



San Francisco
Board of Supervisors
**Food Security
Task Force**

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May 21, 2015

Jennifer Kent, Director
California Department of Health Care Services
1501 Capitol Avenue
P.O. Box 997413
Sacramento, CA 95899-7413

Via email

RE: Renewal of California's Medi-Cal 1115 Waiver

Dear Director Kent:

On behalf of the San Francisco Food Security Task Force, we urge you to include these critical services in California's final 1115 waiver submittal. The Department of Health Care Services (DHCS) has stated that the goal of the waiver is to improve health care outcomes and reduce preventable emergency room care. Food and nutrition services are essential tools in meeting these goals.

Our organizations have learned from decades of experience that early and reliable access to medically appropriate food and nutrition services (FNS) help people with chronic diseases live healthier lives and produces better overall health outcomes. When people are chronically ill, good nutrition is one of the first things to deteriorate, making recovery and stabilization difficult if not impossible. Food and nutrition support is a cost-effective measure that increases the ability of people to recover from illnesses in their home instead of requiring hospital or nursing home care. As you may know, malnutrition is one of the greatest contributors to hospitalization, re-admission and nursing home care nationally. Providing food and nutrition services to at-risk populations is an effective, common sense strategy for reducing the need for expensive health care resources.

The federal Ryan White program is an example of the cost benefits and positive health outcomes produced by FNS. These services have been provided to high-cost, high-risk people living with HIV/AIDS in the program with great success. Studies of people living with HIV/AIDS (PLWHA) have shown that those who are food insecure report more missed primary care visits and more emergency room visits compared to those who do not report difficulties obtaining enough and appropriate food.ⁱ PLWHA who are food insecure also have lower CD4 counts and are less likely to have undetectable viral loads than the food secure.ⁱⁱ

Millions of dollars in healthcare expenditures are saved through the provision of FNS to PLWHA. A recent study comparing participants in a medically-tailored FNS



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program vs. a control group within a local managed care organization found that average monthly healthcare costs for PLWHA fell 80% (more than \$30,000) for first three months after receiving FNS.ⁱⁱⁱ If hospitalized, FNS clients' costs were 30% lower, their hospital length of stay was cut by 37% and they were 20% more likely to be able to be discharged to their homes rather than a more expensive institution. Furthermore, FNS are a very inexpensive intervention. For each day in a hospital saved, you can feed a person a medically-tailored diet for half a year. The benefits of FNS for people with HIV/AIDS applies equally to individuals with other chronic health conditions such as cancer, Alzheimer's, Parkinson's, renal failure, severe diabetes and heart disease.

For these reasons, we urge the department to include food and nutrition services in California's final Medi-Cal1115 waiver submittal. FNS would strengthen DHCS's initial proposal to the Center for Medicare and Medicaid Services (CMS) and its key objective of creating a Medi-Cal system in 2020 that is built around specific, interconnected strategies that will improve health of members by strengthening the health care system as a whole, while also assisting in targeting populations in need of specific focus or services to improve coordination, utilization, equity, and at the same time control health care costs. FNS services fit into this construct generally and more specifically food and nutrition services are consistent with the departments vision and goals, and would reflect the departments commitment to delivery system transformation through strategies like managed care payment incentives, public safety net system utilization, increased access to housing and supportive services and the "whole person care" pilots. We strongly encourage the department to include FNS in all of these important system changes.

Thank you for your consideration of this important issue. We look forward to working with your department to incorporate food and nutrition services into the final waiver submittal. If you have any questions or would like to discuss this issue further, please do not hesitate to contact us.

Sincerely,

A handwritten signature in blue ink that reads "Teri Olle". The signature is fluid and cursive.

Teri Olle
Chair, Food Security Task Force

ⁱ Aidala A, Yomogida M, and the HIV Food and Nutrition Study Team (2013). Fact shee #2: Who needs Food and Nutrition Services and Where Do They Go For Help? Community Health Advisory Brief Report. Available at: New York Health and Human Services Planning Council,. http://www.nyhiv.com/pdfs/chain/Food%20Need%20Medical%20Care_factsheet%20v8.pdf

ⁱⁱ Aidala A, Yomogida M, Vardy Y & the Food & Nutrition Study Team. Food and Nutrition Services, HIV Medical Care, and Health Outcomes. New York State Department of Health: Resources for Ending the Epidemic, 2014. Available at: https://www.health.ny.gov/diseases/aids/ending_the_epidemic/docs/key_resources/housing_and_supportive_services/chain_factsheet3.pdf

ⁱⁱⁱ Gurvey J, Rand K, Daugherty S, Dinger C, Schmeling J, Laverty N. Examining Health Care Costs Among MANNA Clients and a Comparison Group. OMG Center for Collaborative Learning, Philadelphia, PA, USA. J Prim Care Community Health. 2013 Jun 3. [Epub ahead of print].