

Food as Medicine Collaborative Logic Model

Our mission is to bridge healthcare and food systems to advance nutrition security and health equity.

SITUATION

- Food insecurity and poor nutrition are associated with worse health outcomes and increased healthcare costs
- Low-income communities and communities of color in SF experience higher rates of chronic conditions and nutrition inequities due to systemic racism
- Healthcare systems do not universally screen for or address food insecurity, yet providers recognize that focusing on such upstream social determinants of health is key to improved health outcomes and health equity
- Food as medicine programming is not integrated into healthcare delivery and scaling effective programs is limited by funding, engagement of internal champions, and a limited evidence base
- CalAIM provides an exciting opportunity for health plans to offer medically supportive food and nutrition interventions as Community Supports in California, but these services are optional and implementation has highlighted challenges for all stakeholders

PRIORITIES

- Reduce disparities in nutrition insecurity and chronic conditions among low-income people of color in SF
- Deepen collaboration with patients in their care through food as medicine programming that repairs trust and enables health
- Strengthen cross-sector partnerships between food systems and healthcare systems to co-create, implement, scale, and sustain impactful food interventions
- Grow the evidence base demonstrating the effectiveness of food as medicine programming and disseminate our model
- Transition medically supportive food and nutrition interventions in CalAIM to permanent covered benefits that are robustly implemented statewide

APPROACH

- Center racial equity and patient engagement in all aspects of program design, implementation, and evaluation, as well as in systems and policy change efforts
- Create and sustain robust clinical-community linkages by providing capacity building for food programming integrated into healthcare in partnership with clinic staff, patients, nonprofits, and food businesses
- Promote culture and systems change in healthcare to address nutrition insecurity by leveraging healthcare resources to staff, fund, and operationalize screening and interventions
- Bring together stakeholders statewide to advocate for the inclusion of medically supportive food and nutrition services into Medi-Cal and other insurance programs

OUTPUTS

- 2,500 unduplicated patients annually receive:
- Direct access to food at their clinic that is culturally-relevant, high quality, nutritionally dense, and provided with dignity
 - Referrals to local food resources
 - Trauma-informed cooking and nutrition education
 - Community building opportunities between patients and providers
 - Activities and strategy of the FAM Collaborative informed and led by patient leaders, active working groups, and backbone staff
 - Minimum of twice yearly cross-sector trainings and site visits to deepen partnerships between food systems and healthcare systems stakeholders in SF
 - Dissemination of the Collaborative's work through at least 2 academic journal articles, 8 conference presentations, and technical assistance and capacity building resources, including an online Food Pharmacy Toolkit
 - At least 6 health plans in the Bay Area, including SF Health Plan and Anthem, opt-in to providing a range of medically supportive food and nutrition services via CalAIM

OUTCOMES

5 YEARS

Patient-Oriented

- for those participating in our programming
- >50% of patients will report being connected to additional food resources
 - >90% of patients will report eating more fruits and vegetables
 - >80% of patients will report being more comfortable seeking care at their clinic after participating
 - Patient data will show statistically and clinically significant improvements in health outcomes such as BP, A1C, etc.

System-Oriented

- 20 clinics in SF will integrate Food Pharmacy/food as medicine programming into their workflows and operations
- Food insecurity screening and interventions become routine practice in SFHN, SFCCC, and UCSF clinics
- Over 500 health systems, public health agencies, nonprofits, food businesses, and/or health insurers will engage in technical assistance/capacity building

Policy-Oriented

- Medically supportive food and nutrition services become permanent covered benefits in Medi-Cal

LONG TERM

Patient-Oriented

- Patients feel empowered and inspired to eat well
- Relationships and trust strengthen between communities of color and healthcare systems
- Rates of nutrition insecurity in SF decrease as more patients are connected to resources
- Racial health disparities in SF are eliminated

System-Oriented

- Healthcare providers are equipped with tools to address social determinants of health
- Food as medicine movement grows nationally with robust evidence base and impactful programs

Policy-Oriented

- Medically supportive food and nutrition services are covered benefits by all health insurers in California

Goal/ Vision

Thriving communities supported by equitable, respectful healthcare and just, resilient food systems

ASSUMPTIONS

- Linking food to patients' clinical care decreases stigma about receiving food resources
- Trauma-informed nutrition approaches engage and empower patients rather than perpetuate the power imbalance between patient and provider common to the current medical model of nutrition education
- Healthcare can serve as a powerful connector to public sector and nonprofit services; integrating food resource referrals into healthcare allows for bidirectional feedback and builds trust among all stakeholders (patients, providers, CBOs)
- Investing in prevention and addressing upstream social determinants of health is more cost effective for health systems and society than focusing solely on traditional downstream medical treatment

EXTERNAL FACTORS

- Economic fallout from pandemic exacerbates both food insecurity and poor health outcomes, particularly for the communities already bearing the most burden from nutrition inequity and health disparities
- The Centers for Medicare and Medicaid Services (CMS) may not approve medically supportive food and nutrition as a covered benefit, blocking federal dollars for California's Medi-Cal program
- Healthcare capacity remains limited due to COVID-19, other viral diseases, and staff burnout
- Price increases and availability fluctuations due to climate change, inflation, and other factors drive up food costs and require different sourcing strategies