MOM'S MEALS®

A Guide for Advancing Health Equity through Home-delivered Meals

Access to nutritious food is a prime example of a health disparity that ultimately affects health outcomes for individuals

Health disparities and health equity, while documented for decades, have received considerable attention recently, especially as we continue to expand our understanding of how social determinants of health (SDOH) and longstanding health inequities can impact entire populations of people. As value-based care continues to expand, heath disparities and health equity are part of the discussion.

- **A HEALTH DISPARITY** is defined as a "a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage."[1] Health disparities occur across socioeconomic status, age, geography, language, gender, disability status, citizenship status, and sexual identity and orientation.
- **HEALTH EQUITY** is defined as "the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities."[2]

According to Feeding America, Black, Latino and Native American households are disproportionately affected by food insecurity compared to their White peers. It estimates that 1 in 5 Black, 1 in 6 Latino, and 1 in 4 Native American households were food insecure prior to the pandemic.

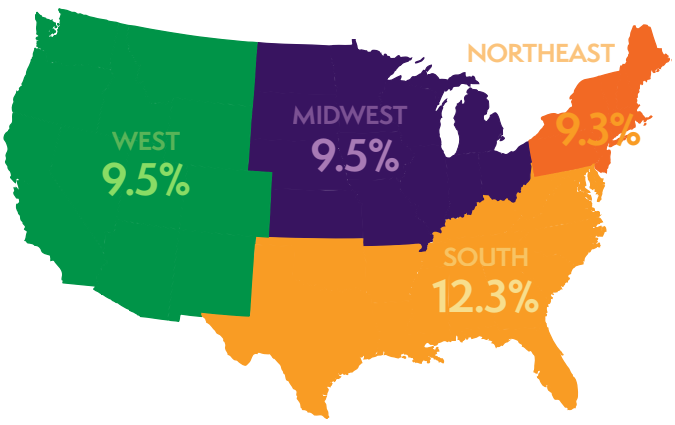
HOUSEHOLDS FACING FOOD INSECURITY[3]

Due to COVID-19, food insecurity is expected to increase locally in every county, congressional district, and state.[3] Feeding America projects that 21% of Black individuals (1 in 5) may experience food insecurity in 2021, compared to 11% of White individuals (1 in 9).[4]

In 2020, rates of food insecurity were prevalent among households with incomes below 185% of the poverty threshold—28.6% of households were food insecure. (The federal poverty line was $26,246 for a family of four in 2020).[5]

Regionally, the food insecurity rate was higher in the South (12.3%) than in the Northeast (9.3%), West and Midwest (both 9.5%) in 2020.[6] Households in rural areas experienced higher rates of food insecurity (11.6%) than those in metro areas (10.4%).[7]

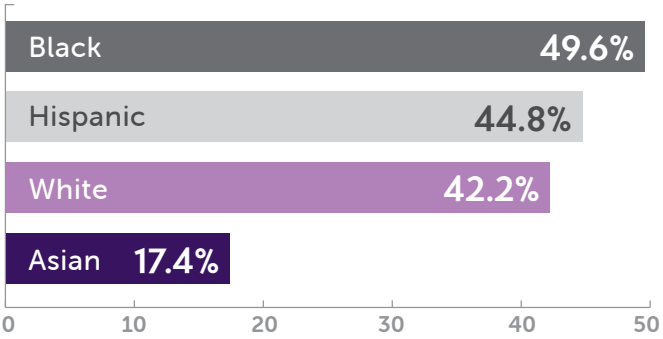
FOOD INSECURITY RATE BY REGION



Inadequate access to consistent, sufficient healthy food leads to increased risk of chronic disease

Chronic diseases like obesity, diabetes, heart disease and kidney disease are major health problems in the U.S., but Americans don't share the burden equally. Consider:

AGE-ADJUSTED PREVALENCE OF OBESITY[8]



Source: The Centers for Disease Control and Prevention (CDC), 2017–2018

The risk of being diagnosed with diabetes is 77 percent higher for Blacks and 66 percent higher among Hispanics than for Whites. Asian Americans, Native Hawaiians and Pacific Islanders are at twice the risk of developing diabetes than the population overall.[9]

According to the American Heart Association, the death rate of heart disease is 33% higher for Black Americans than it is for the overall U.S. population. American Indians and Alaska Natives die from heart disease much earlier than expected—36% are under age 65 compared to only 17% of the overall U.S. population.[10]

Chronic diseases are the leading causes of death and disability and leading drivers of the nation's **$3.8 trillion in annual health care costs.** — *CDC*

INCREASED RISK OF KIDNEY DISEASE

Minority populations have much higher rates of high blood pressure, diabetes, obesity and heart disease, all of which increase the risk for kidney disease.

Blacks

4x

MORE LIKELY to have kidney failure[11]

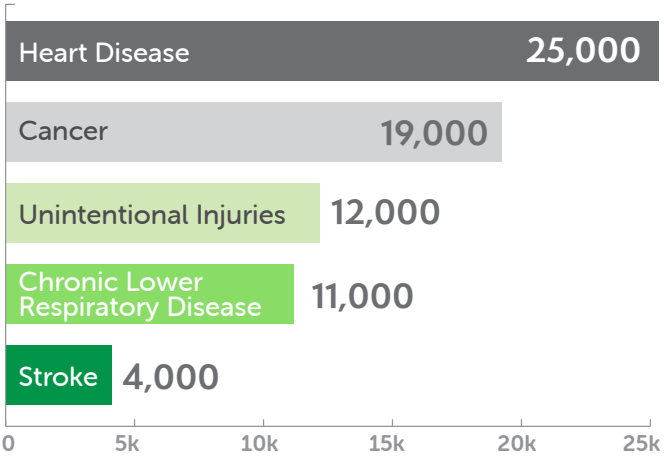
Hispanics

1.3x

MORE LIKELY to have kidney failure[11]

According to the CDC, Americans living in rural areas are more likely to die from five leading causes than their urban counterparts. In 2014, many deaths among rural Americans were potentially preventable. In 2020, there were about 57.23 million people living in rural areas in the U.S., compared to about 272.91 million in urban areas.[12]

PREVENTABLE DEATHS AMONG RURAL AMERICANS[13]



Utilizing home-delivered meals to advance health equity

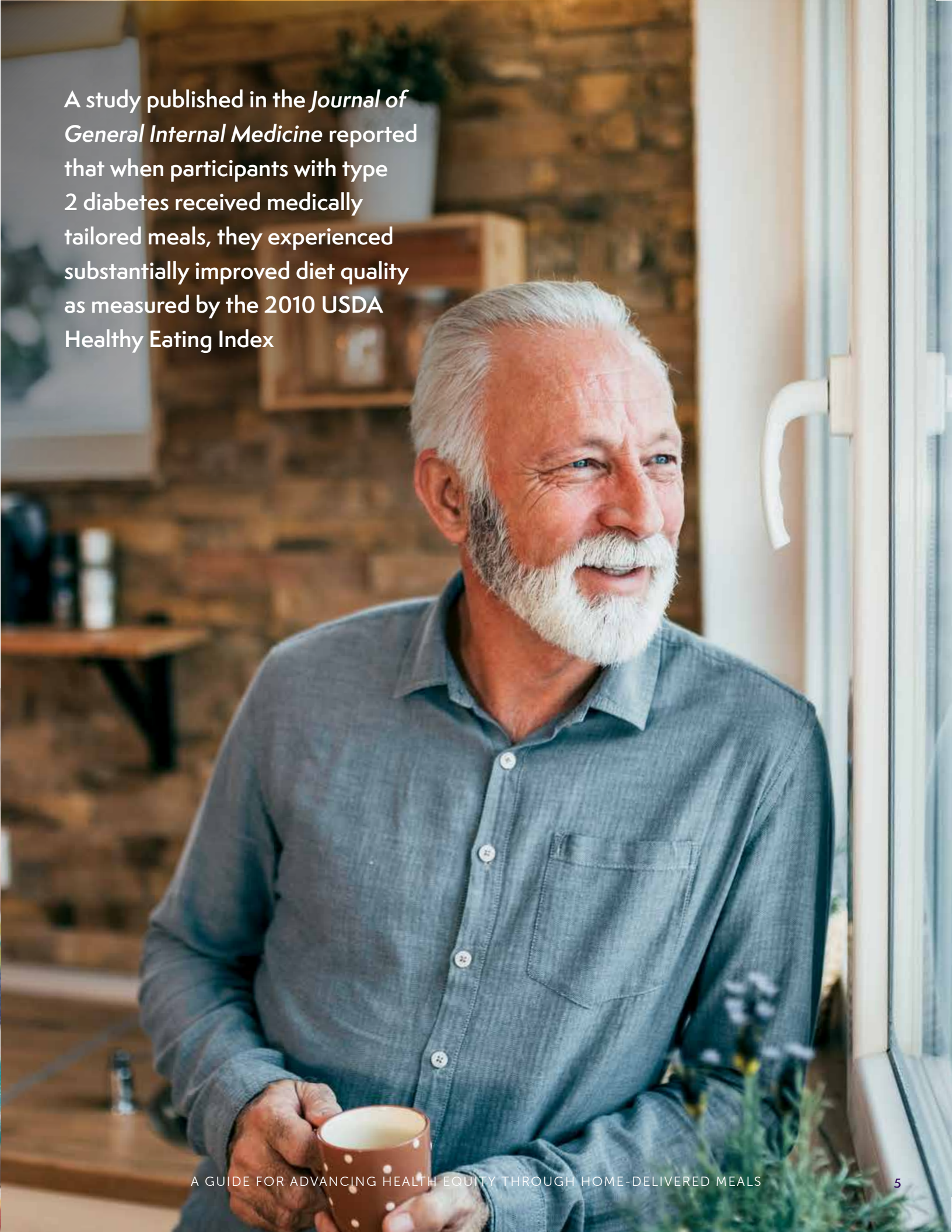
> Many studies show medically tailored meal delivery programs help improve health outcomes for vulnerable patients with complex medical conditions.

A recent study among dually eligible Medicare and Medicaid beneficiaries demonstrated strong positive results. Over an average of 18 months of follow-up, participants showed a 70% decrease in emergency department use, a 50% cut in hospitalization rates, and a $220 reduction in healthcare costs per month.[14]

A study published in the *Journal of General Internal Medicine* reported that when participants with type 2 diabetes received medically tailored meals, they experienced substantially improved diet quality as measured by the 2010 USDA Healthy Eating Index. Participants also reported lower food insecurity, less hypoglycemia and fewer days where mental health interfered with quality of life.[15]

Another study recently published in *JAMA Internal Medicine* found a 16% reduction in health care costs among patients who received medically tailored meals. Savings were attributed to a reduction in admissions to hospitals and nursing homes.[16]

In short, research demonstrates the positive impact of nutrition on health outcomes. Today, many health plans and community organizations are innovating ways to ensure their most vulnerable members have access to the nutrition they need to maintain their highest quality of life.



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Health plans and organizations alike have begun to recognize that SDOH are the foundation of providing whole-person care

Below are examples of how health plans and organizations are promoting nutrition and health equity among diverse communities:

- Pittsburgh-based **Allegheny Health Network (AHN)** created a Healthy Food Center in four locations to ensure patients have access to healthy foods and nutrition counseling to help manage their overall health, no matter their income or budget. AHN partners with the **Greater Pittsburgh Community Food Bank** to provide healthy food choices to those in need. Since April 2020, AHN clinicians and CBOs have made 2,200 referrals to the Healthy Food Centers, which provided meals to more than 6,700 people.[17]
- **Anthem Blue Cross and Blue Shield in Missouri** committed $450,000 support of **Southeast Missouri Food Bank** and **Aging Ahead** that will help acquire more food and organize more distribution events for families in southeast Missouri and the St. Louis area facing hunger.[18]
- **Blue Cross Blue Shield of Massachusetts** is providing an additional $400,000 in grants to nonprofits and regional funds across Massachusetts to support communities of color most impacted by COVID-19, address the ongoing food insecurity crisis, and provide support to teachers and students to aid in the safe reopening of schools. Recent donations bring Blue Cross' total value of community COVID-19 support to $10.6 million.[19]

- **Centene's Social Health Bridge** is bridging the gap between healthcare and community organizations to deliver a better approach in tackling SDOH—resulting in improved health outcomes for the individuals and communities Centene serves. For example, Social Health Bridge links managed care organizations (MCOs), risk-bearing medical groups and health systems with local food pantry and delivery resources.[20]

- **EmblemHealth Neighborhood Care** offers nutrition classes, diabetes education, and more to help with a healthy diet and lifestyle. Classes are free to EmblemHealth members and non-members alike. This program is expanding into areas that are considered food deserts, where access to affordable, healthy food is limited.[21]

- **Humana's Bold Goal initiative** focuses on addressing the needs of the whole person by co-creating solutions to address SDOH for its members and communities—including helping members access healthy food, connect socially and address housing needs. Humana has grown from its original seven Bold Goal communities in 2015 to 16 designated Bold Goal communities.[22]

  In 2020, Humana tapped Mom's Meals to support a diabetes nutrition program pilot for Medicare Advantage (MA) plan members aged 65 and older living with diabetes and food insecurity. Individuals received a series of diabetes-friendly meals delivered to their homes over 12 months. **Click here** to read more about the results of this year-long pilot.

- **Kaiser Permanente** is advancing a "Total Health" framework to address SDOH in neighborhood and school settings that focus on health-promoting policy, system and environmental changes. They are screening patients for unmet social needs like food insecurity to refer them to relevant resources in their communities. Data shows that 78 percent of those screened have one or more unmet social needs.[23]

- **Molina Healthcare** opened a resource center for homeless members to avoid emergency department use for nonmedical needs. They also purchased two behavioral health subsidiaries to focus on SDOH and launched a clinical setting to screen patients for non-medical social needs.[24]

- **United Healthcare** expanded its ICD-10 codes to ultimately improve the lives of its members, including new codes for lack of adequate food, inappropriate diet or eating habits and other SDOH factors.[25]

- **The Veterans of Foreign Wars (VFW)** and **Humana** teamed up with **Feeding America** to kick off the 2021 "Uniting to Combat Hunger" campaign. Established in 2018, the campaign was created to raise awareness of food insecurity. The campaign goal of 2021 is to help provide 1,000,000 meals to communities in need.[26]

- **Virtua's Eat Well Mobile Farmers Market** provides access to produce year-round with the goal of improving health and ensuring good nutrition in underserved areas identified as food deserts. The mobile market (a 23-foot bus) sells fruits and vegetables at significantly reduced prices in communities throughout Burlington and Camden counties in New Jersey.[27]

Key legislative solutions to address SDOH

Health plans and community organizations are not the only ones with food insecurity and health equity in their sights. Below are some current and proposed policies that focus on SDOH and health inequities.

- **Older Americans Act (OAA): Title III Programs**
  First enacted in 1965, the OAA supports a wide range of social services and programs for individuals aged 60 years or older. These include supportive services, congregate nutrition services, home-delivered nutrition services, family caregiver support, community service employment, the long-term care ombudsman program, and services to prevent the abuse, neglect and exploitation of older persons. The OAA statutory language contains seven titles, with Title III authorizing grants to states and local entities for supportive and nutrition services. Title III accounts for 73.2% of the OAA's total FY2021 funding ($1.558 billion out of $2.129 billion). While Title III services are available to all persons aged 60 and older, they are targeted at those with the greatest economic or social need, particularly low-income and minority persons, older individuals with limited English proficiency, and older persons residing in rural areas.[28]

- **Supplemental Nutrition Assistance Program (SNAP): USDA**
  SNAP, formerly known as the Food Stamp Program, provides important nutritional support for low-wage working families, low-income seniors and people with disabilities living on fixed incomes, and other individuals and households with low incomes.

  More than two-thirds of SNAP participants are in families with children; a third are in households with seniors or people with disabilities. After unemployment insurance, SNAP is the most responsive federal program providing additional assistance during economic downturns. The federal government pays the full cost of SNAP benefits and splits the cost of administering the program with the states, which operate the program.[29]

- **Section 1135 of the Social Security Act** allows the Centers for Medicare & Medicaid Services (CMS) to waive certain requirements during national emergencies, such as the COVID-19 pandemic. The section 1135 waivers give Medicaid health plans the flexibility to offer certain benefits, including home-delivered meals, to members even if the plans had not filed for the benefit, or if there were provisions that would have otherwise restricted the plans from offering the benefit.[30]

- **A Medicaid Section 1115 demonstration opportunity** under the authority of section 1115(a) of the Social Security Act was created by CMS to extend home and community-based services (HCBS) flexibilities to beneficiaries receiving long-term services and supports (LTSS). The waivers provide states an avenue to test new approaches in Medicaid that differ from what is allowed by federal statute, such as certain non-clinical services to the Medicaid benefit package that can address food insecurity, among many other SDOH.[31]

- **Section 1915(c) waiver Appendix K** was developed by CMS to streamline state requests for flexibilities in delivering HCBS to Medicaid beneficiaries during the pandemic.[32]

  The Improving Social Determinants of Health Act of 2021 would authorize the Director of the CDC to carry out a Social Determinants of Health Program to improve health outcomes and reduce health inequities by coordinating CDC social determinants of health activities, and would improve capacity of public health agencies and community organizations to address SDOH.[33]

- **The Social Determinants Accelerator Act of 2021** will help states and communities devise strategies to better leverage existing programs and authorities to improve the health and well-being of those participating in Medicaid. It will provide $25 million in planning grants and technical assistance to state, local and Tribal governments to help them devise innovative, evidence-based approaches to coordinate services and improve outcomes and cost-effectiveness.[34]

- **The Healthy Food Access for All Americans (HFAAA) Act** would establish a new tax credit and grant program to stimulate investment and healthy nutrition options in food deserts.[35]

- **The Leveraging Integrated Networks in Communities (LINC) to Address Social Needs Act** would establish statewide or regional partnerships to better coordinate healthcare and social services. States, through public-private partnerships, will leverage local expertise and technology to overcome longstanding challenges in helping to connect people to food, housing, child development, job training, and transportation supports and services.[36]

- **The Medically Tailored Home-Delivered Meals Demonstration Pilot Act of 2020** will establish a Medicare pilot program to address the critical link between diet, chronic illness and senior health. It would help ensure that nutritious meals reach medically vulnerable seniors in their homes, especially during the COVID-19 pandemic, while at the same time providing the data needed to build a more resilient and cost-effective health care system.[37]

- **The COVID HCBS Relief Act of 2021** temporarily increases the applicable Federal Medical Assistance Percentage (the federal matching rate) under Medicaid for certain approved HCBS provided between October 1, 2020, and September 30, 2022.[38]

- **The HCBS Access Act of 2021** seeks to mandate HCBS in Medicaid to provide critical services, creating national, minimum requirements for HBCS, and make it possible to enhance those services and the long-term care workforce.[39]

Conclusion

Inequitable access to healthy food is a major contributor of health disparities. Disparities in diet quality exist by race, ethnicity, geography and socioeconomic status. Decades of research have linked food insecurity with poor health outcomes. Without healthy, nutritious foods, food-insecure individuals are more likely to suffer from chronic diseases like diabetes, high blood pressure, obesity and heart disease. Studies show racial and ethnic minorities have the highest rates of the major chronic diseases. Feeding America projects that 42 million people—one in 8 Americans—may experience food insecurity in 2021.[40]

Health insurance providers, community-based organizations, area agencies on aging (AAA) and similar entities have begun addressing SDOH at deeper levels as health inequity has magnified in recent years—particularly amidst the pandemic. Similarly, legislation related to social determinants, health disparities and health equity has taken center stage.

Many initiatives today are making it easier for vulnerable individuals to access healthy foods. Medically tailored, home-delivered meals programs are one way to ensure that those struggling with food insecurity and/or a chronic health condition get the nutrition they need to manage their health at home.

Whether you're a health plan administrator, case manager or representative of a community organization, Mom's Meals can help. As a leading national provider of condition-appropriate, home-delivered meals, we offer a variety of menus tailored to meet the nutritional needs of individuals with chronic conditions, such as diabetes, heart disease, chronic kidney disease and more. We deliver to any address nationwide, so you can effectively target the communities and individuals who most need help.

> If you'd like to learn more about how Mom's Meals can address the needs of your clients, contact us today.

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