

USAging

Answers
on Aging

2026 San
Diego

July 18—21



51st Annual Conference and Tradeshow

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SPEAKER



Duana Patton

President, USAging

**Chief Executive Officer
Ohio District 5 Area Agency on Aging**



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SPEAKER



Cathryn Couch

**Founder and CEO
Ceres Community Project**



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Why Food is Medicine?

Cathryn Couch, CEO
ccouch@ceresproject.org





Vision: A healthy, caring, just, and sustainable future.

Mission: We foster health for people, communities, and the planet through love, healing food, and empowering the next generation.

CERES COMMUNITY PROJECT

The Ceres Recipe for a Healthy, Caring, Just and Sustainable World



A BROKEN FOOD & HEALTHCARE SYSTEM



Food insecurity leads to \$160B in added health care costs annually.



US diet is 55% processed food. Just 7.4% of adults eat 5 servings of fruits & veggies a day.

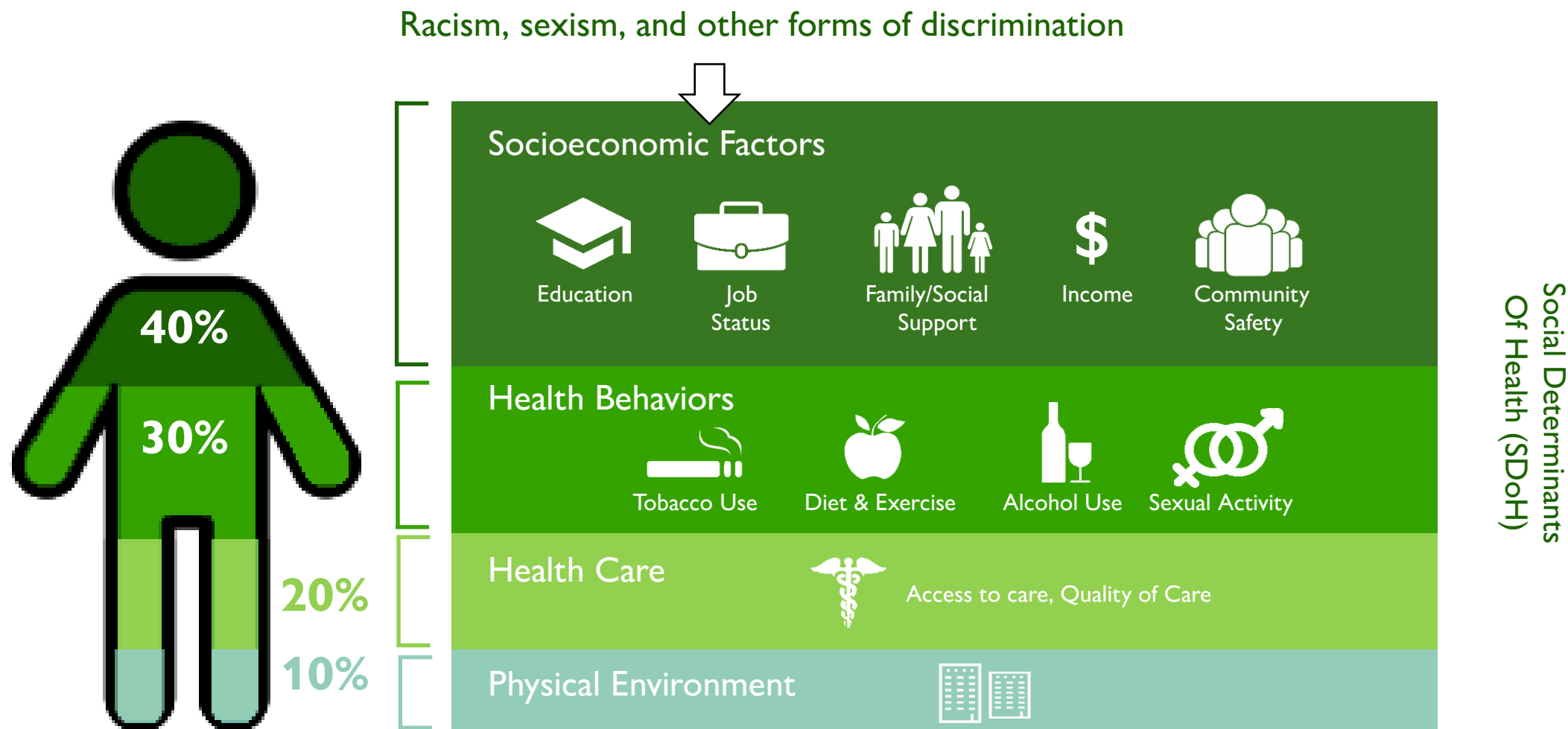


90% of health care spending goes to chronic disease.



Three out of four youth don't qualify for military service.

What Influences Our Health?



Source: Institute for Clinical Systems Improvement. Going Beyond Clinical Walls: Solving Complex Problems (October 2014).

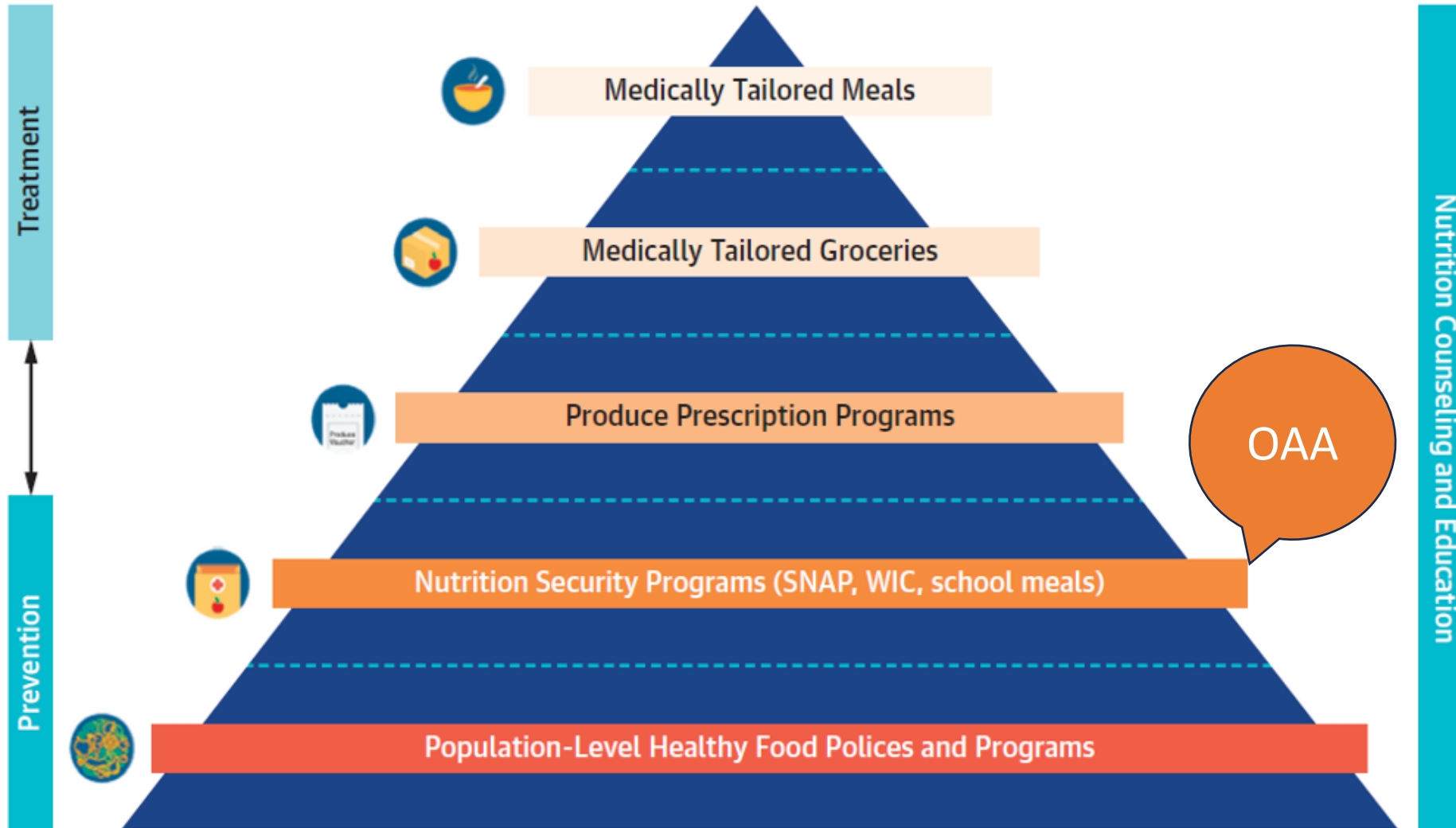
Adapted from The Bridgespan Group

FIM History

- Community response to the HIV epidemic
- 1990: Ryan White includes coverage for home-delivered meals
- Agencies expand to serve people living with other illnesses – starting with breast cancer
- ANSA (Association of Nutrition Services Agencies), now Food is Medicine Coalition (FIMC)
 - Created medically tailored meal intervention
 - Coined the term “medically tailored meals”
 - Engaged in most of the peer-reviewed published studies
 - Developed first-ever Accreditation Standards
- 2022 White House Conference on Hunger, Nutrition & Health
 - Aspen Institute FIM Research Action Plan
 - American Heart Association FIM Research Initiative
 - All of government response: NIH, VA, IHS



Food is Medicine Pyramid



Source: Mozaffarian, D, Aspry, K, Garfield, K. et al. "Food Is Medicine" Strategies for Nutrition Security and Cardiometabolic Health Equity: JACC State-of-the-Art Review. JACC. 2024 Feb, 83 (8) 843–864. <https://doi.org/10.1016/j.jacc.2023.12.023>.

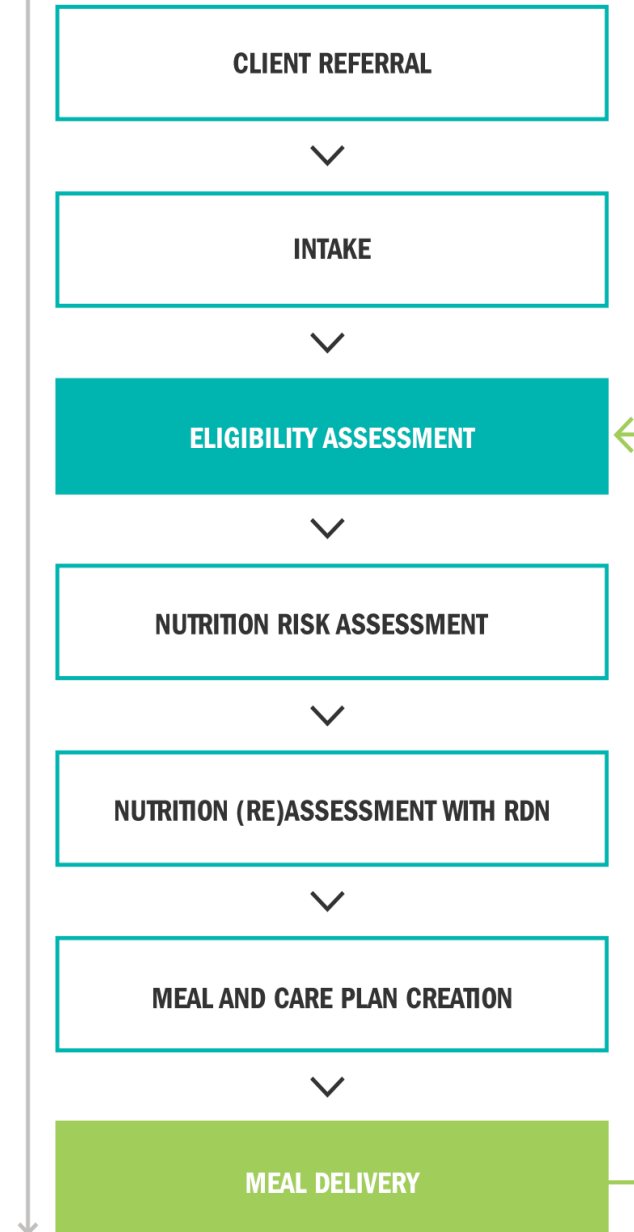


Medically Tailored Meals

- Meals/meal plans tailored by an RDN to meet evidence-based nutrition standards for specific conditions/diagnoses
- Dose and duration matter
 - Depends on clinical/cost saving goals
 - FIMC Accreditation recommends a minimum of 10+ meals a week
 - 24-week interventions show stronger outcomes, include higher cost savings, than 12-week interventions
- Diagnoses with strongest evidence base for clinical impact and cost savings: congestive heart failure, liver disease, chronic kidney disease/end stage renal disease, HIV, uncontrolled diabetes and gestational diabetes

The Medically Tailored Meal Intervention

ONGOING NUTRITION CARE PROCESS



The Evidence

- MTMs Improve Health Outcomes & Patient Satisfaction



- MTMs Lower Healthcare Costs



Modelled nationally, in just one year, MTMs could save

\$23.7B

in healthcare spending and help avoid

2.6M

possible hospitalizations.⁶

- MTMs Improve Food Security, Leading to Improved Health

- A robust body of evidence links food insecurity to poor health outcomes and recipients of MTMs report reduced food insecurity.



Investing in Food Improves Health



HbA1c
avg. blood sugar
-0.5-2.1% pts



Blood Pressure
-16 mmHg



BMI
-0.4-0.7 kg/m²



Preterm Birth
37% reduction



Depression
clinical depression score
(PHQ9)
up to 47% reduction



**Medication
Adherence**
49% increase



**Heart Failure
Symptom Control**
+9 pts KCCQ

Peer Reviewed Research MTM



16%	Net healthcare cost savings
50%	Reduction in hospitalization
23%	More likely to be discharged to home
50%	Increase in adherence
70%	Reduction in ED visits
72%	Reduction in admission to skilled nursing facilities
↓	Decrease in days where mental health interferes with quality of life

Pilot: Patients with Diabetes and/or Hypertension



Patient Population & Intervention:

- 244 patients with uncontrolled hypertension and/or diabetes
- 7 meals per week for 12 weeks, including meals for family members

Results:

Hypertension – Among 61 patients with pre/post data: 46% had an improved BP with average improvement was 14.1/11.3

Diabetes – Among 148 patients with pre/post data: 66% saw an improvement in their A1c and the average improvement was 1.7 points

Policy Pathways

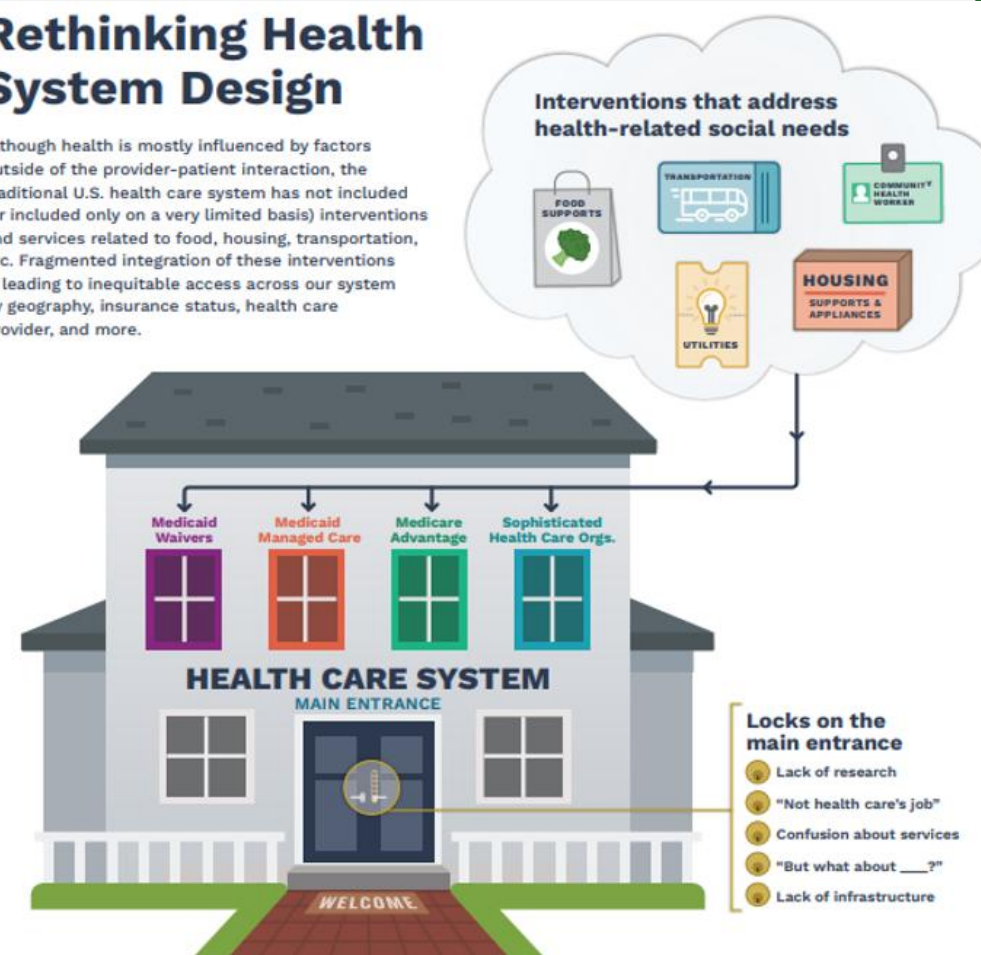


There is no current coverage of specific Food is Medicine services (direct provision of food) – beyond limited circumstances – in baseline Medicaid coverage or Original Medicare under federal law

Must utilize legal/regulatory flexibilities such as state waivers in Medicaid and supplemental benefits in Medicare Advantage

Rethinking Health System Design

Although health is mostly influenced by factors outside of the provider-patient interaction, the traditional U.S. health care system has not included (or included only on a very limited basis) interventions and services related to food, housing, transportation, etc. Fragmented integration of these interventions is leading to inequitable access across our system by geography, insurance status, health care provider, and more.



Example: Medicaid Innovation



1115 Demonstration Waivers

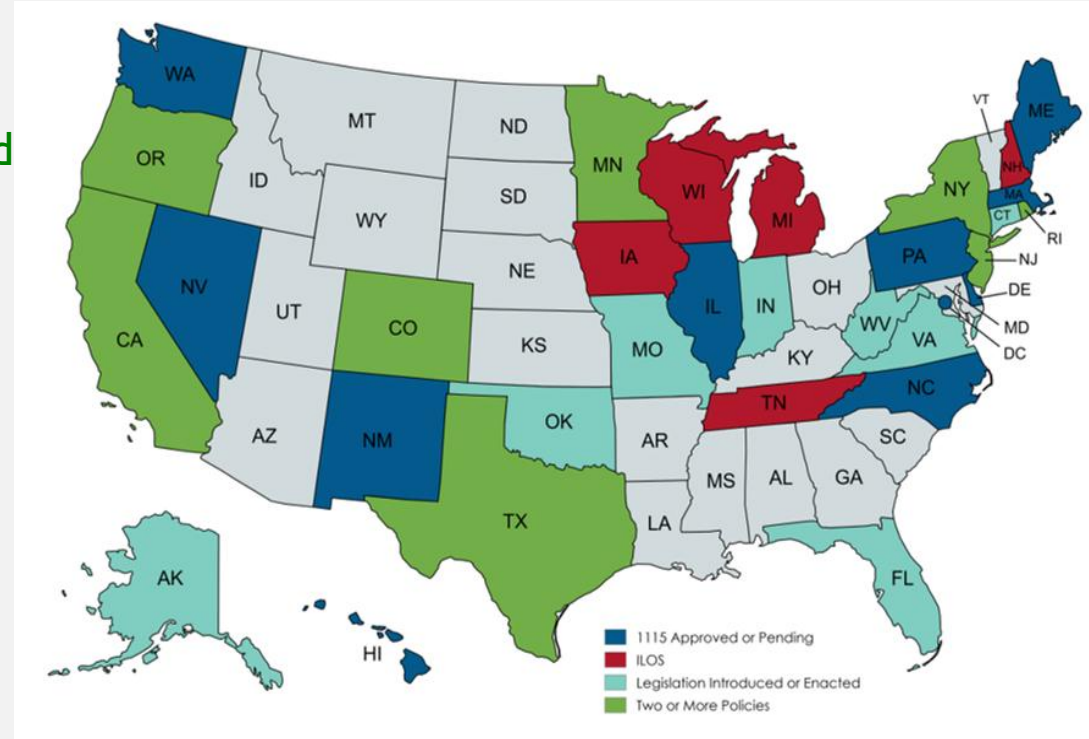
- **Thirteen** states have approved 1115 demonstration waivers that include coverage for the direct provision of food (CA, CO, DE, HI, IL, MA, NC, NJ, NM, NY, OR, PA, WA)
- **Three** states are awaiting approval (DC, ME, NV)

In Lieu of Services (ILOS)

- **Eleven** states offer nutrition supports via ILOS (CA, IA, MI, MN, NH, NY, OR, RI, TN, TX, WI)

Legislation

- **2026: Twelve** states have enacted or introduced bills to advance FIM Medicaid financing this session (CA, CT, FL, IN, MN, MO, NJ, NY, OK, RI, VA, WV)
- **2023-24, 2024-25: Five** states enacted legislation to advance FIM Medicaid financing (AK, CO, MN, OK, TX)





Medicaid – Initial Evaluation Results

State	Outcomes
Massachusetts (Overall)	• 23% reduction in hospitalizations and 13% reduction in emergency department (ED) visits among 20,000 participants from 2020-2023. • Healthcare costs \$1,721 lower for participants from 2022-23 (after worst of the COVID-19 pandemic). • Healthcare costs were \$2,502 lower among adults with >90 days of enrollment (2020-23), resulting in a net cost savings of \$210 per person or \$1.8M for the group. Source: Kurt Hager et al., Medicaid Nutrition Supports Associated with Reductions in Hospitalizations and ED Visits in Massachusetts, 2020-23, 44(4) Health Affairs (Apr. 2025), https://www.healthaffairs.org/doi/10.1377/hlthaff.2024.01409.
Massachusetts (MTM-specific)	▪Massachusetts Medicaid members who received medically tailored meals had 31% fewer hospitalizations and 20% fewer emergency department visits. ▪Per-person healthcare costs declined by \$3,433 while patients were on the meal program (an average of roughly six months), offsetting 98% of the program's cost. •MTM receipt was net cost-saving (and greater) among participants with cardiovascular disease (–\$10,450), chronic kidney disease (–\$12,312), depression (–5,597), diabetes (–\$4,123) or high comorbidity. Source: Kurt Hager et al., Medically Tailored Meals Receipt and Healthcare Utilization and Costs in Massachusetts' Medicaid Demonstration, Nature Medicine (June 2, 2026)
North Carolina (Overall)	• Participation in the Healthy Opportunities Pilots (HOP) was associated with lower healthcare expenditures. • Considering both medical and direct spending on HOP services, estimated that HOP was associated with, on average, -\$231.22 (-\$371.62 to -\$90.83) less spending per member per month when averaged over a 32-month follow-up period (corresponding to the entire demonstration period). • When also considering HOP administrative costs in addition to medical care spending and direct spending on HOP services, estimated that HOP was associated with, on average, - \$164.49 (95%CI -\$311.67 to -\$17.32) less spending per member per month (again averaged over a 32- month follow-up period). Source: Summative Evaluation Report NC Healthy Opportunities Pilots (June 5, 2026)

Federal Policy – CMS Innovation Center



Make America Healthy Again: Enhancing Lifestyle and Evaluating Value-based Approaches Through Evidence (**MAHA ELEVATE**)

- 3-year cooperative agreements in **Original Medicare** to test evidence-based, whole-person functional/lifestyle medicine interventions that are not currently covered (e.g., nutrition counseling)
- Funds **may not** be used to purchase food.

Better Approaches to Lifestyle and Nutrition for Comprehensive Health (**BALANCE**)

- CMS to negotiate with manufacturers of GLP-1 medications for lower-cost access to GLP-1s plus manufacturer-provided lifestyle programs focused on reduced-calorie diet and physical activity.
- Funds **may not** be used to purchase food.

Long-term Enhanced ACO Design (**LEAD**)

- Ten-year ACO model for **Original Medicare** with an emphasis on prevention and “healthy living” for high-need and dually eligible populations.
- Benefit engagement incentives **allow** (but don't require) ACOs to purchase food.

Key Takeaways

- CMS Innovation Center (similar to agencies on previous slide) has a stated focus on prevention, including through nutrition, but models primarily advance this goal through education and behavior change, rather than through coverage of food-based supports.

Source: Slide adapted from Center for Health Law and Policy Innovation, Food is Medicine State Implementers' Workshop, June 1, 2026.



What's at Stake?

- Trusted community-based solutions like AAAs that build community value and resiliency OR venture funded for-profits focused on profits?
- Farm to FIM that strengthens local and regional food systems, improves health equity and mitigates climate change OR poor quality/processed food that only profits a few?
- High-quality, evidence-based interventions that deliver value for patients and payers OR a “wild west” where any food intervention is called “food is medicine” and we undermine what we are trying to build?

Resources

Health Affairs Vol. 44, No 4: Food, Nutrition & Health, April 2025

<https://www.healthaffairs.org/doi/10.1377/hlthaff.2025.00371>

Food is Medicine Research Action Plan, Aspen Institute Food & Society Program, 2024

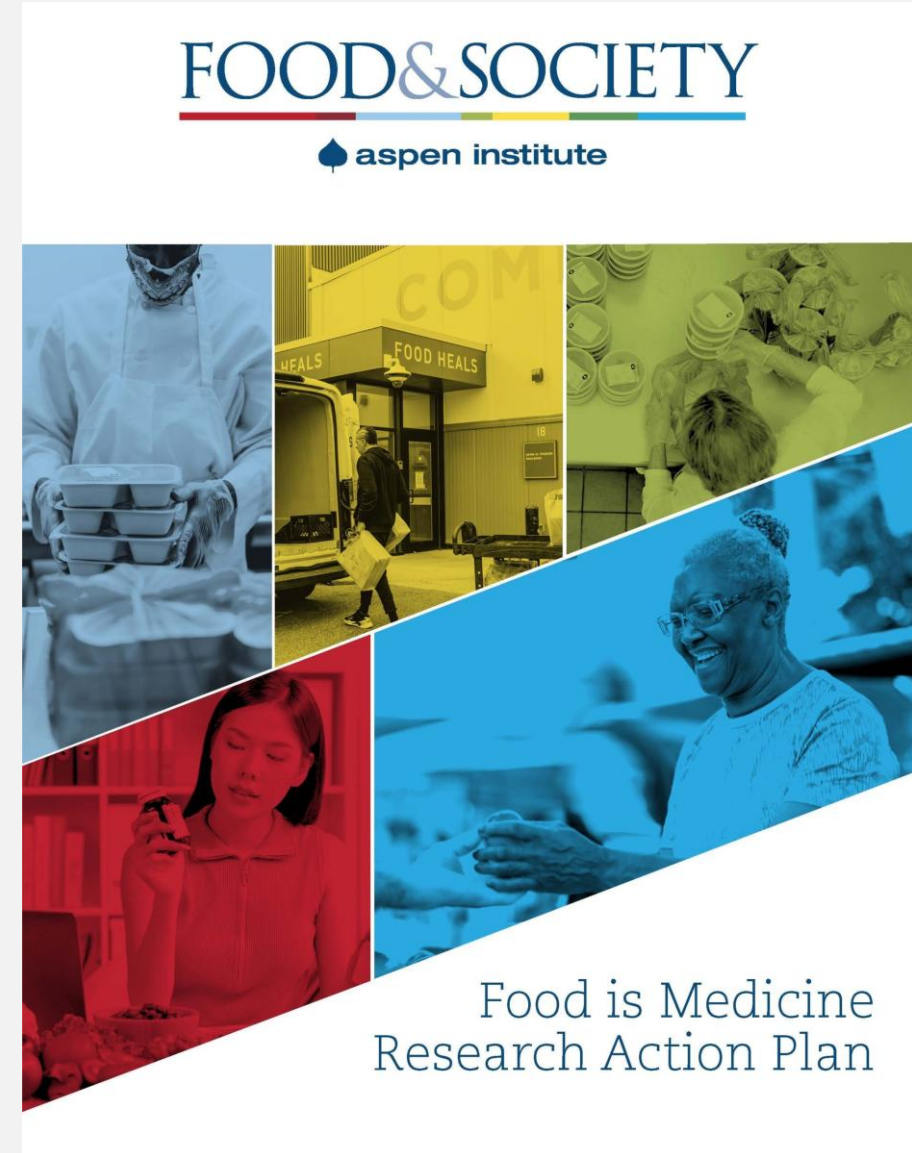
<https://www.aspeninstitute.org/programs/food-and-society-program/food-is-medicine-project/?eType=EmailBlastContent&eld=c24b8fb3-24cc-4e11-becf-dea10ae75ee3>

The MTM Sustainability Blueprint

<https://fimcoalition.org/mtm-sustainability-blueprint/>

Food is Medicine Toolkit

<https://fimtoolkit.tufts.edu/>



PANELISTS



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SPEAKER



Nancy Wexler

Senior Program Officer
The John A. Hartford Foundation





The
John A. Hartford
Foundation



USAgings 51st Annual Conference: Answers on Aging
The John A. Hartford Foundation 2026
Business Innovation Awards

July 20, 2026



Nancy Wexler, DBH, MPH
Senior Program Officer
The John A. Hartford Foundation

Our Mission

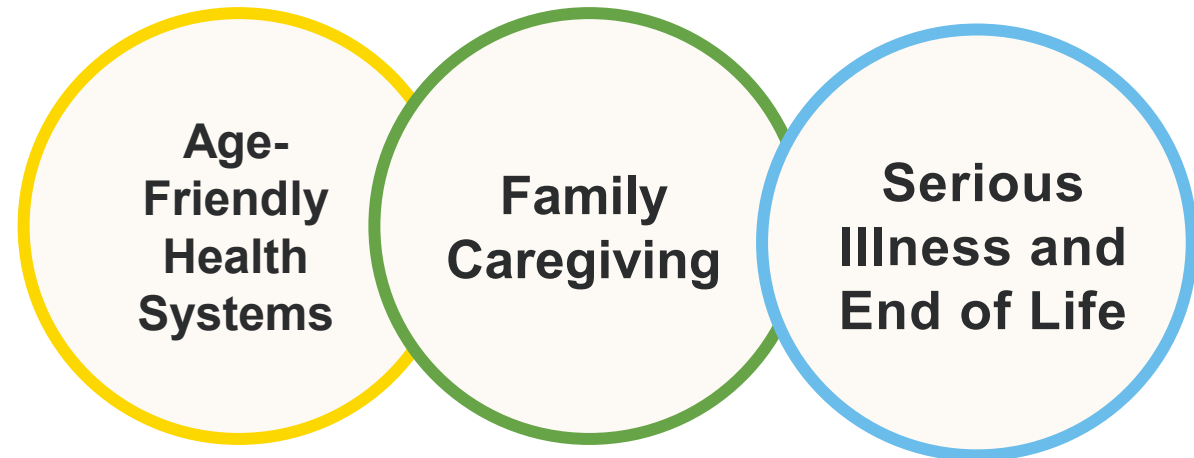


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Dedicated to improving the care
of older adults.

Priority Areas





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Strengthening Aging Services

JAHF Support of Business Institute

Grants to USAging since 2016 to build business capacity of AAAs and other CBOs:

- Resource library and evidence bank
- Organizational assessment tools
- Spreading success stories
- The John A. Hartford Foundation Business Innovation Award!



aginganddisabilitybusinessinstitute.org





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Fostering Social Connections

New Grant to USAging (2025)

Goal: Improve health by replicating evidence-based social connection programs for older adults

Why it Matters: Social isolation increases mortality risk – comparable to smoking and obesity

Age-Friendly Alignment: Supports "What Matters" by addressing social connections

Support Includes:

- Seed grant pilot program
- Technical assistance to grantees
- Capacity building for Aging Network and community organizations

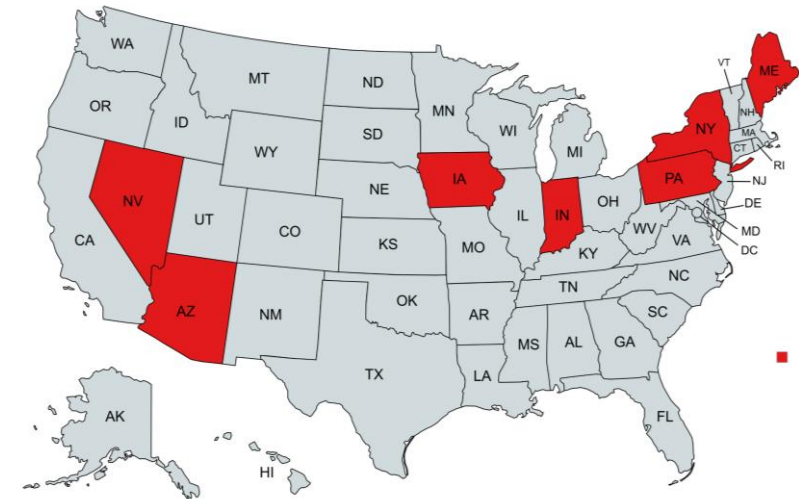


Strengthening Social Connection In Communities



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- USAging awarded **11 seed grants** across **7 states**
- Grant supports:
 - ✓ Evidence-based social connection programs
 - ✓ Cross-sector partnerships and referral pathways
- **Goal:** Improve health and well-being for older adults and caregivers through social connection programs



Aging Together

2025 Grant to the American Library Association (ALA)

Purpose: Understand library programs serving older adults

Focus:

- Assess landscape of older adult programming
- Identify successful models and best practices
- Strengthen community connections, especially in rural areas



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ALA American
Library
Association



bit.ly/ALA_LandscapeReport





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Thank You!

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2026 RUNNER UP



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Fairfax Area Agency on Aging



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Nevada Senior Services



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2026 WINNER



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Agency on Aging of South Central Connecticut



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Visit the Discovery Showcases

10:00 AM–1:00 PM | Grand Ballroom Foyer, Lobby Level

Technology Lab | Sponsored by Ring

Wellness Hub | Sponsored by Audien

Caregiver Community Expo | Sponsored by Trualta



Poster Session

Grand Ballroom Foyer, Lobby Level

10:00–10:45 AM | Poster Presentations

10:45 AM–1:00 PM | Poster Displays

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