



December 6, 2019

Kim McCoy Wade
Director
California Department of Aging
1300 National Drive, #200
Sacramento, CA 95834

RE: Master Plan on Aging – Nutrition Services

Dear Ms. Wade,

Thank you for participating in the roundtable discussion at AARP regarding the nutrition needs of aging adults, and for your request for input into the Master Plan on Aging.

I'm writing on behalf of the California Food is Medicine Coalition, six agencies that collectively have more than 150 years of experience meeting the nutritional needs of people with serious health challenges including heart disease, diabetes, COPD, chronic kidney disease, cancer and AIDS/HIV. Our service areas cover 48% of the state's population. We are currently implementing the first statewide Medically Tailored Meal pilot for Medicaid/Medicare patients with congestive heart failure under legislation passed in 2017 (Senate Bill 97).

As you know, food and nutrition insecurity – the inability to access enough high quality, nutritious foods – is a root cause of poor health outcomes, and results in an estimated \$77 billion in annual health care costs nationally. In California, more than 30% of older adults (60+) aren't able to consistently access enough high-quality nutritious food, and this percentage has been increasing over the past 15 years despite improvements among other populations.

In addition, 92% of older adults in California have at least one chronic illness, and 77% have at least two. The nutritional needs of older adults with chronic illness are both more critical and more complex. Eating the wrong foods can exacerbate chronic conditions and lead to emergency department visits and hospitalizations, while ensuring medically appropriate food can improve outcomes and quality of life while reducing health care costs.

Food is Medicine Coalition agencies nationally have led the way on research studies to better understand the value and return on investment of medically tailored meals. There are multiple, published studies conducted in partnerships between FIMC agencies and researchers, with another dozen studies currently underway. This Research is consistently showing that the provision of medically tailored meals to older adults results in:

- Increased adherence to medication
- Lower hospital readmission rates

- Shorter hospital stays and a higher likelihood of patients being discharged to home rather than skilled nursing facilities
- Net healthcare cost savings of anywhere from 16% to 24%

Regarding the Master Plan on Aging, we want to first add our support to all of the recommendations submitted by California Food Policy Advocates addressing rising economic insecurity among older adults in California. We also endorse the development of actionable strategies to maximize the impact and increase the reach of existing nutrition programs including CalFresh, Commodity Supplemental Food Program, congregate and home-delivered meal programs, Senior Farmers Market Nutrition Program, and Child and Adult Care Food Programs. Data consistently shows that increasing access to healthy, nutritious foods improves the health and quality of life of older adults while resulting in net savings to California through reduced health care costs.

In addition, we have the following specific recommendations related to the medical nutrition needs of older adults with chronic illness:

1. Allow Cal-Fresh to be used to pay for medically tailored home-delivered meals.

The Restaurant Meal Program is used in some counties to meet the needs of CalFresh recipients who are not stably housed. The majority of approved vendors are fast-food restaurants whose food will exacerbate poor health. We recommend that the Restaurant Meal Program be revised as a CalFresh-supported “Healthy Prepared Meal Program” and include medically tailored meals for home-bound seniors with specific chronic health conditions. We encourage the program to establish food quality guidelines that support improved health, and to approve vendors based on meeting healthy food standards, established by registered dietitians and/or other health professionals.

2. Supplement federal nutrition dollars in order to improve the quality and nutrition of home-delivered and congregate meal programs.

Federal funding for home-delivered and congregate meal programs is inadequate for providing high quality nutritious meals made with whole, fresh foods. We encourage California to both supplement federal funding and to set food standards for these meals to improve the quality of nutrition being provided to older adults. Additional funding could be used to purchase California grown produce, California grown organic produce, whole grains, and animal products raised without antibiotics.

3. Invest in medically tailored groceries and meals for older adults with chronic health conditions.

Older adults with chronic health conditions, including heart disease, diabetes, COPD, cancer, AIDS/HIV and chronic kidney disease, will not have their food and nutrition needs met by standard food insecurity interventions. In addition to the specific nutritional needs of their conditions, many of these older adults have mobility issues that prevent them from being able to shop and cook.

We encourage the Master Plan on Aging to identify this growing segment of the older adult population, and to include specific recommendations and investments to meet their needs. This could include endorsement of the CalAIM 2020 proposal to include Meals/Medically Tailored Meals as an In Lieu of Service benefit and a recommendation that all Medicaid managed care plans offer this benefit. It could also include specific additional funding (beyond that provided by The Home-

Delivered Nutrition Program Title IIIC-2) to enable medically tailored meal providers to apply for and service contracts to meet the medical nutrition needs of older adults with chronic illness who are at risk of hospitalization or a move to assisted living/skilled nursing.

4. Incentivize food quality standards for all Senior Nutrition Programs.

The way food is grown and produced impacts environmental health, climate mitigation and health equity. As the Master Plan prioritizes investments in healthy food for older adults, there is an opportunity to define and support the implementation of food quality guidelines that uphold California's broader goals around health equity and sustainability, as well as nutrition. We recommend that the Master Plan establish incentives/funding for senior nutrition providers to source and deliver higher quality food that meets specific guidelines, such as that outlined by the Good Food Purchasing or other national standards.

Ms. Wade, we appreciate your leadership in developing a Master Plan on Aging that will support the health and quality of life of older adults while strengthening health equity for all Californians. Recognizing the vital role of adequate nutrition in achieving that goal will enable increased investments in critical programs for older adults in California.

Please let me know if you have any questions about our recommendations. I can be reached by email at annthrupp@gmail.com, and phone: 707-272-1152.

Sincerely,

Ann Thrupp

Ann Thrupp, PhD., Director, California Food is Medicine Coalition (CalFIMC)

Richard Ayoub, Chair, California Food is Medicine Coalition, Executive Director, Project Angel Food

Cathryn Couch, Vice Chair, California Food is Medicine Coalition, CEO, Ceres Community Project

CalFIMC Agencies:

Ceres Community Project, Marin and Sonoma Counties

Food For Thought, Sonoma County

Health Trust, Santa Clara County

Mama's Kitchen, San Diego County

Project Angel Food, Los Angeles County

Project Open Hand, San Francisco and Alameda Counties

Website: <https://calfimc.org>

Twitter: @calfimc