

Texas MCO SDOH Learning Collaborative: Strategies for Addressing Food Insecurity

October 1, 2021

Made possible by the Episcopal Health Foundation

Agenda

- Welcome and Introductions
- Texas' Health and Human Services Commission Update
- Food Bank Programs and Strategies to Address Food Insecurity
- Health Care and Food Bank Partnerships
- Accelerating Partnerships between Texas MCOs and Food Banks
- Group Discussion



Welcome & Introductions

Meet the Presenters



Anna Spencer,
Senior Program Officer,
Center for Health Care Strategies



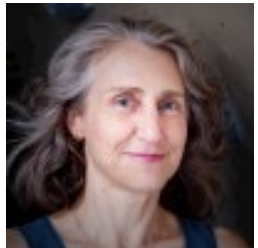
Shao-Chee Sim,
Vice President for Research, Innovation and
Evaluation, Episcopal Health Foundation



Andy Vasquez,
Deputy Associate Commissioner for Quality
& Program Improvement, Health and
Human Services Commission



JC Dwyer,
Senior Advisor, Feeding
Texas



Eileen Nehme,
Program Director,
Texas Health Improvement Network



Stephanie Muth,
Consultant

Texas' Health and Human Services Commission Update

Andy Vasquez, Deputy Associate Commissioner for Quality & Program Improvement, Health and Human Services Commission

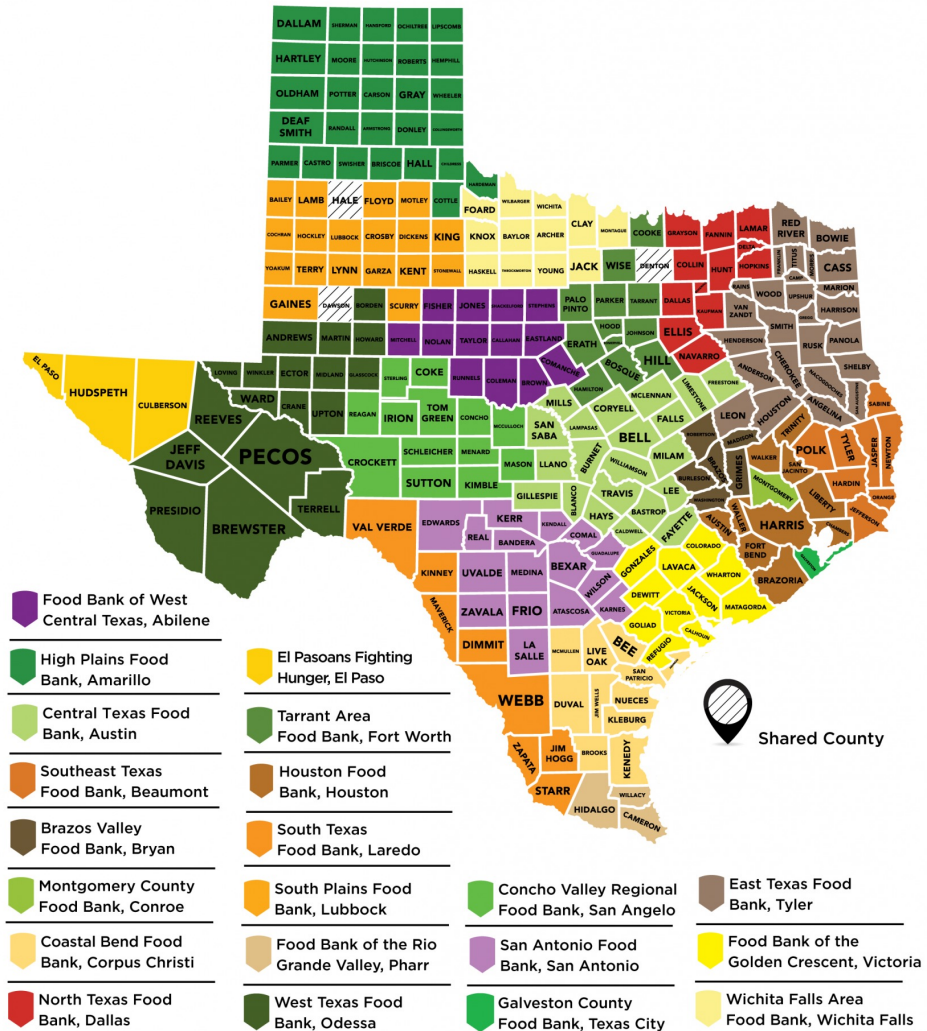
Food Bank Programs and Strategies to Address Food Insecurity

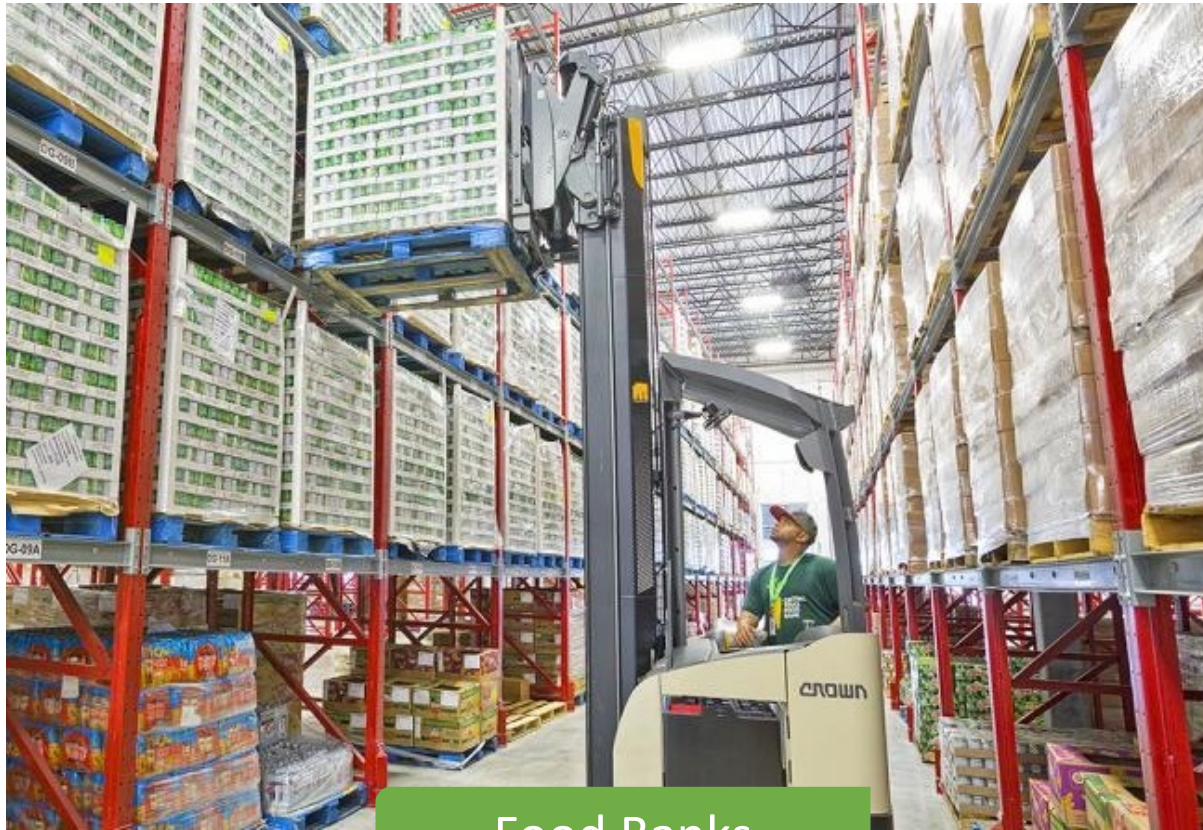
JC Dwyer, Senior Advisor, Feeding Texas

FEEDING TEXAS™

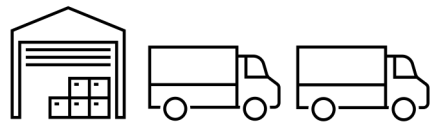
We lead a unified effort for a hunger-free Texas.

The Feeding Texas network of 21 food banks serves all 254 counties in Texas through over 3,000 local partners, feeding more than 4 million Texans annually.





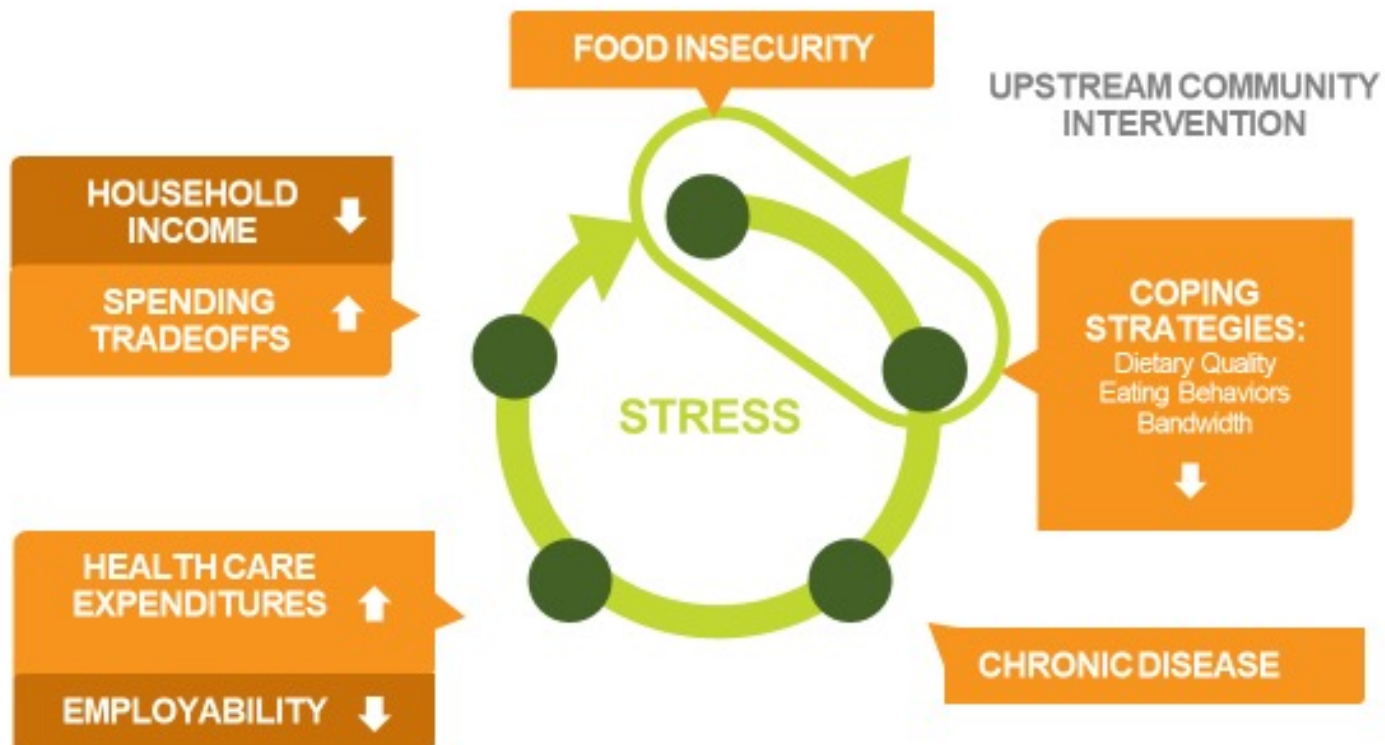
Food Banks



Food Pantries



A Conceptual Framework: Cycle of Food Insecurity & Chronic Disease





AN INCREASE IN FOOD INSECURITY LEADS TO HIGHER DEMAND AT FOOD BANKS

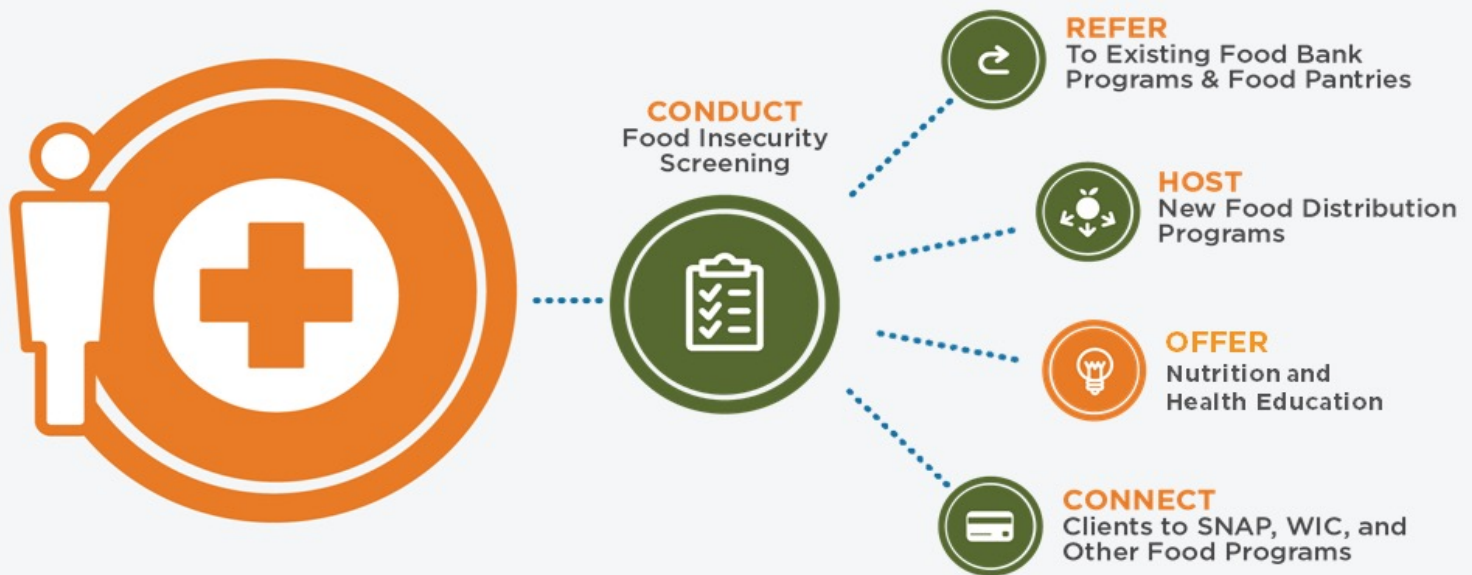
1 in 4 

TEXAS FAMILIES IS FACING HUNGER
DURING THE PANDEMIC

Extension Services Mitigate Current + Prevent Future Food Insecurity



ADDRESSING FOOD INSECURITY & HEALTHY FOOD ACCESS AT A HEALTHCARE SITE



Health Care and Food Bank Partnerships

Eileen Nehme, Program Director, Texas Health Improvement Network

Food Banks and Health Care Partnerships Across Texas: Preliminary Findings

Texas MCO Social Determinants of Health Learning Collaborative Meeting
10/1/2021

Project Aims

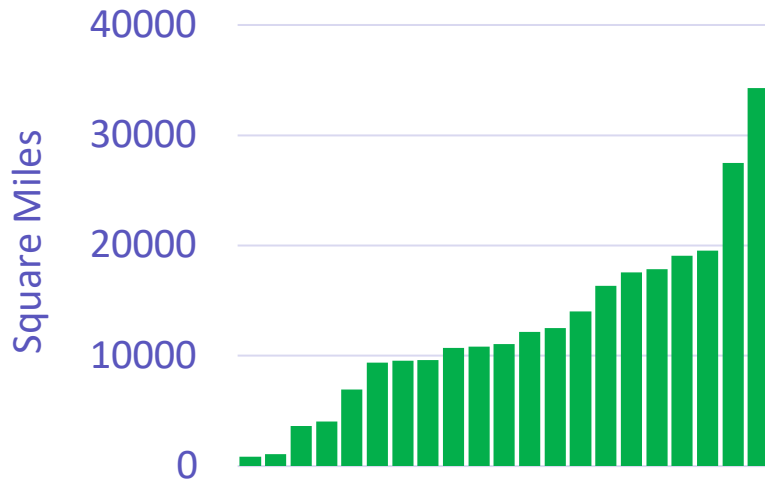
1. Identify and describe existing partnerships
2. Convene food bank and health care system leaders
3. Develop a framework to guide implementation and evaluation
4. **Project timeframe:** January 2021-May 2022

Overview of Presentation

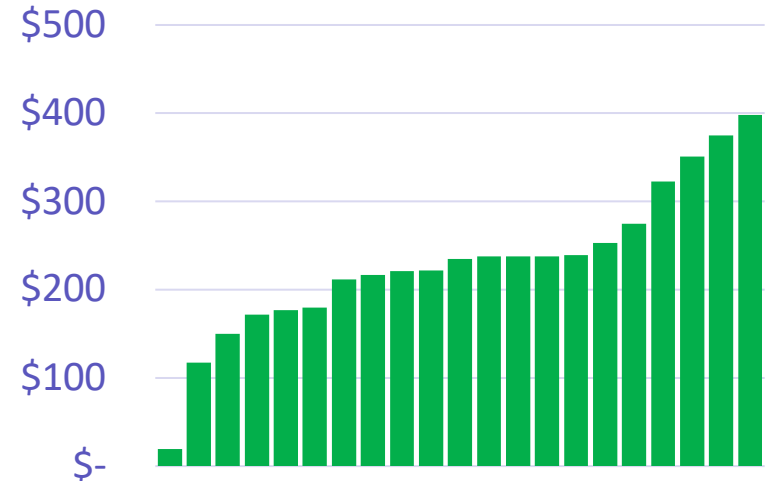
- Select characteristics of food banks
- Why food banks are partnering with healthcare
- What & where resources/services are being offered
- Who partnerships are targeting
- Connecting the dots between partnership resources/services and outcomes
- Where MCOs currently fit in
- Food for thought 😊

Select measures of food bank service areas and resources

Square miles covered: 894 - 34293



Budget (2019) per food insecure persons: \$19 - \$398



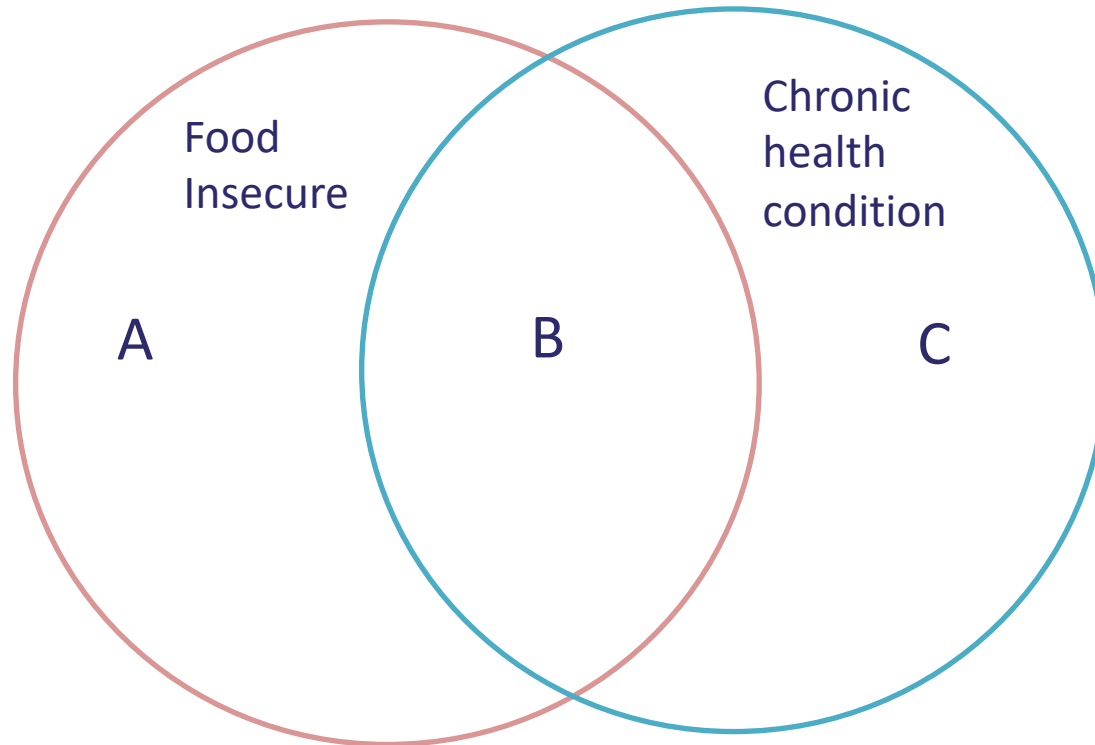
Why food banks are partnering with healthcare

- Belief in the underlying premise that such partnerships can support health
- Another way to reach food insecure populations
- Potential to tap into new funding streams
- Further a shift towards being more health-supporting as an organization
- Desire to be part of the movement

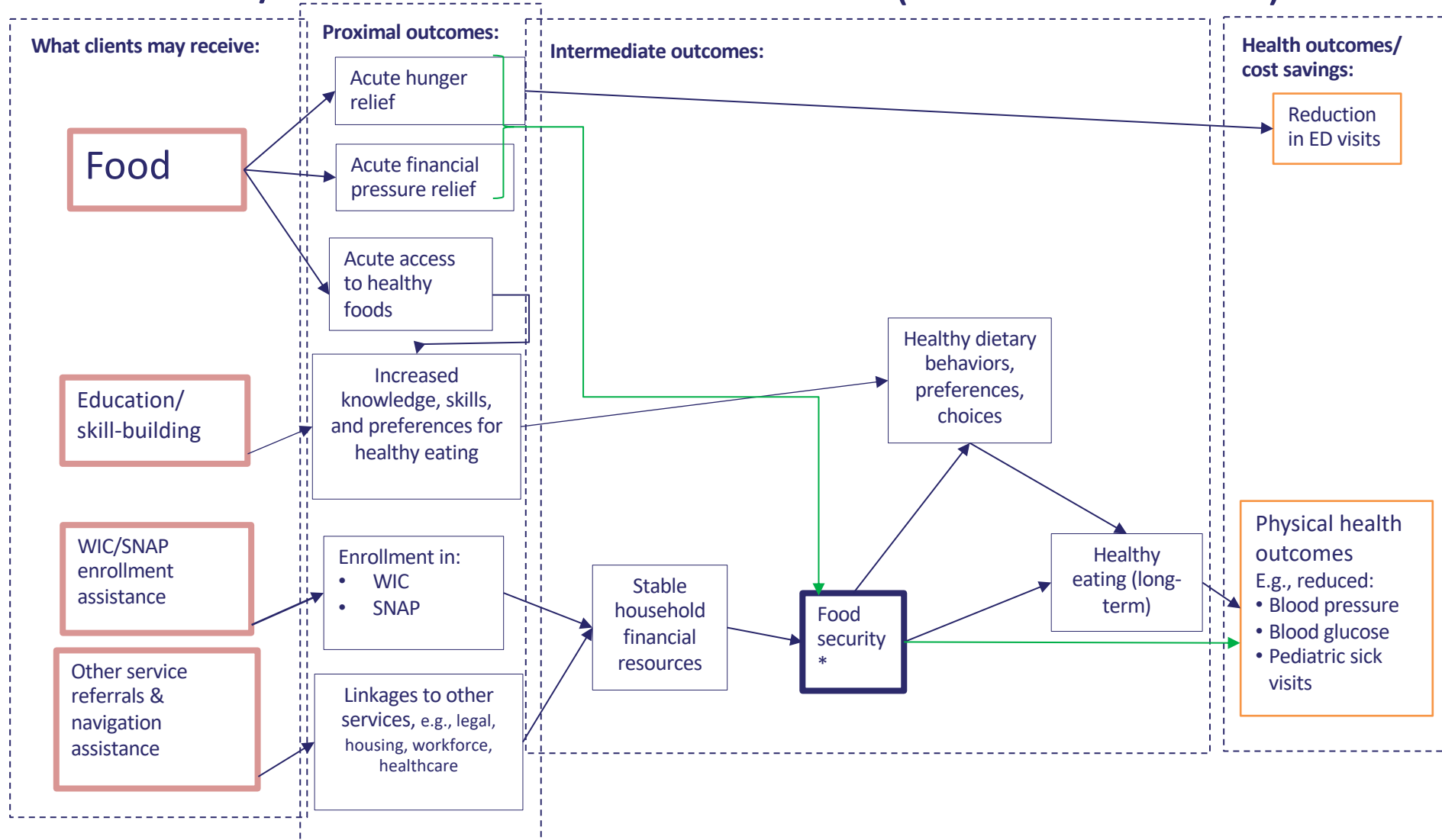
What and where resources/services are being offered

- Food distribution at or near healthcare site (onsite pantry, food box distribution, mobile distribution site)
- Pop-up mobile food distribution and health screenings in community settings
- Patient education & skill-building (Diabetes management, cooking demos, stretching food budget)
- Healthier food boxes with perishable items (meat & produce)
- Healthcare staff training for screening at healthcare site and referral to food bank resources (including benefits enrollment assistance and other social services referrals)

Who partnerships are targeting



What's the connection? How can partnership resources/services lead to outcomes (not exhaustive!)



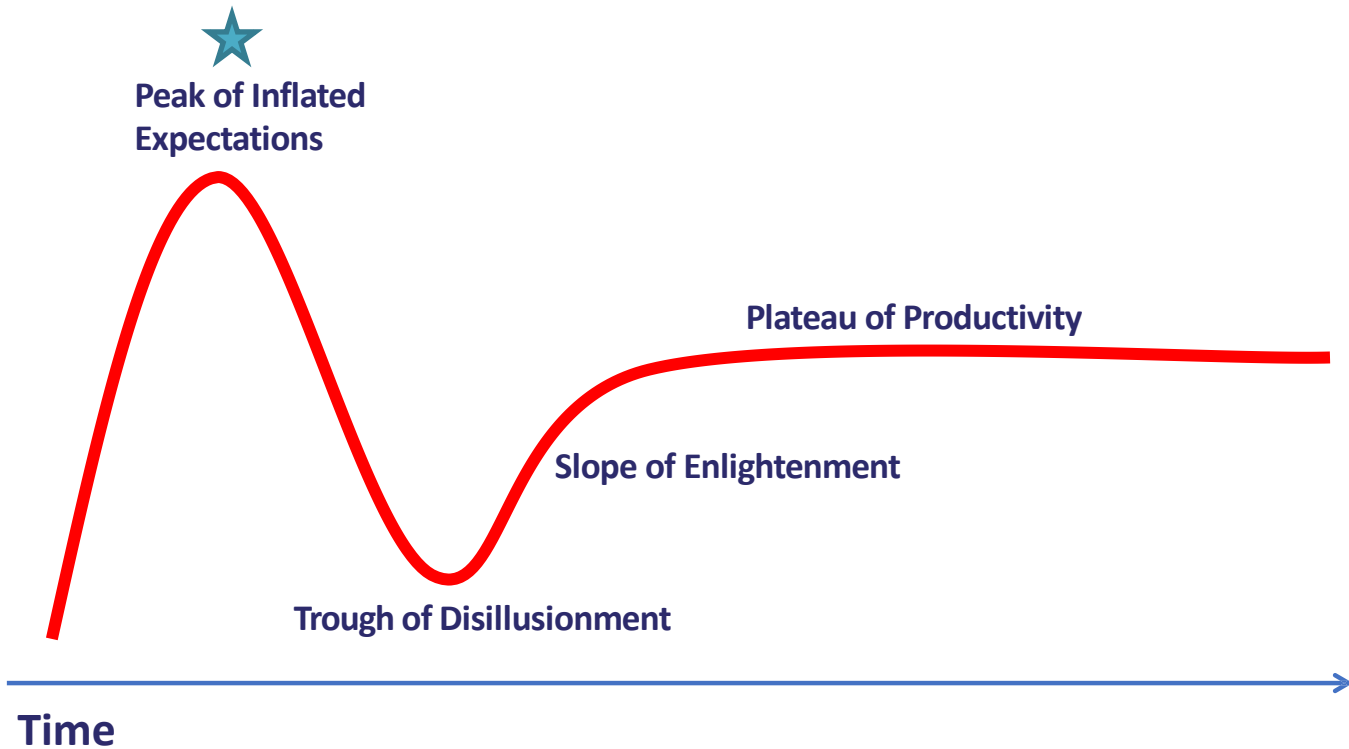
Current MCO roles: funder!

- \$\$ for one time / start up costs (e.g., purchasing a mobile food truck)
- \$\$ for produce to be included in food boxes for healthcare partnerships

Summary

- Nearly all food banks are ready and eager to partner with healthcare, and most have some partnership experience or plans
- No two partnerships look alike; many different combinations being tried, varying degrees of integration/partnership
- Need to right-size expectations re: outcomes and be more intentional in designing interventions
- Evaluation and sustainability plans are pain points for nearly all

“Hype cycle”



Questions/points for consideration

1. Justifying investment/elusive ROI

- For generally healthy populations (e.g., children and most pregnant women), health outcomes or cost savings have a a long-time horizon;

2. Where does healthcare fit in?

- patients/members – risk of over-screening, over-case-managing
- who do patients trust? who do they have a relationship with?

Accelerating Food Insecurity Initiatives between Texas MCOs and Food Banks

Stephanie Muth, Consultant

Project Overview: Addressing Food Insecurity

Accelerating Partnerships Between Food Banks and Managed Care
Organizations



Addressing Food Insecurity

- Episcopal Health Foundation is funding a one-year initiative to address concrete ways to address food insecurity through partnerships between Food Banks and Medicaid Managed Care Organizations.
- Participants include:
 - Associations for Medicaid Managed Care Organizations: Texas Association of Health Plans and Texas Association of Community Health Plans (represents non-profit plans)
 - Feeding Texas
 - Health and Human Services Commission
 - Episcopal Health Foundation
 - Texas Health Improvement Network
 - Medicaid Managed Care Health Plans
 - Feeding Texas food banks

FOOD INSECURITY WORKING GROUP

Phase 1: 9/21 – 8/22

- Workgroup will kick-off in October and meet throughout the year.
- This workgroup builds off efforts of the Learning Collaborative – a workgroup convened by EHF that includes managed care organizations and the State that has been meeting over the last two years to discuss Social Determinants of Health.
- The workgroup will engage health plans and food banks in regular (monthly) meetings to gain a better understanding of how they each operate and what capacity and needs they have.
- The objective is to define concrete partnership opportunities to meet food banks and health plans where they are, but also to demonstrate future opportunities.
- Participants will help design the data collection tool for Phase Two and the pilot designs in Phase Three.

Landscape Assessment

Phase 2: 9/21 – 12/21

- Feeding Texas (FT)/Stephanie Muth Consulting (SMC) will design and conduct health plan interviews with input from the Working Group.
- Compliments efforts of the Texas Health Improvement Network study with health systems and food banks.
- Follow-up interviews with Food Banks will be conducted as needed.
- FT/SMC will produce final report with findings.

Pilot Design

Phase 3: 1/22 – 8/22

- FT/SMC will design framework for at least two pilot programs with input from the working group.
- Framework would include identification of potential partners.
- Pilot evaluation will be designed.

Summary of Outcomes

- Phase 1: Development of a “partnership model” that identifies a continuum of ways that Food Banks and MCOs can effectively engage.
- Phase 2: A report that outlines goals for partnerships and identifies challenges and barriers.
- Phase 3: Pilot objectives are designed and potential partnerships are identified.

Phase 1: Workgroup Kick Off

- Requesting participants from interested health plans.
 - Participants will be engaged in developing questions, partnership models, and pilots.
 - Request one dedicated, engaged resource from interested health plans.
 - Plans can be at different phases of addressing food insecurity – from mature models to just beginning to explore.
 - Request that you send names by October 8, 2021 to Stephanie@stephaniemuthconsulting.com and jennifersimsconsulting@gmail.com
 - Workgroup kick off meeting will be October 29th.

Group Discussion

Dr. Karl Serrao, Chief Medical Officer, Driscoll Health Plan

Food Insecurity in Pregnant Mothers with GDM



Target Population

- Pregnant mothers with Gestational DM



Benefit of Intervention

- Reduction in HbA1c and weight gain
- Reduce pre-term births
- Reduce # infants with Birthweight > 4 kg
- Reduce GDM related ED visits and hospitalization



Non-Clinical Intervention

- Meals for mother
- Referral to WIC program and/or Food Bank for family
- Virtual Cooking class
- My Plate
- Monthly Texting
 - Recipes
 - Shopping List
 - Encourage veggies/fruits

Wrap Up & Adjourn

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