WEBVTT

2
00:00:38.790 --> 00:00:52.219
Paloma Sisneros Lobato, SPUR (she/her): Hi, everyone. I'm gonna go ahead and get us started this afternoon. my name is Paloma Cisnaro Slobato, and I am spurs, food and agriculture policy manager. Thank you so much for joining us for this Digital discourse today.

3
00:00:52.280 --> 00:01:08.570
Paloma Sisneros Lobato, SPUR (she/her): Many of you here today are spur members. So thank you so much for your support, and if you are not a member, I encourage you to join to support spur and using education, policy, analysis, and advocacy to make the Bay area a more prosperous, sustainable, and equitable place to live.

4
00:01:08.680 --> 00:01:19.899
Paloma Sisneros Lobato, SPUR (she/her): Your financial support enables us to continue our work, including hosting programs such as this one. Today, you can find more information about membership online, expert org slash join.

5
00:01:20.690 --> 00:01:29.809
Paloma Sisneros Lobato, SPUR (she/her): And without further ado. I'm really excited to introduce our digital discourse today, which is building partnerships to advance nutrition, access and health

6
00:01:29.830 --> 00:01:36.130
Paloma Sisneros Lobato, SPUR (she/her): case studies from Harvard Shelby and California's medically supportive Food and Nutrition Steering Committee.

7
00:01:36.640 --> 00:01:46.269
Paloma Sisneros Lobato, SPUR (she/her): Today's program will include a panel discussion with experts who have a first-hand experience advancing nutrition access through health care partnerships in California.

8
00:01:46.340 --> 00:01:52.790
Paloma Sisneros Lobato, SPUR (she/her): After the moderated panel discussion we will turn to all of you in the audience to ask any questions you might have.

9
00:01:52.940 --> 00:02:04.760

Paloma Sisneros Lobato, SPUR (she/her): Please use the Q. A. Function in the webinar to ask your questions throughout. Additionally, the chat function is available to share a thoughts that you have with other folks in attendance throughout the discussion.

10
00:02:05.130 --> 00:02:15.910
Paloma Sisneros Lobato, SPUR (she/her): Please note that during the Q. A. Portion we will be pulling questions only that have been submitted through the Q. A. Function, and we will not be able to pull questions that you have listed in the chat.

11
00:02:16.140 --> 00:02:30.499
Paloma Sisneros Lobato, SPUR (she/her): and lastly, within the next few days please expect to see a copy of the recording transcript and the chat with everyone who is registered. so I'm going to go ahead and kick us off by introducing our moderator and speakers.

12
00:02:30.820 --> 00:02:36.449
Paloma Sisneros Lobato, SPUR (she/her): First, I would like to introduce you all to Pamela Schwartz, who will be facilitating the panel today.

13
00:02:37.170 --> 00:02:46.969
Paloma Sisneros Lobato, SPUR (she/her): Pamela is the executive director at Kaiser permanente, where she leaves the organization's national Food security, Strategy and other social health priorities.

14
00:02:47.220 --> 00:03:00.169
Paloma Sisneros Lobato, SPUR (she/her): An early advocate in the food is medicine movement. Pam has helped establish the evidence base and business case for addressing food and nutrition insecurity at Kaiser permanente and health care systems across America.

15
00:03:00.780 --> 00:03:02.550
Paloma Sisneros Lobato, SPUR (she/her): Now on to our panelists.

16
00:03:02.650 --> 00:03:14.910
Paloma Sisneros Lobato, SPUR (she/her): Today we are joined by Nye, Kasich, who is the Vice President and Medical Lead at Health met, which is a Medicaid health plan that serves over 3 million members through the State of California.

17
00:03:14.980 --> 00:03:19.600

Paloma Sisneros Lobato, SPUR (she/her): Nye is leading her team to execute the Calam initiative in the Central Valley.

18
00:03:20.410 --> 00:03:33.409
Paloma Sisneros Lobato, SPUR (she/her): Next, we have Sissy Bonini with who is the executive director for the vouchers for veggies. Ed. Ss program at the University of California, San Francisco's Food policy, Health and Hunger Research Program.

19
00:03:33.660 --> 00:03:38.040
Paloma Sisneros Lobato, SPUR (she/her): She is also the chair of the San Francisco Food Security Task Force

20
00:03:38.200 --> 00:03:46.749
Paloma Sisneros Lobato, SPUR (she/her): and a member of the Medically Supportive Food and Nutrition Steering Committee in California and a participant in the National produce, prescription and collaborative.

21
00:03:47.910 --> 00:03:59.279
Paloma Sisneros Lobato, SPUR (she/her): Next, we have Dr. Dennis Shea, who is the chief medical officer for Contra Costa Health Plan, which serves more than 200,000 people in Contra Costa County.

22
00:03:59.490 --> 00:04:07.520
Paloma Sisneros Lobato, SPUR (she/her): Dr. Shea, in Chia's interest in social determinants of health and housing, has driven his passion to improve the lives of members.

23
00:04:08.680 --> 00:04:24.920
Paloma Sisneros Lobato, SPUR (she/her): And next, we have Ben Martin, the associate director of client services and programs at Los Angeles, based community based organization, project, angel food. In that role. He has an 11 person team that on boards and serves project angel Foods, 2,600 clients.

24
00:04:25.960 --> 00:04:47.680
Paloma Sisneros Lobato, SPUR (she/her): Lastly, I would like to introduce Erica Hansen. She is a clinical instructor and attorney at the center for Health Law and Poverty. Innovation of Harvard Law School, also known as Shelby, where she concentrates on policy to address the social determinants of health, improve health, equity, and mitigate health disparities with a focus on the needs of low income. People living with chronic conditions.

25
00:04:48.100 --> 00:04:53.849
Paloma Sisneros Lobato, SPUR (she/her): and before I pass it off to Erica, I just want to share a little bit of quick background that Erica can elaborate on

26
00:04:54.080 --> 00:05:10.030
Paloma Sisneros Lobato, SPUR (she/her): spur co facilitates the California medically supported food and Nutrition Steering Committee, and this steering committee worked in tandem with Chili to bring these case studies to life. Thank you to Erica and to Chili, and all the case study participants for their work. To bring this to fruition.

27
00:05:10.290 --> 00:05:13.730
Paloma Sisneros Lobato, SPUR (she/her): We think that these are a great addition to the learnings on Calais.

28
00:05:13.790 --> 00:05:24.870
Paloma Sisneros Lobato, SPUR (she/her): and without further ado, I'm really excited to pass it off to Erica to kick off this event. to share more about how these case studies came to be, and more of the history of this work in California. To you, Erica.

29
00:05:26.860 --> 00:05:49.699
Erika Hanson: Thank you so much, Paloma, to spur for hosting us for all of our panelists, and to all of you for joining us. I know we were hitting up against spurs limit for registration, and so I know a lot of folks will be watching the recording also. So thank you so much for all of your interest in this topic. It it's really exciting to all of us

30
00:05:49.700 --> 00:06:05.790
Erika Hanson: here. So, as Coloma said, I want to give you some background about the work here in California and about the case studies So as a lot of you are probably aware. although it's now the widely acknowledged that the social determinants of health.

31
00:06:05.790 --> 00:06:31.070
Erika Hanson: right such as environmental conditions, food and housing security. a significant impact on health outcomes and health disparities. There's been slow progress integrating related services such as asthma remediation, medically tailored meals produce prescriptions, and rental support and payment for those services into the health care system.

32
00:06:31.070 --> 00:06:42.199

Erika Hanson: most notably, there's no current widespread coverage of these services in baseline medicaid coverage or original medicare under Federal law.

33
00:06:42.210 --> 00:06:49.380
Erika Hanson: despite the fact that these 2 programs alone cover nearly half of the Us. Population.

34
00:06:49.400 --> 00:07:00.609
Erika Hanson: however, recently, you know, doing rapidly evolving legal and regulatory environment new funding streams. Sorry! Are you all like hearing some like reverberation?

35
00:07:00.900 --> 00:07:08.050
Paloma Sisneros Lobato, SPUR (she/her): Oh, is it just me? Yes, I'm hearing that definitely. And maybe we can work on the back end to mute anyone, any of our panelists who are not already

36
00:07:08.060 --> 00:07:14.419
Erika Hanson: okay. Sorry. are you hearing it now? Okay, now, I'm not hearing it.

37
00:07:15.130 --> 00:07:37.999
Erika Hanson: in a rapidly evolving legal and regulatory environment. Sorry that sounds better now. new funding streams are allowing community based organizations, and service providers to develop collaborations with the healthcare systems to address health related social needs and health equity and really unprecedented ways. It's a really exciting time.

38
00:07:38.070 --> 00:07:47.200
Erika Hanson: in particular, there have been big developments and momentum to address the social determinants of health and Health Equity and Medicaid

39
00:07:47.200 --> 00:08:12.120
Erika Hanson: and through Medicaid waivers. And so for those of you who are familiar, Medicaid waivers allow States to implement time limited and experimental or pilot, or demonstration projects with Federal approval. And under these waivers State Medicaid programs can cover services and populations of people that may not normally be allowed to be covered

40
00:08:12.120 --> 00:08:17.999
Erika Hanson: under Federal law. So like these, health related social needs services that we were discussing.

41
00:08:18.330 --> 00:08:32.690
Erika Hanson: In September 2022, the Biden Harris Administration held the second ever White House Conference on hunger and Nutrition and Health, which endorsed the use of these Medicaid waivers to cover nutrition supports.

42
00:08:32.690 --> 00:08:49.560
Erika Hanson: to address diet, related chronic conditions and nutrition and security for Medicaid populations, and this really accelerated the use of these waivers to cover nutrition interventions, such as medically tailored meals and produce prescriptions in States across the country.

43
00:08:49.560 --> 00:09:05.369
Erika Hanson: So coming to California California, along with States such as Massachusetts, North Carolina, Oregon, and Arkansas, has been a national leader, and using this kind of Medicaid waiver to address health related social needs

44
00:09:05.370 --> 00:09:18.300
Erika Hanson: in January 2,022. So even before the White House Conference, California launched its groundbreaking 5 year Medicaid waiver with the potential to build statewide access

45
00:09:18.300 --> 00:09:32.769
Erika Hanson: for services, addressing social needs like nutrition and housing and security the waiver is called California, advancing and innovating medical that's known as cal aim, a a much shorter, easier thing to say.

46
00:09:32.770 --> 00:09:52.059
Erika Hanson: The waiver encourages Medicaid managed care, health plans, or Ncos for short, to partner with community based organizations or Cbos to provide up to 14 services that address the social determinants of health. California calls these services community supports

47
00:09:52.110 --> 00:10:02.099
Erika Hanson: through the waiver. One category of services that health plans can cover is medically supportive food and nutrition services or Msf and n.

48
00:10:02.100 --> 00:10:24.430
Erika Hanson: which can include actually 7 different interventions. so these are medically tailored meals, medically supportive meals, medically, tailored groceries, medically supportive groceries produce prescriptions, food pharmacies and behavioral cooking and nutrition education is offered with one of those first 6 interventions that provide food

49
00:10:24.730 --> 00:10:39.580
Erika Hanson: reach. Research shows that these interventions are cost effective responses to improve health outcomes, reduce food and security and address deep health disparities in California and also across the country.

50
00:10:39.700 --> 00:11:04.700
Erika Hanson: so while these interventions for those with chronic conditions are effective across the socioeconomic spectrum. These interventions are most urgently needed for individuals and lower income households. This includes a disproportionate number of people of color immigrants, people with disabilities who are over represented in the Medicaid population, due to

51
00:11:04.700 --> 00:11:11.450
policies and systems that have historically denied equal opportunity for things like employment.

52
00:11:11.450 --> 00:11:27.600
Erika Hanson: health care and government-sponsored supports, and are, more likely to bear the burdens of negative health. Consequences of food, insecurity, and diet, related chronic conditions, such as diabetes cardiovascular diseases.

53
00:11:28.220 --> 00:11:50.720
Erika Hanson: So in early 2,021, a comprehensive survey throughout California confirmed that there was a clear need and also substantial infrastructure for Msf. And N. Infrastructure or interventions in the States. However, respondents really identified, like some sustainable funding as a top barrier to providing these services.

54
00:11:50.790 --> 00:12:12.989
Erika Hanson: so California's innovative Medicaid waiver. Here Cal aim has prevented a groundbreaking opportunity to build that funding for Msf. And N, and also those other health related social needs services those community supports. And this is really paved the way for the potential of more widespread access to these services.

55
00:12:13.270 --> 00:12:24.889
Erika Hanson: So the center for health on policy innovation of Harvard Law School, Chopi, in partnership with California, is medically supportive food nutrition Steering Committee, which Paloma introduced

56
00:12:24.890 --> 00:12:48.620

Erika Hanson: with the generous support of the Kaiser permanent. A National Community Benefit Fund at the East Bay Community Foundation, conducted and released in depth case studies illuminating the efforts of California's community based organizations and health plans, partnering to provide these nutrition services under this new Medicaid program

57
00:12:48.620 --> 00:13:14.040
Erika Hanson: this series documents, the operational and logistical hurdles faced by these community partnerships, but also provides the various solutions offered by these early implementers. I'll note that the series provides just a snapshot of these partnerships and the labor program which is constantly evolving to adjust to new learning. And our panelists can add more context to that.

58
00:13:14.230 --> 00:13:34.760
Erika Hanson: Ultimately, these initial learnings in California have shown that the challenges associated with integrating health, related social needs, services, interventions into health care, financing are surmountable, and that the potential impact for beneficiaries and their communities is great in our communities.

59
00:13:34.760 --> 00:13:49.219
Erika Hanson: the insights from this new program can really act as a framework for other stakeholders looking to improve access to care, advanced health, equity, and speed adoption of similar policies throughout the country.

60
00:13:49.220 --> 00:14:13.399
Erika Hanson: So I'm really thrilled to turn it over to Pam Schwartz from Kaiser Permanente, and to our wonderful panel of experts. both health plan and community based organization partners who are working together to operate, operationalize this waiver for Californians, and who will will undoubtedly have great insights to share with you. So thank you all.

61
00:14:14.940 --> 00:14:38.939
Pam Schwartz: Thank you, Erica, and it's such an honor to be here to moderate this panel, and I know I don't have to tell this audience that there's quite a buzz across the nation in this concept of food is medicine, and also the role that health care can play, and being part of the solution there, especially on the heels of the conference that I think we all know about. And Erica mentioned, and the the conversation is really elevating, the thinking about how we can best

62
00:14:38.970 --> 00:15:12.619
Pam Schwartz: treat and prevent diet, related disease, especially for individuals who are food or and or nutrition insecure, and we know this is a pivotal moment for really exploring how we can improve health and lower cost of care with also quality and equity in mind, and Erica mentioned

this, but you know, calling the 1115 waivers in general, and call them specifically give us the opportunity to really roll up our sleeves and think about how we can deliver health care in in new ways. And this is going to help us innovate and better understand how to scale these programs across the nation. So

63
00:15:12.920 --> 00:15:37.450
Pam Schwartz: again, we hope that our experience that we're going to share today in California, I can inform also the national dialogue as more States are requesting these waivers. and also mentioning, you know, in 2,020, Erica mentioned that that Kaiser was a funder of this work, and we partnered with Chili early on to really support a a series of case studies because we wanted to take a peak under the rug at the early implement

64
00:15:37.450 --> 00:16:00.620
Pam Schwartz: implementation of Kelly and early Kelly implementation, so that we can inform the work moving forward. And we're super excited to learn more from the speakers today on on the panel about some of the lessons from the past year, and a giant thank you to Chili for their amazing contributions, and and work on the ground, and of course, for Sp for their their this webinar and all of their work in in partnership.

65
00:16:00.620 --> 00:16:15.369
Pam Schwartz: So I'm going to start with some questions to our panel members just to start us off. maybe starting with you, Ben. can you say how your organization's Kelly and community support has advanced nutrition and health in in your community.

66
00:16:17.000 --> 00:16:18.920
Benjamin R. Martin: and be glad to thanks so much, ma'am.

67
00:16:18.990 --> 00:16:26.770
Benjamin R. Martin: and thank you so much to our friends at Spur, and she'll be for hosting. And it's wonderful to be on this panel with

68
00:16:26.970 --> 00:16:33.700
Benjamin R. Martin: esteemed colleagues, and thanks to everyone for attending. You know what project angel food for

69
00:16:33.820 --> 00:16:44.799
Benjamin R. Martin: 34 years and 16 million counting. We have been a central point philanthropy in Los Angeles that delivers food as a vehicle of love.

70
00:16:45.380 --> 00:16:58.020
Benjamin R. Martin: We also know and strongly believe and know. that food is a vehicle of medicine. We're a part of something called the California food is medicine coalition with 8 sister agencies around the State.

71
00:16:58.140 --> 00:17:12.120
Benjamin R. Martin: Part of the national food is medicine. Coalition won't surprise you that both of those organizations believe that food is medicine, and we work to advance standards, advocacy, funding for food as medicine intervention.

72
00:17:12.520 --> 00:17:25.350
Benjamin R. Martin: That intervention consists of medically tailored meals and nutritional nutrition counseling to really help people who are often, are most vulnerable and most sick community members.

73
00:17:25.609 --> 00:17:39.050
Benjamin R. Martin: So what does Kalene do? Telling is really it's hard to overstate how much it is transforming, what we do and how we work. It is really making us more and more a part of the integrated health care ecosystem.

74
00:17:39.110 --> 00:17:43.890
Benjamin R. Martin: We're thrilled that our 5 managed care partners are strong supporters of that.

75
00:17:44.160 --> 00:17:56.490
Benjamin R. Martin: And it's also making us a part of individual clients and members healthcare teams. The information that we receive and provide becomes part of how they're helped through their overall team.

76
00:17:56.880 --> 00:18:05.379
Benjamin R. Martin: And the last thing I would say is that we're seeing an impact that we know. An initial data from Cal Aim is showing that we're reducing health care costs.

77
00:18:05.910 --> 00:18:10.500
Benjamin R. Martin: improving outcomes. And we're hearing from participants things like

78
00:18:10.600 --> 00:18:16.719

Benjamin R. Martin: they go from being on their death to dancing in their living room. It's a quote that's hard to forget. Right?

79
00:18:16.850 --> 00:18:17.799
Benjamin R. Martin: So thank you.

80
00:18:18.860 --> 00:18:29.139
Pam Schwartz: I love that last bit that you said there. At Nye, could you? Could you also tell us about communities how community supports has advanced nutrition and health in your communities.

81
00:18:30.280 --> 00:18:49.709
Nai Kasick: Yeah, no, thank you so much. Pam, and so The managed care organizations in California has an option of participating in one or all 14 of community support services and and our Mtnb medical, etc. meal being one of the community support services.

82
00:18:49.720 --> 00:18:55.110
benefits and help med having a presence in 31 counties.

83
00:18:55.150 --> 00:19:11.909
Nai Kasick: you know, we actually took both a national approach or statewide approach and a local approach. We are working in our contracted with organizations that are providing medically peeling meals and food throughout the 31 counties.

84
00:19:11.990 --> 00:19:38.949
Nai Kasick: And we're also working with local providers as well, such as project Angel Food in Los Angeles. We're also partnered with another organization in Sacramento, and it's not like in county. And so we're very fortunate to have these partners that can make food food sources available. And because of the vast geography we are working with larger organizations that can actually help deliver or or mail the food to our members.

85
00:19:38.980 --> 00:20:05.019
Nai Kasick: I will say that in January of 2,022 we've had adults. who are experiencing homelessness, for instance, and other adults with chronic diseases such as diabetes have attention, cardiovascular disease, who are eligible for the medically telomeo services. And so we've been able to start offering these services in mid 2,022,

86
00:20:05.080 --> 00:20:23.610

Nai Kasick: and then Earlier this year, we've had those who are transitioning out of nursing homes or skill, notion facilities. And so again they were added to our list of eligible participants. And then, in July of this year and January of next year. We're going to also have children and youth.

87
00:20:23.650 --> 00:20:41.459
Nai Kasick: experiencing homelessness or with kind of conditions and justice involved population who are going to be eligible for the enhanced case management services, which is services that are new benefits to complement and to coordinate the community support services. that we're talking about today.

88
00:20:41.490 --> 00:21:08.649
Nai Kasick: And let's say that since we started offering services mid last year, our numbers or the percentage of utilization or referrals have almost doubled in comparison to a middle of this year. And so we're very excited that more and more referrals are taking place, and that more individuals are benefiting from community or from medically to meals.

89
00:21:10.180 --> 00:21:12.280
Pam Schwartz: Thank you. My

90
00:21:12.450 --> 00:21:33.440
Pam Schwartz: So maybe. Moving to another question given given the urgency to stand all this up which has been mentioned by a couple of speakers. There, there! There's been many challenges that we've all had to overcome. So things like forming new partnerships or contracts with new vendors that can serve all of our members, or standing up new workflows for our care teams. So

91
00:21:33.590 --> 00:21:47.109
Pam Schwartz: to to Dennis and and Sissy. Can you tell us what's been your biggest challenge in starting or implementing your calling? Community support nutrition program specifically? And then how have you overcome that challenge? So maybe starting with Dennis.

92
00:21:48.360 --> 00:21:50.310
Dennis Hsieh: Thank you. So I think

93
00:21:50.350 --> 00:22:11.789
Dennis Hsieh: one of the biggest challenges is you're working with a lot of people or organizations that are not familiar with a medical space or insurance in general. So even though

there are some very basic things like getting an Ipi number how to Bill, how do referrals work which look no different from a referral to a cardiologist or a phenomenologist.

94
00:22:11.800 --> 00:22:25.800
Dennis Hsieh: This is often Greek for the organizations, so I think the onboarding and really constant communication. Regular meetings. Feedback has helped with that aspect. I think the second aspect has been really

95
00:22:26.090 --> 00:22:34.409
Dennis Hsieh: making sure there's clear communication between the providers, not just with the food, but also and the patients, but also with

96
00:22:34.630 --> 00:22:43.539
Dennis Hsieh: health care providers who are managing the care because this is not a standalone intervention. It should really be part of someone's primary care providers plan.

97
00:22:43.750 --> 00:23:08.929
Dennis Hsieh: And we've sort of encouraged that through both really building those bridges, using technology in terms of asynchronous messaging through our portal as well as really helping build those connections in real time in terms of phone calls, emails and things along those lines, and I would say the last challenge has been once again back to the point, that this is not food and isolation, whether it be meals or groceries.

98
00:23:08.970 --> 00:23:26.249
Dennis Hsieh: but really very much thinking through. This is, medical is focused on really driving behavior change and encouraging education and behavior change. So coupling in dietitian nutrition, education, cooking classes. I think we've had sort of various

99
00:23:26.950 --> 00:23:55.209
Dennis Hsieh: levels of success with our different partners. We have a number of really great partners who are all doing really good food work on the food side. But really, I think building in that additional programming and making sure it's not just food once again in isolation is something we're still working on and really trying to help them think through. How do we either partner them with dieticians? So those would be some of the challenges I would highlight.

100
00:23:56.030 --> 00:23:58.980
Pam Schwartz: Thanks, Dennis. Sissy, what would you add?

101

00:23:59.120 --> 00:24:02.670
Cissie Bonini, Vouchers 4 Veggies: Yeah. So I I would add

102
00:24:02.770 --> 00:24:24.989
Cissie Bonini, Vouchers 4 Veggies: a a a bit around determining the priority population to reach under calling we do first prescription programs. And we're in 4 states, 3 counties, California. We have a lot of research around the effectiveness of the programs we work with different populations, we find consistent outcomes. So the question is, who are we going to serve? And at what? What scale?

103
00:24:25.100 --> 00:24:33.890
Cissie Bonini, Vouchers 4 Veggies: because that will determine the next piece of questions, which is what building out Dennis talked about is us building this infrastructure and this language to talk to health care

104
00:24:33.980 --> 00:24:46.199
Cissie Bonini, Vouchers 4 Veggies: and what has been super helpful, I think, is help parents reaching on us, communicating about these and trying to get this topic upfront first. What what are we gonna do

105
00:24:46.200 --> 00:25:12.990
Cissie Bonini, Vouchers 4 Veggies: you know? And how are we going to do it together? And then there's I think, what's been really helpful is, there is a lot of support around funders of the Ipp professional services around the capacity building for Cbos. but the other piece is Cbos really need to partner together because they together, we can speak a better language to help plan And so really using those collaborative skills that Cbos, that we're really good at.

106
00:25:14.480 --> 00:25:15.780
Pam Schwartz: Thank you.

107
00:25:15.800 --> 00:25:40.070
Pam Schwartz: And and I, I feel super optimistic about the North Star that we're all building towards. And I feel confident and excited. Really, that the future state can look different from where we are today. There's we've already seen that when folks have talked about how they've been building out programs. And there's so much innovation going on across the nation and also here in California. So, looking ahead, this will be for Ben, looking ahead.

108
00:25:40.070 --> 00:25:49.129

Pam Schwartz: what do you see as the key next steps for your organization to advance community support for the next 3 years. So, using a window of 3 years under the calling waiver.

109
00:25:49.850 --> 00:25:58.140
Benjamin R. Martin: Sure, I think there is an ongoing process of education. as Dennis was saying, sort of education about education and part

110
00:25:58.230 --> 00:26:11.809
Benjamin R. Martin: that this, that this community support and resource exists that it's valuable and that there is long term benefit through not just the immediate nutrition impact, but also the possibility of long term education.

111
00:26:12.060 --> 00:26:25.909
Benjamin R. Martin: There's also infrastructure. we are not a technology company, but we are building out our technological systems and our other capabilities and medical Dylan and whatnot that supports this business model.

112
00:26:25.920 --> 00:26:38.349
Benjamin R. Martin: And the last thing I would say is, we're confident in the impact of this. But we also want to support the analytics and the evidence and the metrics around that because we want to partner with

113
00:26:38.400 --> 00:26:45.100
Benjamin R. Martin: the plans and our friends state and be able to show and continue the impact of

114
00:26:47.150 --> 00:27:12.149
Pam Schwartz: Thank you. And my colleague, Kenisha Campbell, who leads our Medicaid community support. She wasn't able to be here today to represent Kaiser permanent his approach. So I'm going to give it a try to Tell you I don't. I don't do this day to day, but I'm watching it sort of in partnership with Canadians. So just a little bit of flavor about what's going on at Kaiser with that same question of looking ahead that and over the next 3 3 years. So just a little bit of background.

115
00:27:12.150 --> 00:27:35.310
Pam Schwartz: Kaiser. Permanent day serves over 1.3 million Medicaid members, most of them here in California. And then for California, as we've already talked about, there's so much urgency and also opportunity to really make a difference in our members lives with this. what

we've been talking about today. And our medical teams have been working around the clock for months trying to get this up and running and over the next 3 years.

116
00:27:35.410 --> 00:27:46.630
Pam Schwartz: We're hoping to really continue to contribute to the evidence space that was mentioned by. I think, Sissy and I'll set to the business case because this is a business case for health care, because this is an important piece.

117
00:27:46.730 --> 00:28:13.310
Pam Schwartz: particularly, I would say, for health care, probably for my colleagues in the community based organizations as well. But we need to understand what we should scale the most impactful way to help our members who are experiencing food and nutrition, security and or diet, related disease, and the urgency of getting into traffic at scale in a state as large as California, while also meeting the complex regulatory and environment.

118
00:28:13.380 --> 00:28:38.379
Pam Schwartz: is, you know, something that we just presents a great challenge for all of us, I think, here in in California, and this translates to an urgency to find partners who can scale the work. But at the same time we know we need to think more strategically about addressing equitable help outcomes. And then there can be. There can be attention among scaling equity and innovation. So we have our eye on a future state that can address all of that with

119
00:28:38.380 --> 00:29:02.500
Pam Schwartz: you know, with more overlap. We've been engaging our members also to really understand the barriers and and co-create the solutions. So people with lived experience of of food and nutrition, insecurity. And we'll continue to do that as as this work takes shape over the next. Over the years to come. We've also been working hard to increase the capacity of local nonprofit community support providers or folks who want to be those

120
00:29:02.500 --> 00:29:20.430
Pam Schwartz: through capacity building. Some, I think, 50 maybe, mentioned Ipp grants so capacity building grants also infrastructure building. We've been also trying to share best practices. This is 1 one way at this webinar, but you've been trying to do that more more broadly and perhaps most exciting is that we've been working to develop

121
00:29:20.440 --> 00:29:26.120
Pam Schwartz: value-based incentive relationship. So this concept is getting a lot of visibility lately. And it's

122

00:29:26.130 --> 00:29:35.759
Pam Schwartz: newer for some people. This is the way that Kaiser is organized. So doing that in partnership, then, with a broader set of of partners, is is really super exciting

123
00:29:35.760 --> 00:30:00.750
Pam Schwartz: and in in addition to community support, we've also been helping our members with food and nutrition in in other ways, such as helping them with snap enrollment, or with enrollment or enrollment and other government programs, maybe not even food related, but helps put dollars in people's pockets so they can then get healthy food on the table, and we've been helping to connect our members to local community resources as well as as well. And all of this with an it

124
00:30:00.750 --> 00:30:05.610
Pam Schwartz: towards a more holistic approach to food and nutrition security. So

125
00:30:05.780 --> 00:30:22.039
Pam Schwartz: just to sum it all up, we think there's a range of food. This medicine interventions that are appropriate for different populations, and we'll leverage as many levers as we as we can to increase access to healthy foods with the hope of again preventing and treating diet related disease. So, as I said earlier

126
00:30:22.040 --> 00:30:33.800
Pam Schwartz: about, I don't know. 20 min ago, I don't think the current state is the future state, meaning, I think, there is ample opportunity for innovation, more opportunity to scale this work in meaningful ways.

127
00:30:33.800 --> 00:30:54.970
Pam Schwartz: Informed by our members, together with our care teams, and also with other states that are heading, heading, or headed. We'll be heading in this direction because there's as more States come on board. There's going to be more of a community of practice if you will, to really learn from each other. And so we're super excited for the potential of what we can all do together, and we, broadly speaking, so

128
00:30:55.060 --> 00:31:09.469
Pam Schwartz: going to the next question we have. we all have a role in in shaping our desired future state. So, starting with you, Dennis, what do you think is the future for medically supportive food and nutrition in California?

129
00:31:13.280 --> 00:31:14.670

Dennis Hsieh: So I think

130
00:31:15.090 --> 00:31:30.400
Dennis Hsieh: you know the big thing is the Department of Health care services in California has been clear with the health plans that our restrictions on community supports, including this one have to be removed by January first of this next year.

131
00:31:30.520 --> 00:31:35.549
Dennis Hsieh: So I think we're going to see broader eligibility. of, for

132
00:31:35.740 --> 00:31:39.400
Dennis Hsieh: who does Madison in terms of format account members

133
00:31:39.680 --> 00:31:51.239
Dennis Hsieh: who have diet sensitive or food sensitive conditions which is great and that will be uniform across the State. I think the outstanding question that remains to be answered is very much.

134
00:31:51.920 --> 00:31:58.850
Dennis Hsieh: You know how long, because I think there has been clarity from the Department of Health Care services. They view this as a

135
00:31:59.060 --> 00:32:07.550
Dennis Hsieh: behavior change intervention, not a ongoing. you know, sort of ongoing long-term poverty intervention.

136
00:32:07.790 --> 00:32:23.529
Dennis Hsieh: So I think there's some tension there, because, as you think, through any other chronic conditions, such as diabetes or hyper lipidemia. Right? We don't start someone on a medication. Keep them on there for 3 days, 3 months or 6 months, or 9 months, and then stop it

137
00:32:23.980 --> 00:32:41.120
Dennis Hsieh: at the same time. I see Medicare's perspective. There are other benefits, as mentioned previously, like snap or food stamps or cal fresh in California and other supplements. Right? So I really see the future for food as medicine for the medic out population, as one where we work

138

00:32:41.230 --> 00:32:48.250
Dennis Hsieh: in hand with the Usda, with Snap and Cal fresh in California, to figure out

139
00:32:48.300 --> 00:32:50.150
Dennis Hsieh: how? Because, I mean, if

140
00:32:50.230 --> 00:33:04.730
Dennis Hsieh: how fresh in California can be used to pay for subway at Mcdonald's and Burger King. It should absolutely be allowed to pay for these interventions. And how do we sort of move that forward as a wait for sustainability and ongoing supply.

141
00:33:04.730 --> 00:33:23.959
so that the behavior change is not only learned and encouraged, but also sustainable for the member standpoint, and whether or not Dhcs. And the plans need to supplement is sort of a math question I don't know the answer to, but that is what I would see as a vision for food, as medicine moving forward in California for the medical population.

142
00:33:28.420 --> 00:33:30.050
Cissie Bonini, Vouchers 4 Veggies: Oh, you're muted then.

143
00:33:31.310 --> 00:33:55.450
Cissie Bonini, Vouchers 4 Veggies: Sorry you missed me, saying I love that what was just said, and and then on to Sisy. What? What does your crystal ball tell you the feature? I mean. I I just want to go back to a a physician that we were working with with British prescriptions. And she said if there was a drug that was as effective as fruits and vegetables, with no negative side effects, it would be considered a massive medical breakthrough and widely prescribed

144
00:33:55.580 --> 00:34:18.179
Cissie Bonini, Vouchers 4 Veggies: right? So this is, it just makes sense. And and I think the future is that we we food is healthcare that we need to think big and Pam. I think you mentioned that. I think I think a couple of folks have mentioned this along the way. I mean, we know that there's a huge issue. I'm diet, really disease number one cause death. I mean, we know the in in America. We know that 50% of California's or die back if we dive it. I mean, you could go on and on and on and on.

145
00:34:18.290 --> 00:34:26.140
Cissie Bonini, Vouchers 4 Veggies: I think the thing is that there is activities happening to really make.

146
00:34:26.150 --> 00:34:52.209
Cissie Bonini, Vouchers 4 Veggies: food is medicine. A medically supported food. It making medical for food and and it supported food and nutrition benefits. Excuse me, it is like, I know it's like crazy as a regular covered benefit under that account. So there! And there's I know there's a lot that's around the legislation, and you know there's a lot of activities around this

147
00:34:52.210 --> 00:35:15.350
Cissie Bonini, Vouchers 4 Veggies: to have to make this happen. and it just really encourage help plans and folks to learn more about these efforts. but I I think we have to really think about transforming the system. And this is Cbo's transforming how we communicate with healthcare health care transforming within their systems so that they're used to doing referrals like they can be a normal thing to do food which is now a really separate.

148
00:35:15.380 --> 00:35:32.510
Cissie Bonini, Vouchers 4 Veggies: And I think that's the movement that's moving forward. And, Pam, you talked about right from the beginning. There's such interest in such enthusiasm because people feel better. They feel better when they eat better. It's kind of a no brainer. So I might. My, I think that's the feature. I think we're thinking big, and I think we're going to see this as a comfort benefit.

149
00:35:34.030 --> 00:36:01.859
Pam Schwartz: Thank you, and a reminder to everyone. If you have a question, please, put in the Q. And a. Because we're going to go to the Q. And A in a second. So, but before we do that I'm just going to go around for the all of the panelists in enlightening round sessions. So giving your just elevator speech, or less? this is the question. So many members of our audience maybe just starting, starting out thinking about addressing nutrition or other health, related social needs

150
00:36:01.970 --> 00:36:20.060
Pam Schwartz: related to the community supports and and Medicaid policy so based on your experience, what is one piece of advice that you would offer organizations or policymakers who are looking to get involved in calam or something something similar. So, Sisy, just because you're on my screen. Still, I'm starting with you. Maybe.

151
00:36:20.060 --> 00:36:48.419
Cissie Bonini, Vouchers 4 Veggies: Okay. Great I would say. Don't be daunted by this process. So for Cbos, providers, operators, and health plans. I think, starting these conversations. there's so much work already happening. We're, I mean, so many Cdos are already doing this work in communities. And it's just linkages. These are business practices. We can that are surmountable. And we can make this happen. So we're good at collaboration. this is what we do. Don't be daunted. Start those conversations.

152
00:36:49.310 --> 00:36:51.040
Pam Schwartz: Thank you. How about you, Ben?

153
00:36:53.210 --> 00:37:03.270
Benjamin R. Martin: Sure, I think it's 2 parts. One is echoing what Sissy said. It's do it. There's so much upside and so much impact on individual lives. And it's very exciting to be a part of.

154
00:37:03.550 --> 00:37:16.680
Benjamin R. Martin: and it's also be prepared to evolve right like it. We've had Cal in for 18 months, and I feel like we're already in Chapter 3 or 4, and it's exciting to be co-creating this with our partners and throughout the State.

155
00:37:16.700 --> 00:37:25.340
Benjamin R. Martin: but there's a lot of evolution that I think is going to be continuing to occur over the next few years. but that makes it a very interesting place to be to

156
00:37:26.500 --> 00:37:27.949
Pam Schwartz: thank you, Nye.

157
00:37:29.790 --> 00:37:44.480
Nai Kasick: You know I think partnership is key in executing Cal A and community support services. and it's amazing when we all come into a room and see all the cbo's health plans and other stakeholders

158
00:37:44.480 --> 00:38:07.259
Nai Kasick: that are engaged and are lined in the same mission. And so for those policymakers of those advocates, I would say, start identifying those potential partners and start engaging in this discussion, because as Ben was talking about how we're 18 months into this program, I also see a longer pathway in front of us to really fine tune, the workflow and the processes.

159
00:38:07.260 --> 00:38:17.679
Nai Kasick: You know, we still have some work to be done like around claims. Billing, you know. I know we all learning as we're building it, but it's really an exciting opportunity, but it can only be done with partners.

160
00:38:19.310 --> 00:38:21.130

Pam Schwartz: And, Dennis, can you wrap this up?

161
00:38:23.510 --> 00:38:30.669
Dennis Hsieh: I think, from my perspective. It's really sort of thinking through what's already covered

162
00:38:30.770 --> 00:39:00.659
Dennis Hsieh: and what needs to be covered. Right? There's a lot we want to happen. And I think it's much easier if something's covered not to ask for it again, because that's as confusion and make sure as less powerful. So you know, for example, what I mean by that is, yes, we all want food to be a benefit, but dietitians are already covered. Right? So don't ask for that to be wrapped in work with your plans and your partners to figure out how to bill for that, so that you can really focus your ask and get what you're looking for.

163
00:39:05.320 --> 00:39:16.470
Pam Schwartz: All right. I think we're going to move to the Q. A. So I think if you still have questions, feel free to put them in the Q. A. And then I'm going to pass along to Paloma, who, I think, is going to moderate our Q. A.

164
00:39:17.030 --> 00:39:43.600
Paloma Sisneros Lobato, SPUR (she/her): Wonderful thank you so much, Pam for leading us through all of those, all that discussion, and yes, another plug. To please submit some more questions. We have a handful already, and I'm going to kind of work our way through this kind of pulling out some themes to organize this a little bit. And so I'm going to kind of start, I think, in the realm of talking a little bit about the financial feasibility of all of this. There's a couple of questions in that kind of arena, and so I think I'll kick it off by talking about just

165
00:39:43.720 --> 00:40:05.299
Paloma Sisneros Lobato, SPUR (she/her): a and prompt our panelists to answer the question of what do you see? As the biggest expense related to the kind of capacity and infrastructure building to build and scale. this work. So a program and the longevity of that. And so maybe I will. I'm going to appoint it to to Ben, first to to answer this. Thanks.

166
00:40:10.830 --> 00:40:12.979
Benjamin R. Martin: Sure, I I think the

167
00:40:13.140 --> 00:40:23.530
Benjamin R. Martin: there's certainly the obvious expense of producing the meals and having the resources to provide the education of our intervention.

168
00:40:23.930 --> 00:40:40.019
Benjamin R. Martin: It's also important to have dedicated staff. We have 2 people on our client services team. Now, we're doing an excellent job in building out this work and making sure that we have the expertise and the resources to respond promptly and transparently and

169
00:40:40.180 --> 00:40:43.060
Benjamin R. Martin: to referrals and authorizations.

170
00:40:43.220 --> 00:40:50.099
Benjamin R. Martin: and then I think something that we see also is you know, as I mentioned before, technology isn't cheap

171
00:40:50.240 --> 00:40:56.649
Benjamin R. Martin: that invest in the technology that enables us to have streamline, efficient workflows and capabilities.

172
00:40:58.410 --> 00:41:04.989
Paloma Sisneros Lobato, SPUR (she/her): That's really helpful. Thank you so much, Ben, are there any other panelists that have some additional things to add on this question?

173
00:41:07.630 --> 00:41:28.529
Nai Kasick: this is my, and I just want to say that our teams responsible for making incentive payment. what we're responsible for executing the incentive payment program which are the IP funds to help providers build infrastructure. So ultimately, then they're able to sustain the program through reimbursement.

174
00:41:28.530 --> 00:41:43.139
Nai Kasick: And I would say, a significant number and amount of funding in Central Valley went to expenses related to technology, either expanding out their Emr claims, payment ability

175
00:41:43.140 --> 00:42:01.590
mit Ctl, and for adapting, because many of the new or new providers or nonprofit organizations do not have the level of technology that's really required for for the organizations to engage with health plans. And quite frankly. That's what Dhcs. Is expecting of the health plans to one

176
00:42:01.590 --> 00:42:14.050

Nai Kasick: to work with. our providers, our nonprofit providers. And so I would say, that's a pretty large ticket item, and most frequently asked in terms of support from our contracted providers.

177
00:42:15.580 --> 00:42:24.459
Pam Schwartz: Maybe I'll I'll just p back off of that because I think there it that I agree that the the it, the technology, is the most

178
00:42:24.660 --> 00:42:45.989
Pam Schwartz: complicated and and probably the most expensive. But the and the billing, not just for the nonprofits, but also for the interaction between the health plan and the nonprofits and tracking and follow up, and just the whole soup to nuts of of the interaction, so that it then becomes in the medical record is is a body of work as well. That's new

179
00:42:47.390 --> 00:43:04.230
Pam Schwartz: sorry all in the context of we all. We also have looking. We're looking ahead to screening it for food and insecurity, being a requirement at at scale and then screening to referral. And then this is this is part of that as well. So there's just a there's a complicated picture that's all playing out at the same time.

180
00:43:06.270 --> 00:43:24.240
Paloma Sisneros Lobato, SPUR (she/her): Thank you. That's really helpful context. And yeah, I appreciate you both. Kind of elevating the Ipp funds is kind of an Avenue in which there is some funding available and kind of talking about the nuance of of getting that in the hands of community-based organizations to really try to address those info infrastructure gaps that they might have.

181
00:43:24.410 --> 00:43:40.350
Paloma Sisneros Lobato, SPUR (she/her): So I'm gonna pivot and talk about kind of another avenue that is related to kind of the financing and funding. But I think it's a little bit in a different vein. So the question is, are there instances of competitive funding that are preventing community based organizations from partnering in a shared area.

182
00:43:40.350 --> 00:44:03.939
Paloma Sisneros Lobato, SPUR (she/her): And I think that this is really trying to get at kind of the within, maybe a county. And when partnership with one specific health plan. If there's multiple organizations providing the same type of intervention, what does it kind of look like to be able to get and maybe enough referrals and figure out what that kind of payment streamline looks like to so that there could be a multitude of community based organization providers.

183
00:44:04.070 --> 00:44:12.450
So I might ask one of our folks at the health plan. Maybe maybe, Dennis, if you could kick it out, kick us off to to answer some of your thoughts on this.

184
00:44:13.470 --> 00:44:16.440
Dennis Hsieh: Yeah, I mean, I think from a health plan perspective.

185
00:44:16.610 --> 00:44:29.789
Dennis Hsieh: we are we. We're working actually with a number of providers, and I think they're sort of both rewarding and challenges to that right. I think the rewards are. We're supportive of a number of providers, and really

186
00:44:30.210 --> 00:44:35.589
Dennis Hsieh: have that option for patients to choose which provider or providers they feel like work best.

187
00:44:35.710 --> 00:44:48.050
Dennis Hsieh: I think the challenge is, you know, I can't necessarily guarantee any one provider just like how I can't guarantee a cardiologist. You're gonna get 10 people a day or 20 people a day.

188
00:44:48.100 --> 00:45:03.300
Dennis Hsieh: It's really up to sort of the providers, to distinguish, to build those trusted relationships and lean on the connections of the community, and to work closely with the prescribing providers. You know the primary care docs and others to really

189
00:45:03.310 --> 00:45:07.909
Dennis Hsieh: sort of make that happen. So I sort of, you know, I don't see

190
00:45:08.220 --> 00:45:15.370
Dennis Hsieh: from the plan perspective any barriers towards contracting with a number of providers. I think the hard thing is.

191
00:45:15.490 --> 00:45:40.969
Dennis Hsieh: you know, once again, this is that translation from health plan talk, which is a certain payment per month to sort of how Cbos operate, which is a budget, for, you know, a

program over a period of time and sort of trying to translate between the 2 and making that work, I think, is the hardest part when a volume cannot necessarily be guaranteed.

192
00:45:44.180 --> 00:45:51.549
Paloma Sisneros Lobato, SPUR (she/her): That's really helpful. And I'm curious if one of our Cbo participants might want to provide that perspective from from their side of things.

193
00:45:53.330 --> 00:46:02.390
Benjamin R. Martin: I'll speak to that briefly. I you know it call name, sets up an interesting kind of structure and and world right? Like, I'm a little competitive, and

194
00:46:02.440 --> 00:46:08.600
Benjamin R. Martin: it's important to me that we do what we do with excellence, and I would love to be the first medically Taylor meal provider

195
00:46:08.650 --> 00:46:14.039
Benjamin R. Martin: on the health team's mind and the health net team's mind when they think about

196
00:46:14.190 --> 00:46:16.550
Benjamin R. Martin: But

197
00:46:16.720 --> 00:46:21.940
Benjamin R. Martin: there is a lot of work to do right, and I think when all boats float

198
00:46:22.510 --> 00:46:29.169
Benjamin R. Martin: and we are all serving the people who matter most, and that's the clients and the people who need the help

199
00:46:29.260 --> 00:46:32.959
Benjamin R. Martin: and the people who are on the ground going to benefit from this work.

200
00:46:32.980 --> 00:46:39.150
Benjamin R. Martin: There's a full spectrum of interventions, and I think there's a lot of room for work and development of

201

00:46:39.180 --> 00:46:41.399
Benjamin R. Martin: of those interventions in the area.

202
00:46:45.060 --> 00:47:11.969
Cissie Bonini, Vouchers 4 Veggies: So you want to say something as well. Go for it, please. First of all, it's hard to follow Ben, because he's great. That was great. Thank you. The But the I I do want to say. The the Interesting thing to remember, though, is that we want to make sure that those most in need aren't left out, and that these interventions are culturally relevant and really meet the needs of those folks on on on Medicaid Cal Medicaid, right? So I think that you know and help us do this. They will. They will go with contractor who knows most. These, you know.

203
00:47:12.110 --> 00:47:30.650
Cissie Bonini, Vouchers 4 Veggies: do this so if you are, you know, for for Cbos or operators, I mean, I think that's a really important part of this is, you know, communicate, you know, those populations, and if you don't then, and somebody else does better than we, you know. That's that's that's the combination that we work with. Right. That's either partnerships or just understanding like Ben, says the big picture.

204
00:47:31.320 --> 00:47:56.010
Pam Schwartz: maybe adding, just not something. I that going back to something I said earlier, I think I said it twice. Actually, I just don't think the current state of the future state, and I think the future state is where you won't necessarily just have one community provider option for your patient or member, but they would have the option of the one that serves them best. So like, if you cook, or if you don't cook or you there, there would just be options in a future state that is not here today, as we're all scrambling to get this up and running, and you know, meet what is required.

205
00:47:56.010 --> 00:48:04.580
Pam Schwartz: Fired in in something new, you know, new. but the the the contracting is very, you know, difficult, and we already talked about the it. And so

206
00:48:04.630 --> 00:48:14.229
Pam Schwartz: there is a scramble right now that I, I think, can be improved in the future when we're not, you know, heads down trying to make it all to get started.

207
00:48:15.120 --> 00:48:43.209
Nai Kasick: Yeah. And I just want to add to that. You know, I had mentioned earlier that we've taken 2 prong approach which is looking at contracting with local providers, such as project into food. And we have another organization up in Northern California, and we've taken the national and and quite frankly, you know. I think local providers really have a better pulse of the

community, and to what Sisy was saying earlier are able to better respond or provide culturally relevant meals

208
00:48:43.210 --> 00:48:56.750
Nai Kasick: mit Ctl, and and I think that's really important. And so I'm just going to time in to Pam's comment around the current state and the future state. I think this is evolving. And you know, at least from the Central Valley Perspective health net. We're love to contract with local providers 150

209
00:48:56.750 --> 00:49:21.119
Nai Kasick: that are providing medically tailored meals, you know, especially in Central Valley. You're familiar with California. You have your metropolitan La and San Francisco and many of the organizations. I really center it around those 2 major cities. But in Central Valley, where food is grown. We don't have these services, and so we're always looking for local providers. May that be for medical retail meals or for other services? 200 and

210
00:49:21.120 --> 00:49:47.720
Nai Kasick: and so I will say that as program expands that and as more Cdos understand, count, aim and see the opportunity. We're hoping to see more local organizations to be part of this, because again, they have that a pulse of the community and the needs of the community. And as a result, we believe that those organizations can better provide services and help with quality outcomes in their own communities.

211
00:49:49.500 --> 00:50:14.489
Paloma Sisneros Lobato, SPUR (she/her): Yeah, I really appreciate you saying that. And I think it. Actually, I'm going to dovetail it into a little bit of a question that's in the chat which is really talking about. What does this look like in different geographies throughout the State. Knowing that we obviously we are a massive state, we have many huge city and urban areas where there might be a plethora to your point 9 of providers that can do this local providers. And i' I think the

212
00:50:14.490 --> 00:50:36.360
Paloma Sisneros Lobato, SPUR (she/her): the question that it's getting at. And the question is, what is the what is the opposite side of that? What does rolling this out look like in more of those rural areas where the opportunity to work with kind of the on the ground community. Based organizations might not be as much of an option. And so if anyone can shed some light on what that is currently looking like, or what maybe a future state could look like. I'd love to to start there

213
00:50:39.720 --> 00:50:45.119

Paloma Sisneros Lobato, SPUR (she/her): to say yes, please. I can. I can talk about. I again, I think we have to make.

214
00:50:45.170 --> 00:51:00.349
Cissie Bonini, Vouchers 4 Veggies: There's a plethora or mosaic right of medically supported food interventions that fit the needs of the communities to find out what what f the community I specialize in produce prescriptions. So, and we've definitely done for a subscriptions in urban semi urban, but definitely rural

215
00:51:00.350 --> 00:51:24.390
Cissie Bonini, Vouchers 4 Veggies: and and they work so. But you have to set your program up to meet the needs of who serving right? So you have to make sure it's prescription wise that you have the retail network that that meets where people shop for for and and in time sequences that fit their shopping patterns when people can't travel very far. Very often those sorts of things. So it's just there is ways to develop these models

216
00:51:24.400 --> 00:51:46.789
Cissie Bonini, Vouchers 4 Veggies: for the communities that are that are being served. And there's a lot of expertise out there. I would I would I would have people take a look at the world toolkit that I share. Strength is done around per prescriptions, and I think we're looking for other option opportunities around there. But but again, I think they're they're working together and talking to other folks that have already had successful operations in there. I think there's a lot of learning to be across

217
00:51:46.860 --> 00:51:48.650
Cissie Bonini, Vouchers 4 Veggies: fermented.

218
00:51:51.020 --> 00:51:56.760
Paloma Sisneros Lobato, SPUR (she/her): Thank you for bringing up that resource. That's really helpful. Other panelists that want to speak to this question.

219
00:51:56.810 --> 00:52:17.949
Pam Schwartz: I could just say that I I I feel like I'm I I like, we're seeing this. We're seeing better saturation, if you will. Of all communities throughout California as this gets built out so where it was harder last year. It's easier this year in certain places, and some of that actually is the, I think the Ipp capacity building grants, trying to build the infrastructure, to be able to get

220
00:52:18.350 --> 00:52:34.199

Pam Schwartz: either delivery or even the creation of foods up into more rural communities. So I see this is also only getting better over time, and I can already see us moving in that direction us broadly throughout the the state.

221
00:52:37.380 --> 00:52:42.720
Paloma Sisneros Lobato, SPUR (she/her): I really love that that optimism and the the future state. vision that you have

222
00:52:42.760 --> 00:53:04.070
Paloma Sisneros Lobato, SPUR (she/her): awesome. So I know we have just maybe under about 5 6 min left. So I'm gonna ask our panelists. One more question from the Q. A. And then I'll bring us to a close. And I'm thinking of kind of leaving us on. Maybe. What is, I think, a pretty big picture question about a little bit of kind of the future, of how Kellyn fits into

223
00:53:04.120 --> 00:53:34.049
Paloma Sisneros Lobato, SPUR (she/her): fits into California policy and Medicaid policy. So the question is, how do we make progress in the food as medicine mission without policymakers seeing it as another short-term welfare type food assistance program like Snap. And I know that this is a big, maybe wonky policy question. And so to the extent that you can like. What do you see as kind of the incremental progress that policymakers can use to see this like? What what do you think is the is a great next step, and I think this also

224
00:53:34.370 --> 00:53:39.550
Paloma Sisneros Lobato, SPUR (she/her): connects to you know the other question that you previously answered. So anything that's additive there.

225
00:53:45.460 --> 00:53:57.639
Dennis Hsieh: I mean, I think at the end of the day, right? It's just if we're paying for health care, we're pay for hospitalizations. We're pay for dialysis or pay for amputations.

226
00:53:57.770 --> 00:53:59.839
Right? That's the alternative.

227
00:54:00.230 --> 00:54:06.540
Dennis Hsieh: And we're paying for lipitor. We're paying for insulin, right? This is sort of to CC's point. This is no different.

228
00:54:06.650 --> 00:54:20.819

Dennis Hsieh: So I think that's really the narrative that this, you know, these are lifelong chronic conditions. And why are we paying for something more expensive and less effective with more side effects. But there's something clearly cheaper and more effective available.

229
00:54:22.870 --> 00:54:37.509
Pam Schwartz: Thanks, Dennis and Pam. I can maybe build off of that, because, you know we're seeing this crazy trajectory of diet related disease and the anticipate, the current cost and the anticipated cost of that over time is, you know, a lot. So

230
00:54:37.510 --> 00:55:05.710
Pam Schwartz: I think there are more people paying attention to the role that food has in in being part of the solution here, and the role that health care has, and being part of the solution as as a food is medicine type, future. But I also see more. And I'm not really enough. I heard you call me an optimist. I don't know that I've been caught that before, so I don't know that I am when I just see a lot of progress in the space over the past few years, and in particular over the past year. And just this morning there was a Congressional briefing early this morning. And

231
00:55:05.840 --> 00:55:23.260
Pam Schwartz: there was last week I was in Boston with a white house and tufts and food food and tank event, and we saw more Congressional words of support than I think we have in previous meetings. So it just feels like there's There's

232
00:55:23.260 --> 00:55:35.859
Pam Schwartz: Sorry it feels like there's some optimism here, I guess. and I I think there also is a there is a business case for why we should all, including the the across the nation be

233
00:55:35.860 --> 00:56:01.539
Pam Schwartz: looking at this, the question is going to be, how do we pay for it? And from a health care perspective, I believe we still need to build the business case for which target populations which disease categories, what's the interventions? And so I believe we still need that. I I? I know. I can't remember who said it earlier that we have that. And I don't actually think, from a healthcare perspective, that we do have that enough to make it the future of what we're all I think

234
00:56:01.980 --> 00:56:21.429
Pam Schwartz: you know, hoping to see in terms of the the scale of this and the ability to really change the trajectory, that of of dietary and disease and food and nutrition security. So I'm optimistic. And I think there's work to do. And so I'll leave it at that with a mix of optimism and maybe a little bit of okay. Well, still, some work to do.

235
00:56:22.570 --> 00:56:46.710
Paloma Sisneros Lobato, SPUR (she/her): Well, I actually think that that is a perfect place to kind of end our kind of question portion of this, and I'm just going to spend the last minute or 2. to thank all of our wonderful panelists today for joining us. It's been a pleasure to get to hear from all of you on on kind of these really big questions, these really nuanced questions around kind of the current state of affairs and what the future of this is going to look like.

236
00:56:46.710 --> 00:57:10.069
Paloma Sisneros Lobato, SPUR (she/her): So thank you. all for joining us. I would also like to. please encourage everyone attending to take a look at the case studies that she'll be case studies that were published. to get. Maybe some more of your questions answered. There, we will do our very best. to answer any of the lingering questions that we're in the question and answer section that we were unable to get to today.

237
00:57:10.070 --> 00:57:32.450
Paloma Sisneros Lobato, SPUR (she/her): We'll do our best to be able to answer some of those and circulate that along with the the recording and the other information as follow up to this panel discussion. And thank you, Erica, for putting the case studies again into the chat for everyone and I hope everyone has a wonderful afternoon. we really appreciate you joining us today and hope you learn something. So thank you all.