

# Works-In-Progress Presentation #1

**Dr. Emma Steinberg  
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San Francisco County, Cohort 3**

# Intro - About Us

## Emma



- Pediatric Hospitalist
- Trained Chef
- Teach plant-based cooking classes, facilitate Food as Medicine trainings for healthcare providers at FQHCs, SF Food Insecurity Taskforce member

## Kim



- Pediatrician
- Immediate Past President SFMMS
- Kaiser Permanente for 11 years, now working in advocacy, digital health technology, and teaching at UCSF

# Background: Food as Medicine

- Food insecurity is prevalent and impacts health care costs and outcomes

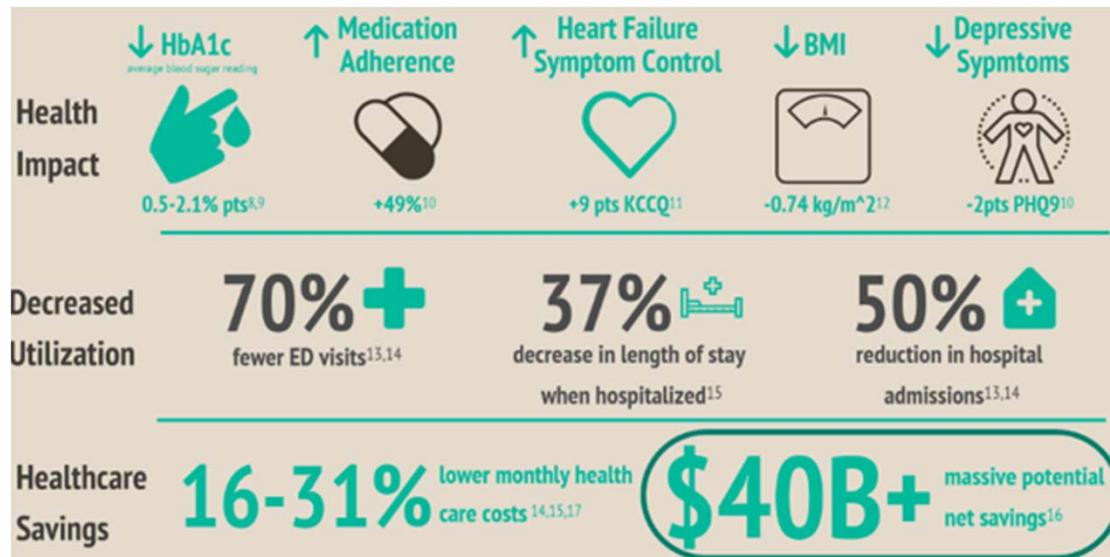


Adapted: Seligman HK, Schlinger D. N Engl J Med. 2010;363:6-9.

Economic Research Service, USDA, 2016; Adapted from Seligman et al. NEJM. 2010;363:6-9

# Background: Food as Medicine, cont.

- Growing body of evidence that providing food improves health outcomes and reduces health care costs



**Can/should the health care  
system pay for “food as  
medicine?”**

# Coalition Building

- SFDPH → physician lead SFDPH chronic disease prevention → Food as Medicine coalition
  - Coalition of multiple organizations that are working towards expanded and better integrated food supports into the healthcare system
- We each have our own networks + strengths
  - Emma - Food Security Taskforce, Alameda County
  - Kim - Medical society connections



Food as Medicine  
Collaborative



ALL IN ALAMEDA COUNTY  
the new war on poverty



# Our Goal

Public *and* private health insurers include medically supportive food interventions as a covered medical benefit

**Benefits**  
to expanding medical  
food support beyond  
MTM



## Culturally Relevant

Allows patients to access culturally diverse foods beyond what might be prepared as part of medically tailored meals



## Sustainable

Less prescriptive diets/meals promotes culinary practice and long term nutritional change



## Health Investment

Allows for broader reach of patients earlier on in disease course - promoting prevention and greater value



## Cost Effective

Reduces overhead of meal prep and delivery

**1st Opportunity =  
MediCal Waiver**

## Background: MediCal Waiver Process

- Every 5 years, can expand access to services or coverage for individuals or programs not traditionally eligible
  - In Lieu of Services
  - Flexible Services
- Precedent in MA and NC → Medicaid pays for food based supports
- Once approved, MediCal health plans opt-in

# Strategy

- Leveraging the media



**San Francisco Chronicle**  
OPINION // OPEN FORUM  
**Trump's food stamp cuts threaten children's potential**  
By Kim Newell Green | Dec. 17, 2019 | Updated: Dec. 17, 2019 12:13 p.m.



**THE SACRAMENTO BEE**  
CALIFORNIA FORUM  
**California has a hunger problem, and it's hurting our kids. We need a solution for food insecurity**  
BY BARAKA FLOYD AND EMMA STEINBERG SPECIAL TO THE SACRAMENTO BEE  
DECEMBER 22, 2019 06:00 AM

- Leveraging organized medicine
  - Local medical societies



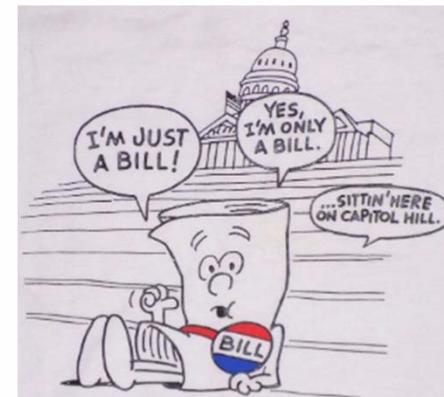
**2nd Opportunity =  
State Legislature**

# Leveraging the Legislature

- AB3118: Medically Supportive Food and Nutrition Services
  - Covid19 → narrowed scope
    - Passed health committee, held in Appropriations
- 2021 → AB368: Food Prescription Pilot within Alameda County

## Taking Alameda County's 'food pharmacy' statewide: new bill

East Bay assemblyman's proposal would make food a covered MediCal benefit



**3rd Opportunity =  
Organized Medicine**

# CMA Resolution

- Formalize CMA support of Medically Supportive Nutrition Programs
  - Especially during emergencies, like Covid19
- Encourage medical schools to provide more education and training



# SUCCESS!!!

## 2021 revised CalAim proposal includes our language!

CALIFORNIA ADVANCING AND INNOVATING MEDI-CAL PROPOSAL



State of California—Health and Human Services Agency  
Department of Health Care Services



“Medically-supportive food and nutrition services, including medically tailored groceries and healthy food vouchers.”

CHAMPION  
PROVIDER  
FELLOWSHIP

# Successes and Challenges

- **Successes**

- Engaging local medical societies, leveraging network
- Strong coalition
  - Multidisciplinary
  - Extensive subject expertise
  - Well connected
- Lots accomplished in short period of time

- **Challenges**

- Scheduling
- Complexity of healthcare funding structures and decision-making landscape
- Covid19
  - Limited budget

# Opportunities from Covid-19

- Broad recognition that poor nutritional status, SODH, and chronic health conditions lead to worsened outcomes for COVID-19 patients → interest in solutions and innovation
  - More medically tailored meal pilots
  - Expanded coalition
- Increased funding within SF for food insecurity

## Next Steps

- Continue CalAIM advocacy
- Develop strategic plan for piloted implementation within county health plans and/or through local legislative process
- Work with CMA through resolution process
- Further advocacy for statewide legislative and budgetary support of these innovations

# Get Involved

- Educate your local medical or dental society
- Discuss CalAim and AB368 with your local legislators
- Join efforts to encourage health plans to ensure robust implementation of food supports under CalAIM or as a pilot

**Questions?**

A close-up photograph of a silver stethoscope resting on a light-colored desk. The chest piece is in the foreground, and the tubing extends towards the right. The background is slightly blurred, showing a white surface.

**THANK YOU**





**CHAMPION  
PROVIDER**  
FELLOWSHIP

*A Powerful Approach to Healthier Communities*

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