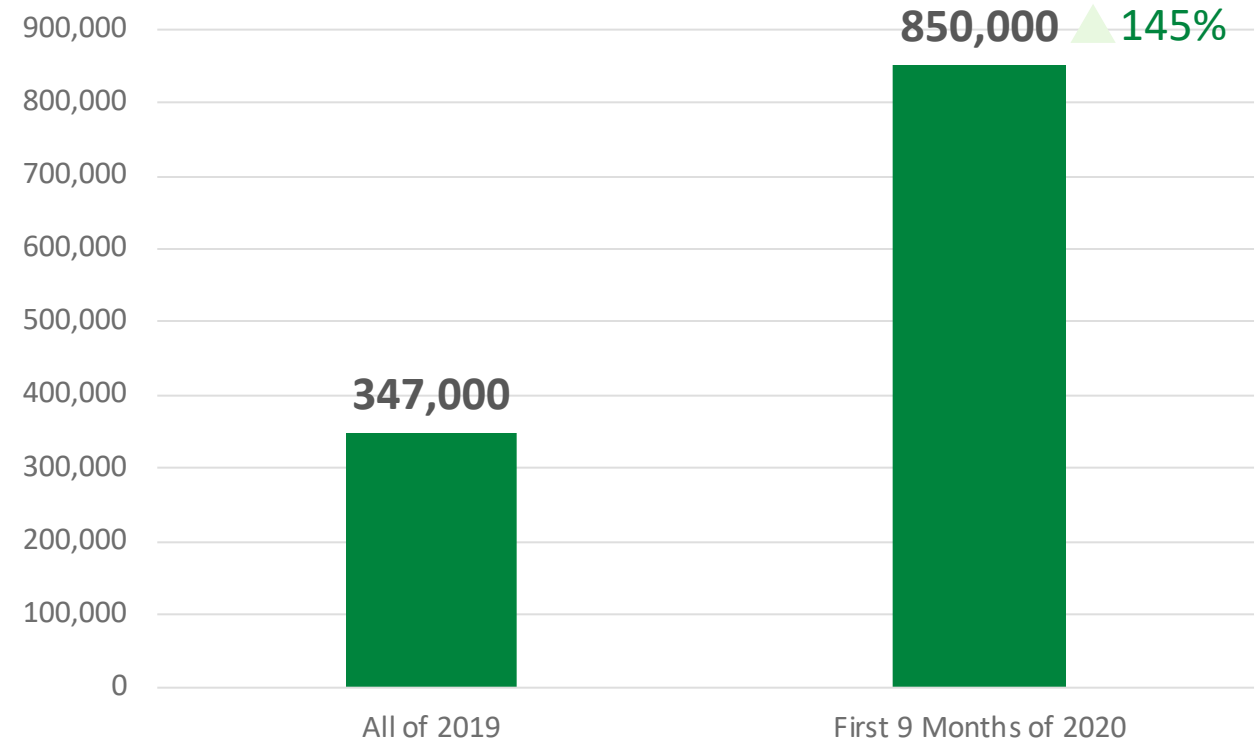
AAAPP's work

Funds provided by the Coronavirus Aid, Relief, and Economic Stability (CARES) Act enabled AAAPP to more than double its annual meal delivery efforts in 2020.

AAAPP Programs

- Dining Out at Home
- OAA Nutrition Program
- County Nutrition Program

Meals Served by AAAPP



Between January 1 and September 30, 2020, Florida AAAs have served a total of **10,597,471** meals.

AAAPP Community Partnership

Dining Out at Home

- AAAPP contracted with 15 local restaurants to prepare fresh restaurant quality meals and have them delivered to seniors in our 2 county area.
- By collaborating with a number of different partners, AAAPP is helping the local economy and ensuring seniors are not food insecure during this pandemic.
- Statewide effort championed by:
 - the Department of Elder Affairs
 - the Department of Business and Professional Regulation, and
 - the Florida Restaurant and Lodging Association



“Financially this is having a huge impact. I am saving \$80 per month on food. I was going to chemotherapy and not able to cook so would grab a snack and started losing a lot of weight. These restaurant meals are delicious.”

- Pinellas County Client, Female, 84

AAAPP Partnership with Mom's Meals

"Rose" Profile



- Female
- Age: 79
- Pinellas County, Florida
- Recovering from recent heart attack
- Severe mobility limitations
- Fixed Income

Challenges

- Remains at home due to limitations caused by her heart attack
- COVID-19 prevents Rose from participating in community events
- Difficult for Rose to walk or stand for long periods of time
- Waitlisted for home-delivered meals through Older Americans Act

Intervention

- Living on a fixed income, Rose was enrolled in partnership program with Mom's Meals that provided home-delivered meals
- Mom's Meals provides heart-friendly meal options to support Rose's recovery

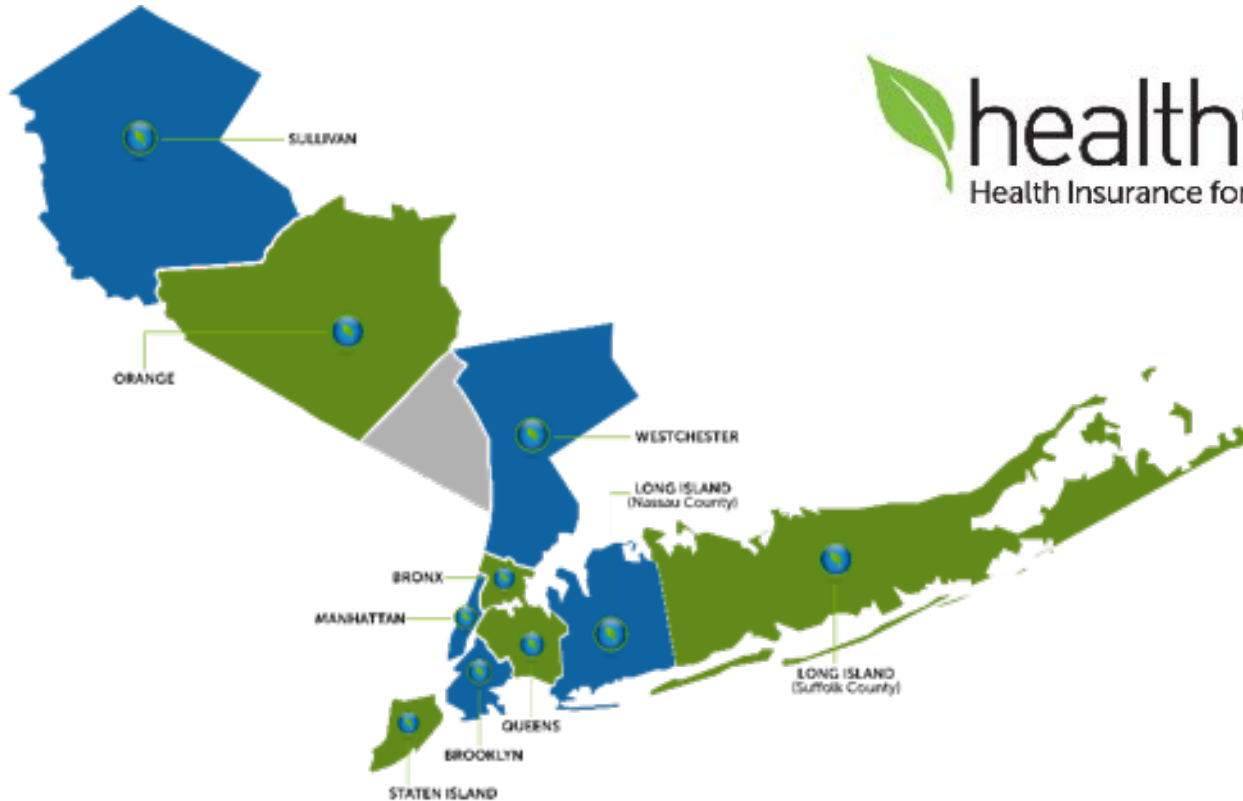
In her words

- "I love these meals and look forward to eating them." Rose said. "I don't know what I would do without them."
- Rose is now "thrilled to enjoy the good life" at a local senior housing complex.



About Healthfirst

Healthfirst is New York's largest not-for-profit health insurer (based on revenue), offering members access to high-quality, affordable care. The company's mission is to put its members first by working closely with care providers and community leaders to address broader issues that can impact health and well-being.



Healthfirst serves **more than 1.4 million members** in New York City, Long Island, Orange, Sullivan, and Westchester Counties
(1 in 8 NYC residents)

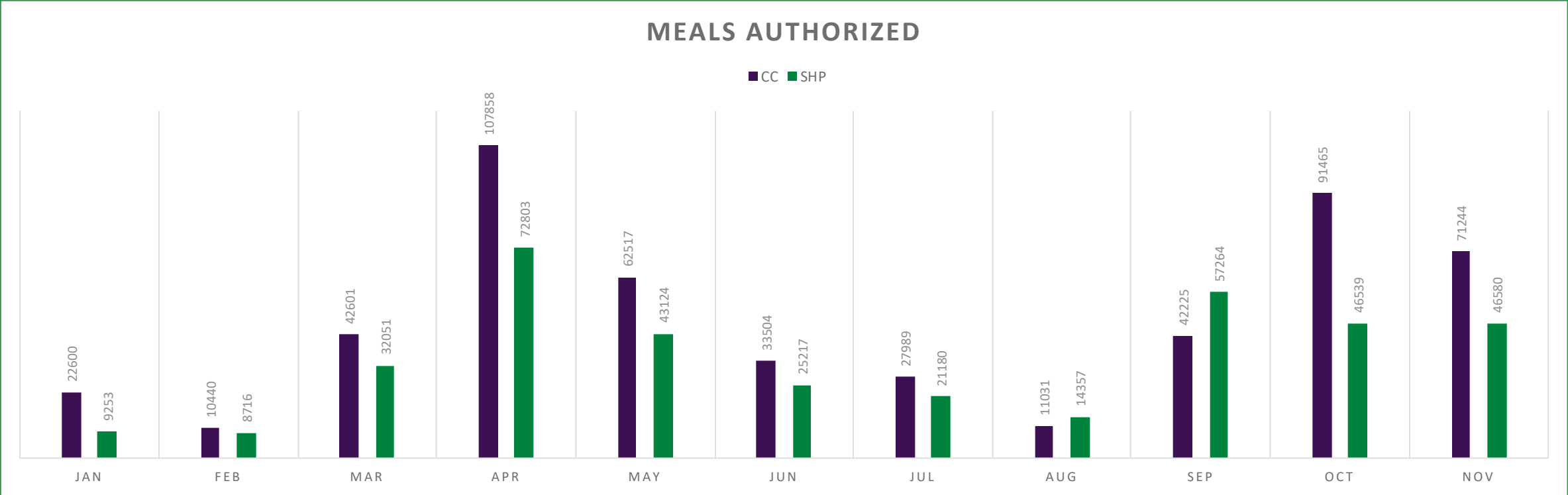
Arranging food delivery for Healthfirst's most at-risk members

- Healthfirst provides case management for about 28,000 low-income members in Long-Term Care Plans:
 - **Senior Health Partners (SHP):** Managed Long-Term Care Medicaid Plan (MLTC)
 - ◆ 13K members
 - **CompleteCare (CC):** Medicare Advantage Dual-Eligible Special Needs Plan (FIDE-SNP)
 - ◆ 15K members
- These LTC members are our most fragile and at-risk, and all receive case management by our caring staff of Registered Nurse's and Social Workers.
- Many Healthfirst members are geographically located in areas known to be food deserts, and the crisis of COVID-19 further exacerbated difficulty in obtaining nutritious food.
- Many of our members rely on meals provided by Day Centers. When that resource close-down due to COVID-19, Healthfirst stepped up to make sure our members have sufficient food.

Arranging food delivery for Healthfirst's most at-risk members

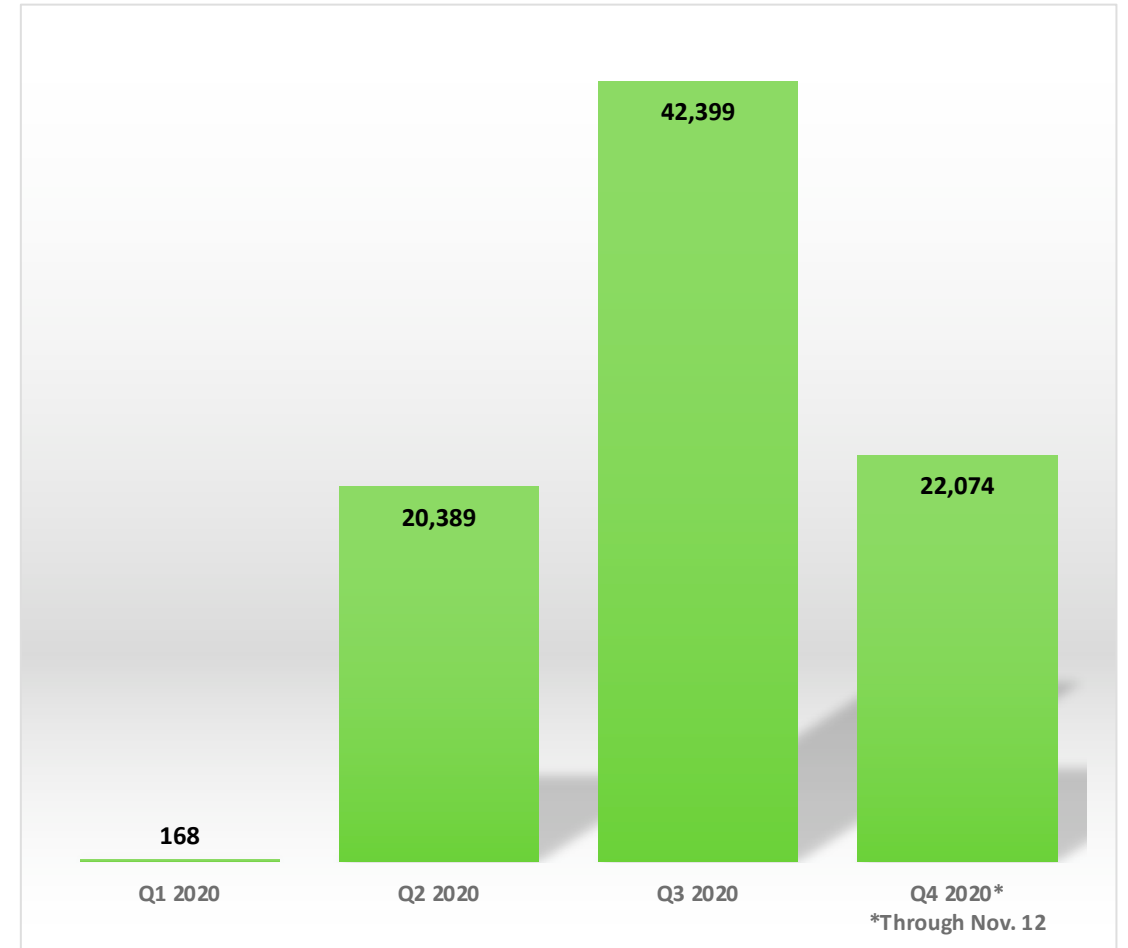
In response to the COVID-19 pandemic, Healthfirst has been approving a significant number of additional SHP & CC members to receive home delivered meals, as well as an increased number of meals.

Utilization shows an initial spike in service in April, with another spike this fall.



Post-Discharge Meals Program (Partnership with Mom's Meals)

- Members enrolled with Healthfirst Medicare plans can access medically tailored home delivered meals provided by Mom's Meals after being discharged from the hospital.
 - This is a different benefit than home delivered meals provided to our SHP MLTC Plan and CC Dual-Eligible Special Needs Plan
- These meals are delivered when our members need them most to recover, heal, and to help avoid re-admissions.
- Since the start of the COVID-19 pandemic, utilization jumped significantly from 168 meals in Q1 2020 to over 20k meals in Q2 2020, and over 40k meals in Q3.



Meet Aida....

- 80-year-old female
- Osteoporosis
- Impaired gait
- Type 2 diabetes
- High cholesterol
- High blood pressure

- Has Medicaid & Medicare, and is enrolled with Healthfirst's CompleteCare program.
- Usually attends a day center Monday through Friday, where she receives breakfast, lunch, and a snack.
- Her day center closed due to COVID-19.



“When they closed down my day center because of the virus, I was scared. I used to eat breakfast and lunch there. I don’t have a lot of money, and the little store near me doesn’t have healthy food.

Healthfirst arranged to have meals delivered to my home. The food tastes good and is made for people like me with diabetes. I’m not scared about having enough food anymore, and my blood sugar even got better since I started eating these meals!”

Lessons Learned From COVID-19



- The pandemic and its changes are lasting longer than expected
- The rise in food insecurity highlighted need and gaps in support
- Food can be a cost-effective intervention with a powerful impact
- Ongoing discussions at all levels – from the community to the State Medicaid level – taking a new scope

**Thank you for
attending
Stick around for
our Q&A!**

Tim Conroy

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