

Accelerating Partnerships between Food Banks and Medicaid Managed Care Organizations

September 2022



BACKGROUND

There is growing recognition that improving health outcomes requires a focus on non-medical determinants of health in addition to traditional medical care. Medical care is estimated to account for 10-20 percent of health outcomes with other environmental factors and socioeconomic factors, often referred to as Social Determinants of Health, impacting the remaining 80 – 90 percent.¹

Reliable access to nutritious food is a key social determinant of health. Food insecurity and chronic disease is often described as a perpetual cycle due to the combination of stress and poor nutrition that further strains the household budget and existing health conditions. In Texas, approximately \$6 billion annually in healthcare costs are associated with food insecurity².

A Conceptual Framework: Cycle of Food Insecurity & Chronic Disease



Adapted: Seligman HK, Schillinger D. N Eng J Med. 2010;363:6-9

There is a direct link between nutrition and health outcomes. Eating a consistent diet of nutritious foods not only leads to positive health outcomes but also aids in the prevention of chronic disease in adults and children. This connection has increasingly resulted in food being viewed as medicine. The concept of food as medicine means to prioritize food and diet in an individual's health plan, with the goal of either preventing or reducing symptoms of or reversing a disease state.

Among the various social determinants of health, food insecurity has one of the most extensive impacts on the overall health of individuals. Food insecurity is defined by the U.S. Department of Agriculture (USDA) as a lack of consistent access to enough food for every person in the household to live an active, healthy life. Individuals who are food

¹ <https://nam.edu/social-determinants-of-health-101-for-health-care-five-plus-five/>

² Feeding America. [The Healthcare Cost of Food Insecurity](#).

insecure are disproportionately affected by chronic diseases, including diabetes, high blood pressure and obesity, which exacerbates adverse effects on overall health and wellbeing.

In Texas, one in five children and one in 8 Texans overall experience food insecurity³. Texas is one of nine states with higher food insecurity than the national average. In 2020, one in four Black Texans and one in five Latino Texans experienced food insecurity compared to one in 14 white Texans. Thus, solutions to food insecurity should consider local racial and geographic disparities when determining priority populations.

³ Feeding America (2022). [Map the Meal Gap 2022 Technical Brief](#): An Analysis of County and Congressional District Food Insecurity and County Food Cost in the United States in 2020.

PROJECT PURPOSE

To address food insecurity, the Episcopal Health Foundation (EHF) funded a project to identify partnership models between Medicaid managed care organizations (MCOs) and Food Banks that address food insecurity so that pilots can be designed to inform replication of partnerships in Texas. The project included three elements; 1) an environmental scan of current models and capacity, 2) a MCO – Food Bank partnership model that describes a continuum of approaches, and 3) the design of pilots to determine which models have the greatest potential of feasibility and impact.

The Feeding Texas network is the largest hunger-relief organization in Texas and represents 22-member food banks that cover all 254 counties in the state. The network reaches over five million Texans annually with food and resources in both rural and urban communities. Local food banks receive and distribute food to their partner agencies and food pantries using traditional and innovative approaches to reach those in most need. While each food bank is unique in size and scale, there are some common elements across all food banks that could be leveraged in partnerships with MCOs.

All food banks provide application assistance and referrals for other programs and services including the Supplemental Nutrition Assistance Program (SNAP) and Women Infants and Children (WIC). In FY21, they received \$11M funding from the State of Texas to assist individuals in navigating the application process and have access to basic information about the applicant's case. Furthermore, most Texas food banks receive funding through SNAP for nutrition education services. Traditionally SNAP education has occurred through in-person classes, but due to COVID, food banks have explored alternative delivery models. Some food banks also provide an array of other services such as health screenings, job trainings, and outreach to special populations.

In Texas, low-income children, families, seniors, and people with disabilities receive health care coverage through the Medicaid program. Most Texas Medicaid benefits are delivered through MCOs. There are currently 16 different MCOs providing services to over five million Texans. Nearly all Medicaid services are delivered through one of seventeen MCOs. Traditional Medicaid benefits include but are not limited to, access to regular checkups with doctors or dentist, hospital care and services, access to medical specialist and mental health care. The managed care capitated model provides health plans some flexibility in investing to address social determinants of health needs of their members.

A recently released report, [Implementing food bank and health care partnerships: a pilot study of perspectives from charitable food systems in Texas](#), studied partnerships between charitable food systems and healthcare systems specifically from the perspective of food banks in Texas. As a complementary effort, this report was undertaken to focus on the nutrition and food insecurity interventions from the perspective of the Medicaid MCOs operating in Texas. The goal is to improve health outcomes by increasing access to nutritious foods through partnerships between Medicaid MCOs and food banks.

ENGAGEMENT PROCESS

To accomplish these partnership goals, a cross discipline workgroup was convened with members from Texas Medicaid MCOs, Feeding Texas, local food banks, the Health and Human Services Commission (HHSC), and key stakeholders. This group met over the course of several months to share current efforts and perspectives on the issue of food insecurity and its impact on health outcomes. The objective was to define concrete partnership opportunities to meet food banks and health plans where they are but also to demonstrate future opportunities.

As a complementary effort to the workgroup convenings, interviews were conducted with Medicaid MCOs to capture their perspectives on activities and partnerships around food insecurity and nutrition interventions.

The interviews confirmed that Texas Medicaid MCOs are committed to addressing food insecurity and improving the nutrition of their members and several food insecurity related initiatives are currently underway or are in development. This previous and ongoing work provides valuable insight into what has been helpful to their members and to identify challenges which can assist in the development of future initiatives.

MANAGED CARE ORGANIZATION INTERVIEWS

Interviews were structured around the following areas: general perspectives of addressing food insecurity and nutrition interventions, current initiatives and partners, value of this work within their organizations, key objectives, identified opportunities or challenges. Eleven of the seventeen Texas Medicaid MCOs participated in these interviews, specifically:

- Aetna Better Health of Texas
- Amerigroup Texas, Inc.
- Baylor Scott and White Health Plan
- Cook Children's Health Plan
- Community First Health Plans
- El Paso Health
- Molina Healthcare of Texas
- Parkland Community Health Plan
- Texas Children's Health Plan
- Superior HealthPlan
- United Healthcare Community Plan of Texas

SUMMARY OF INTERVIEW FINDINGS

A commitment to addressing social determinants of health and specifically food insecurity was evident in each of the interviews. Some MCOs have implemented programs either directly with a food bank or another third-party while others are developing their plans of action at this time.

During the interviews, four broad categories of projects to address food insecurity and nutrition interventions were identified: referrals for food insecurity, projects to address food insecurity within a community, targeted nutrition interventions for health plan members, and targeted nutrition interventions for health plan members done in partnership with a food bank. Examples of these categories are listed below.

All 11 MCOs indicated they were doing referrals to Food Banks or community food resources when they identified a food insecure household. Eight of the 11 MCOs indicated that they were currently supporting community interventions designed to address food insecurity. The majority of the current MCOs partnerships with food banks are designed to address the needs of the community needs with food collection, distribution, and community health events and are not interventions limited to their membership. Eight of the 11 MCOs reported that they conduct targeted food interventions for their members. Two of the eleven reported that they were engaged in a partnership with a food bank to conduct a targeted food intervention for their membership. Several of the MCOs reported direct food interventions through existing disease management programs that address topics such as, childhood obesity, healthy eating for pregnant women, heart disease, diabetes, asthma, and behavioral health, but these were rarely done in partnership with a food bank.

During the interviews MCOs discussed their viewpoints of food banks and expressed valuable perspectives to consider as partnerships are developed. They believe food banks have the following strengths: (1) Provide nutrition education that is culturally appropriate, (2) Have the recognition and trust within the community. They also expressed there is an opportunity for MCOs to work together with food banks to improve their access to food with high nutritional value.

Through the interview process and the workgroup discussions the following opportunities were identified:

- Building on the capacity of the food banks for application assistance to create a managed referral process that includes meeting immediate food needs and assisting with SNAP applications.
- Exploring opportunities for MCOs and food banks to partner on providing medically tailored meals to specified populations including meals related to certain conditions or targeting food insecure households.
- Building on the capacity of food banks to provide evidence-based nutrition education programs.

To create successful partnerships, some key factors for success were identified in the interviews and workgroup discussions such as identifying a clear population to be served and agreeing on success factors that may include more than traditional health outcome improvements. Some challenges identified included the lack of a common referral platform, complexity of data sharing, and challenges with food distribution in rural areas. It was also noted that in some community food distribution events, there was a desire to improve the nutritional quality of the food. This would be particularly important in targeted food interventions for members with certain health conditions.

Examples of Current Projects Supported by MCOs

Referral for food insecurity

- Screening health plan members for food insecurity and referring them to food banks or other community resources
- Screening and referral for SNAP assistance, WIC, or other benefit programs

Community Food Interventions

- Funding a mobile van for food distribution that is staffed by a registered dietitian who conducts health limited health screenings
- Hosting food collection and distribution events
- Partnering on diabetes and hypertension clinic and classes; with access to food pantry to allow participants to put learning into action
- Funding for local and national food insecurity efforts
- Sponsoring community events that included health screening, cooking demonstrations, and wellness coaching
- Establishing free standing food pantries in high need areas
- Hosting food distributions at MCO offices targeting that health plans membership.

Targeted Nutrition Interventions for Members

- Coordinating with a health clinic to host a food pantry and provide classes on physical activity and nutrition education.
- Providing home delivered meals for a targeted population such as seniors, pregnant and post-partum women, individuals discharged from a hospital, etc.
- Offering nutritional and wellness education and counseling.
- Offering a ride service to take member to the grocery store once a month.
- Delivering good boxes of shelf stable items to health plan members in zip codes with high rates of food insecurity.

Targeted Food Interventions in Partnership with Food Banks

- Partnering with a community clinic to house a food pantry within the clinic
- Providing nutrition education classes for individuals with diabetes paired with access to a food pantry

FOLLOW UP CONVERSATIONS WITH TEXAS FOOD BANKS

While food banks were interviewed during the study discussed on page two, additional follow-up with food banks was conducted by Feeding Texas to gather additional insight and perspectives over the course of the project to gain insight into their perspectives, capabilities, and challenges in partnering with health care systems.

Capacity to distribute healthy foods

Over the last decade, food banks have invested significant infrastructure to distribute significant amounts of fresh produce and other healthy foods. Currently, fresh produce makes up roughly one-third of total pounds distributed by Texas food banks with an additional 10% of produce in canned, frozen, or dried forms.

Throughout engagement with MCOs, they voiced curiosity on the ability of food banks to provide a reliable source of healthy foods to members. Though food banks vary greatly in their access and capacity to distribute fresh produce, most food banks felt confident in their ability to provide healthy food if parameters were flexibility. For example, food banks would be much more likely to provide 10-15 pounds of a variety of produce per member rather than a prescribed list of specific fruits and vegetables.

Since the start of the pandemic, Texas food banks more than doubled total pounds of food distributed, from 480 million pounds to one billion pounds with fresh produce maintaining about 30% of total distributions. Food banks continue to prioritize more capacity for sourcing produce, and this growth despite recent supply chain issues shows the potential for food banks to continue growing their ability to source and distribute healthy foods.

Particularly during COVID, food banks have embraced food prescriptions that do not require high-cost foods. Food banks were forced to be very nimble and fulfil prescriptions based on availability and cost during high inflation and limited supply. The benefit of flexible food “prescriptions” allows food banks to leverage their strengths in sourcing low-cost foods and adapt to constraints in the food sourcing environment.

Food Distribution Models

MCOs are interested in home delivery models, but this model currently outpaces resources at most food banks though some are providing home deliveries to very specific, homebound populations. Partnerships with third-party companies, such as Door Dash and Amazon, are emerging. However, one food bank noted that some patients prefer utilizing a proxy or curbside pick-up model over a home delivery, so it is important for MCOs to leverage the expertise of food banks and patients themselves to design food delivery models that reflect the preferences of the patient. Most food bank – healthcare partnerships distribute food through on site or nearby pantries.

Providing a meaningful supply of food

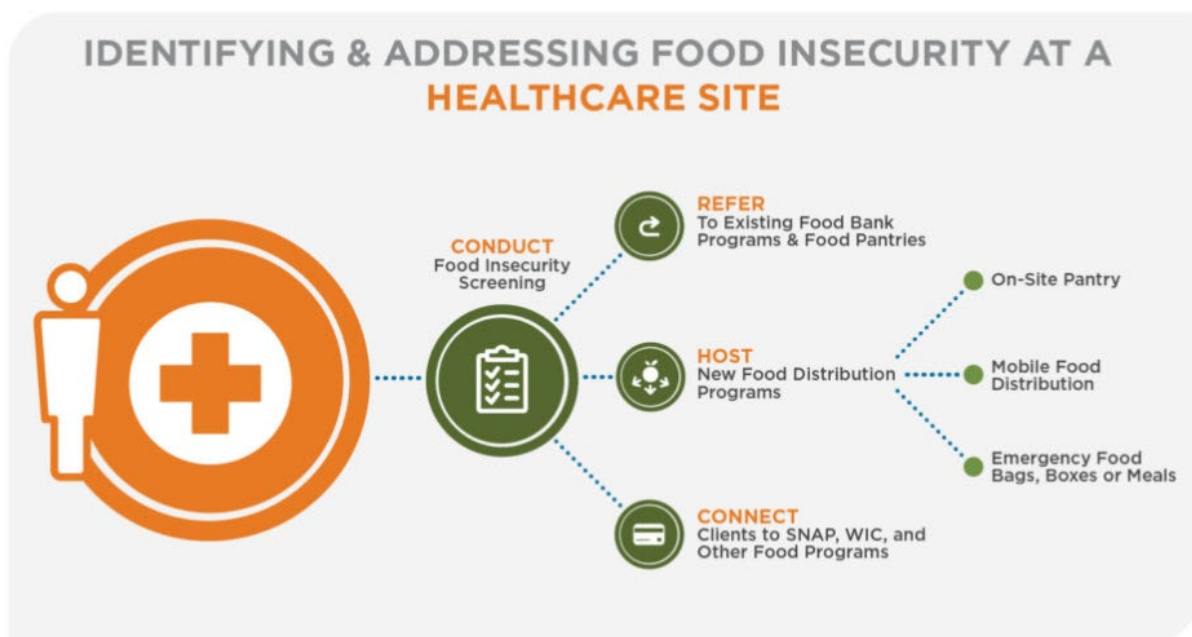
All food banks strive to provide a meaningful and nutritious supply of food each time patients receive food, which can range from 15 to 70 pounds of food per household at each distribution. Most food banks have experience providing culturally responsive foods and accompanying nutrition education and recipes to patients.

Technology and Referral Platforms

There is curiosity among Texas food banks on utilization of referral platforms to either streamline or create closed-loop referrals. Currently, food banks use a variety of platforms to capture client data and share referrals with other entities, many of whom adopt platforms that are connected to localized efforts. All food banks in Texas utilize a common platform to capture clients seeking application assistance for SNAP. Some food banks voiced hesitation to plug into platforms without ensuring that funding would be provided by the referring organization to support food banks in fulfilling the referral. Second, food banks are curious about how data is owned and shared in referral platforms.

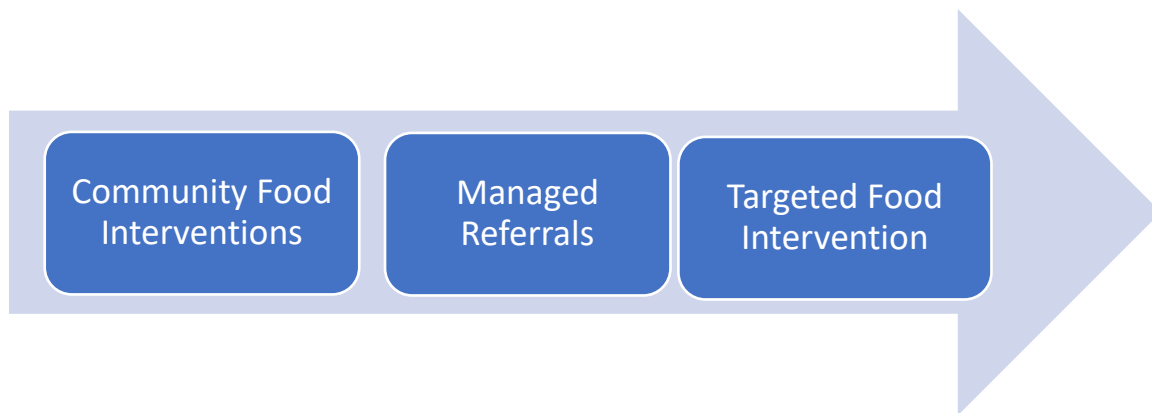
CONTINUUM OF PARTNERSHIP OPPORTUNITIES

When considering partnerships with food banks, it is important to understand that people screened for food insecurity can connect to food bank resources in a variety of ways. Food banks have existing infrastructure to distribute food through on-site pantries and mobile distributions with some having piloted home deliveries for isolated populations during COVID. Food banks will also layer on nutrition education and assistance with navigating community resources, such as SNAP, WIC, and Medicaid enrollment.



Graphic from Feeding America, <https://hungerandhealth.feedingamerica.org/explore-our-work/community-health-care-partnerships/addressing-food-insecurity-in-health-care-settings/>

From the interviews and group discussions, the opportunities to build on the existing partnerships and to learn from best practices clearly exists. Community level interventions are the simplest type of partnership and currently the most common with most MCOs supporting Food Banks in some manner. While these types of partnerships may involve multiple elements, they typically do not require data collection or changes to their existing processes. As partnerships move along the continuum to include managed referrals or targeted food intervention, more complex partnership terms need to be addressed such as data sharing and reporting. In addition, with limited resources on the Food Bank side to accommodate the needs of health plans, additional resources are needed to make these more complex partnerships successful and sustainable.



Community Food Interventions

The majority of MCOs reported supporting some community food insecurity interventions designed at improving population health and not limited to their membership. These are typically simple arrangements without the need for data collection or complex agreements. They can occur on a one-time or reoccurring basis. As noted above, these may include providing funding for a community van, providing food for a pantry located in a health clinic that is available to the public, or sponsoring food drives. Many MCOs expressed they believe that it is part of their mission to address food insecurity at the population level.

Managed Referrals

While the majority of MCOs reported that they are referring health plan members identified to have food insecurity to the food bank or local food pantries, only one was operating a managed referral process where they receive feedback from the food bank on the outcome of the referral. Having this type of closed loop referral agreement between a health plan and a food bank allows for better follow up and tracking of outcomes. Food banks have the capability of meeting immediate food needs of health plan members, but they can also assist with applying for SNAP or WIC if the member is not already receiving those benefits. And if they provide emergency food assistance, they can also augment those services with nutrition education.

This type of arrangement is more complex than the community food interventions because it requires a formal referral, tracking of outcomes and reporting back. This requires additional efforts on the part of both the food bank and the MCO compared to an open-ended referral where a member is provided contact information for a community resource, but there is no formal handoff or visibility into the outcome. This type of partnership is further complicated if there is not a consistent technology platform to support this arrangement. Currently there is not consistency among platforms being used or inter-operability of existing platforms. Nevertheless, with adequate funding for the additional administrative effort on the part of food banks, this type of arrangement is feasible and builds on existing strengths and efforts.

Targeted Food Interventions

The majority of MCOs provide targeted food interventions for specific populations such as individuals with a specific diagnosis or event such as a hospital. Only two MCOs reported partnerships with food banks to address targeted food interventions. This is the most complex type of partnership opportunity because it requires food banks to adjust their model to address the nutritional content needs of the targeted food interventions. To have this type of partnership the food banks must have a consistent source of healthy food and the ability to get it to the member. Furthermore, determining the frequency of these targeted food interventions is a factor. Currently many of the interventions that are provided by MCOs through private companies provide pre-made meals for a week and may be delivered on a weekly basis. This is typically not a model of food distribution that food banks follow.

It is important to note that needs and solutions look quite different in urban and rural areas. In some urban areas, the current network of food pantries is geographically dispersed, and the locations would be convenient to members to travel to pick up meals. In rural communities, there may be significantly larger distance between a member and a current food pantry and shipment of food may not be feasible given that some members may have post office boxes rather than a physical address. While these targeted food interventions are different than how food banks typically operate, food banks have expressed an interest in continuing to evolve and to work in partnership with MCOs to overcome some of these obstacles. Many food banks are already examining how to change their model to better meet the health needs of their community. For example, some food banks are exploring increasing their capacity so that they can provide medically tailored meals. Food banks are also exploring alternative delivery options such as using ride share companies.

CONCLUSION AND NEXT STEPS

Over the course of this project, it was clear that both MCO and food banks are seeking opportunities to work together to address food insecurity. Conversations between specific health plans and food banks are being hosted to identify potential pilots related to managed referrals and targeted food interventions in both urban and rural communities. These partnerships show great promise for addressing food insecurity through expanded access and ultimately to improving health outcomes for Texans.

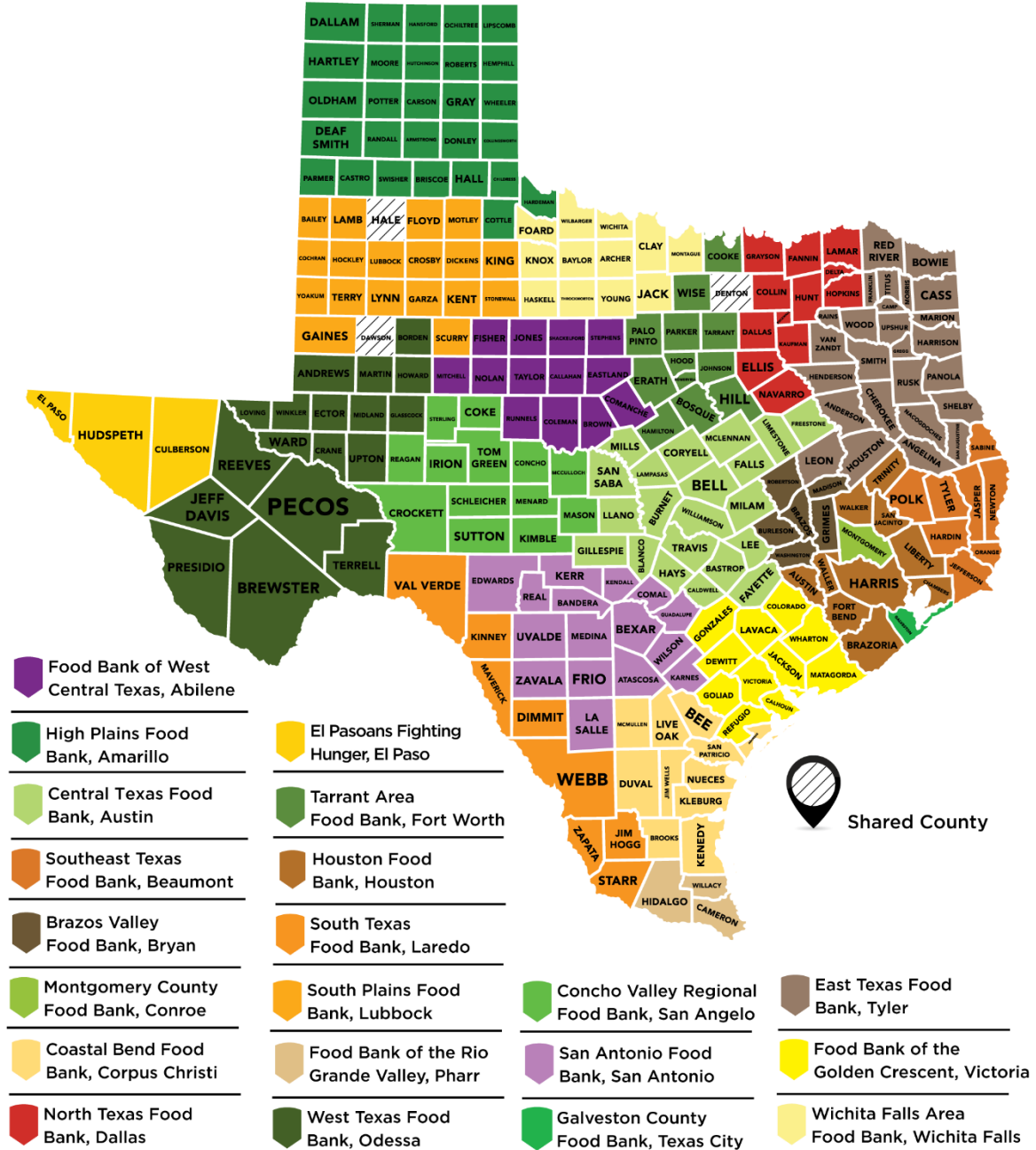
From these learnings, Feeding Texas seeks to advance this work in two ways:

- **Capture learning and best practices** of MCO-food bank partnership development. This includes understanding the factors and considerations that informed decisions about program delivery, financing, and overall partnership considerations. This also includes understanding process and infrastructure required to track data and outcomes.
- **Support partnership development** between interested MCOs and food banks. This includes driving engagement, meeting facilitation, cultivating new interest, and seeking opportunities to scale existing work.

FEEDING TEXAS MAP OF SERVICE AREAS

254 COUNTIES

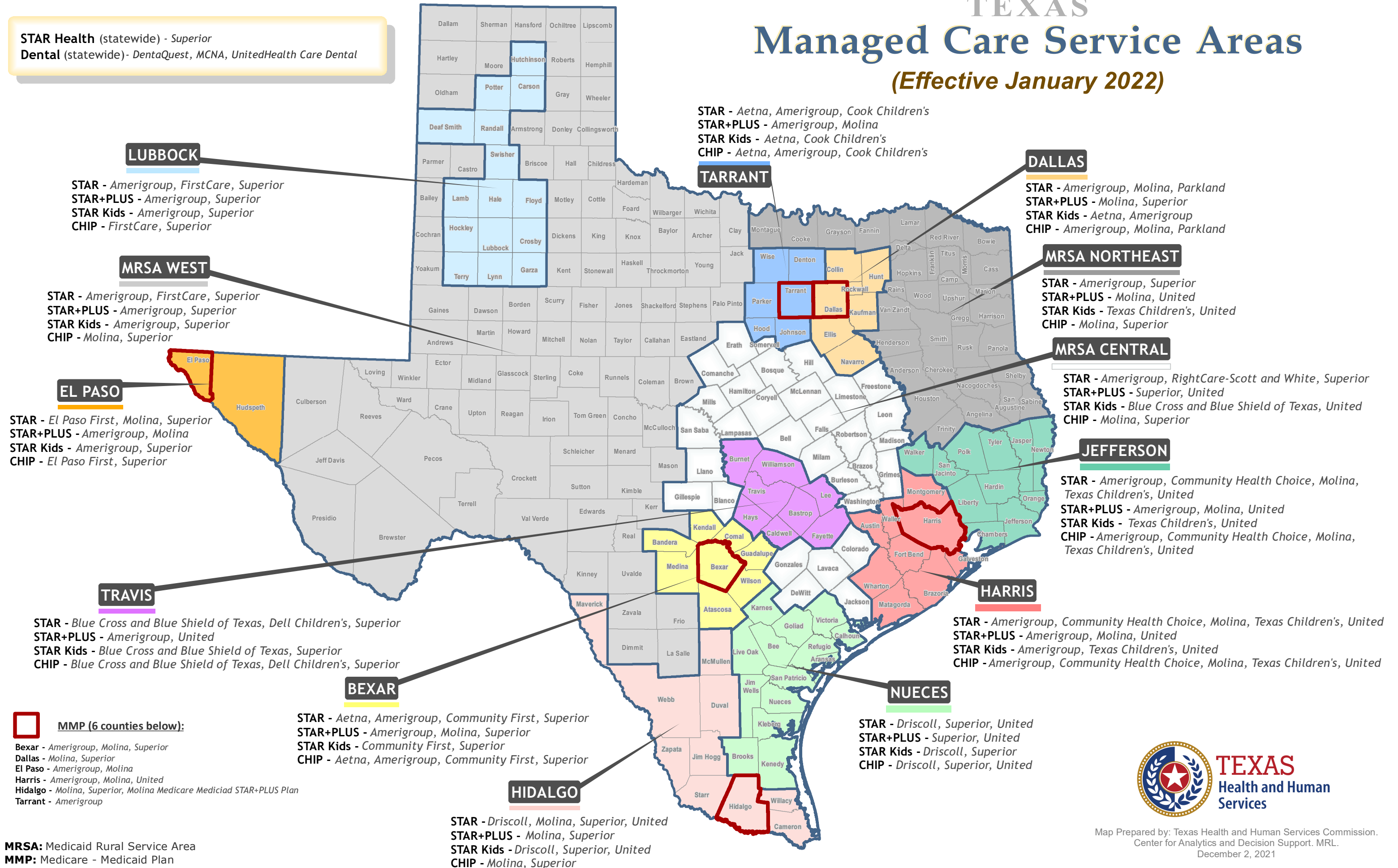
IN TEXAS PROVIDED WITH HUNGER RELIEF BY FEEDING TEXAS MEMBERS



TEXAS Managed Care Service Areas

(Effective January 2022)

STAR Health (statewide) - Superior
Dental (statewide) - DentaQuest, MCNA, UnitedHealth Care Dental



Map Prepared by: Texas Health and Human Services Commission.
Center for Analytics and Decision Support. MRL.
December 2, 2021