

Texas MCO SDOH Learning Collaborative: Webinar Summary

Made possible by the Episcopal Health Foundation

October 1, 2021
1:30 pm – 3:00 pm CT

Webinar recording available [here](#)

Strategies for Addressing Food Insecurity

Agenda

Welcome and Introductions

Anna Spencer welcomed participants and provided details on the structure of the webinar. Shao-Chee Sim welcomed the group.

Anna Spencer, Senior Program Officer, Center for Health Care Strategies (CHCS)

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

Health and Human Services Commission Update (4:00 of this [recording](#))

- Andy Vasquez offered reflections on his personal experience working at a local food pantry, and noted the importance of making connections among health care organizations and community resources to address food insecurity and nutrition needs, moving beyond just a self-directed model.
- HHSC recently approved food insecurity assessment as a covered benefit, and Quality and Program Improvement staff are researching assessment tools for recommendation.
- In addition, the DSRIP waiver transition team has been working on the [Assessment of Social Factors Impacting Health Care Quality in Medicaid](#) to inform the development of a statewide Social Determinants of Health Action Plan, which will be released in the near future. In addition, the state has been working on directed payment programs.

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

Food Bank Programs and Strategies to Address Food Insecurity (13:09 of this [recording](#))

JC Dwyer provided an overview of Feeding Texas' network of food banks and their multi-pronged approach to addressing food insecurity.

JC Dwyer, Senior Director of Civic Engagement, Feeding Texas

- [Feeding Texas](#) operates as statewide 501c3 nonprofit, with a network of 21 foodbanks across all 254 Texas counties.
- *Food banks* refers to regional organizations and operate as warehouses. *Food Panties* are a rich and diverse ecosystem that are the “retail” face of food services. Food pantries get most of their food from food banks.
- Food insecurity is cyclical, often a proxy for financial insecurity. Food banks offer services to get clients out of food insecurity cycle, including application assistance food and nutrition programs (SNAP/WIC), Medicaid, TANF and CHIP.

- Food pantries also refer clients out to other services and provide nutrition education and healthy cooking classes (e.g., Healthy Choice Pantries).
- Several foodbanks have created partnerships with health care providers, who conduct food insecurity screening and make referrals to community resources. Food Rx programs are a new avenue through which to serve food insecure clients.
- Most relationships and programs are quite local, but revolve around health and economic opportunity.

Health Care and Food Bank Partnerships (30:12 of this [recording](#))

- [Texas Health Improvement Network](#) at UT Health is focused on improving population health and advancing health equity in Texas.
- Drawing on recent research, Eileen Nehme provided themes from her research examining partnerships between health care organizations and food banks. Research includes interviews with all 21 food banks, and is focused on how they are partnering, what services and resources are being offered through these partnership, and early outcomes.
- Partnerships are centered on improving health, and ways to reach populations that might not come into food banks. These partnerships create another doorway to the myriad services that food banks offer. Partnerships are part of a desire to create more healthful food options.
- Services being offered include onsite food distribution; wide range of education; mobile screening/food distribution sites; healthier food boxes/options; and health care staff training, including helping health care to become a portal into all the other services food banks have to offer.
- Partnerships often targeted specific chronic conditions, i.e., diabetes.
- “Spaghetti” diagram demonstrates partnership services and relationships.
- Evaluations need to be tailored to specific population and specific intervention to draw causal connections. The path to improve health outcomes passes through food insecurity and behavior change, so it’s important to “right size” expectations.
- MCOs are involved as funders, including through providing fresh produce, funding mobile food trucks, and providing refrigerator space.

Eileen Nehme, Program Director of the Texas Health Improvement Network (THIN)

Accelerating Food Insecurity Initiatives between Texas MCOs and Food Banks (56:22 of this [recording](#))

- Stephanie Muth, former Texas Medicaid director and consultant to Feeding Texas, shared information on a recently launched project focused on identifying partnership models between MCOs and food banks to address food insecurity, including through alternative payment models.
- The project will examine the landscape of food banks, with an increase focus on concept of Food Rx and connection between food and health, with THIN as a partner.
- She is recruiting MCOs to participate in the workgroup. Phase I will kick off in October and will meet throughout the year. The team will engage MCOs and food banks in regular meetings. The objective is to define concrete partnership opportunities that meet needs of food banks and MCOS, as well as define potential future opportunities for partnerships. Participants will help design evaluation tool for use in Phase II.
- Phase II will be development of MCO interviews, and any follow up food bank interviews. The team will produce a report that summarizes goals for partnerships, as well as challenges/barriers.

Stephanie Muth, Consultant

- Phase III will design potential framework for two potential pilot programs. It will include identification of partners from health care/MCO, with accompanying evaluation.
- She is looking for health plan participants to engage in workgroup activities, ideally one MCO designee. Welcome MCOs, across the range of readiness.
- Workgroup kicks off October 29, 2021. For more information contact: stephanie@stephaniemuthconsulting.com or jennifersimconsulting@gmail.com

Group Discussion (1:15:12 of this [recording](#))

- Dr. Karl Serrao, [Driscoll Health Plan](#), provided an overview of a pilot program focused on addressing health outcomes among at-risk pregnant women.
- Driscoll is partnering with local food banks to provide nutritional foods to mom, but also focusing on families.
- Pilot program will look at clinical outcomes, including reduced preterm births, reduced weight gain during pregnancy, control of gestational diabetes, reduction of childhood obesity.
- Food programs need to focus on providing quality of food, as well as nutrition/education programs and proximal outcomes.
- Important to understand clinical outcomes, as well as costs.

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

Wrap Up (1:23:07 of this [recording](#))

- Moving into Year Three of the MCO SDOH Learning Collaborative, LC partners have been thinking about how to make the work more actionable.
- We will be shifting away from group learning sessions to a workgroup format.
- In addition to food insecurity, workgroups will focus on developing an infrastructure to support HRSN screening/referral efforts and addressing health disparities among Medicaid members.

Shao-Chee Sim, EHF