

HEALI Meeting July 19,2023

Nourishing Beginnings

Greater Cleveland Food Bank (GCFB)

- Strong relationship between food insecurity and poor health outcomes such as chronic disease

GCFB Overview

- Receive food from variety of sources
 - o Government partners, donation/rescue, purchased
- Strategic focus on quality
- Food as Medicine initiatives
- Screening for food insecurity

Pathways Community HUB

- A centralized coordination model for individuals/families on Medicaid
- Leverages CHWs – employed by local agencies
- CHWs navigate client through evidence-based “pathways”
- The HUB contracts with Medicaid Managed Care (MCOs) to offer payments to CHWs to support clients

Developing Nourishing Beginnings

- 18-month process to develop the program and study for Nourishing Beginnings
- Aim: address the negative effects of food insecurity during pregnancy by:
 - o (A) integrating and streamlining referral and food delivery systems to increase access to healthy food and
 - o (B) being facilitated by a community health worker, who also provides support for other unmet social needs

Methods

- Participants (n=180) recruited from population of pregnant women referred to HUB
- Eligibility: 18 years or older pregnant at or less than 22 weeks gestation, English speaking, Medicaid-eligible
- Two intervention arms (food box delivery or financial assistance)

Intervention both arms: cooking tools

- \$100 budgeted for every participant

Intervention Arm 1: Food delivery

- Goals:
 - o reduce the stress of shopping and food selection
 - o improve nutrition and self-efficacy with food
- services:
 - o 1 week’s worth of food, home-delivered, every other week based on preferences
 - o Delivery-specific receipts with each box
 - o \$100 in cooking supplies
 - o Pantry staples box every 3 months (olive oil, spices, vinegar)
 - o Nutrition education tips
- Regular feedback:
 - o Text surveys every other week to participant
 - o Open feedback from CHWs monthly

Intervention Arm 2: \$ and FreshFinder

- Goals:

- Provide additional financial support to purchase healthy food during pregnancy
- Reduce the stress of locating healthy food retail and other food outlets
- Improve nutrition and self-efficacy with food
- Services
 - \$30 every two weeks, deposited to CashApp
 - Navigational support to locate and create a plan for shopping for healthy foods
 - Easy recipes cookbook
 - \$100 in cooking supplies
 - Nutrition education tips
- Regular Feedback:
 - Text surveys every other week to participant
 - Open feedback from CHWs monthly

Data Sources

- Pathways HUB
- Parent Survey
- Diet and Nutrition: 24-hr diet recall (NDSR), measured at baseline and near delivery
- Participant Satisfaction/Utilization – measured by text survey 87 days after food box/cash deposit

Q&A:

Q: Are you linked to a local hospital to measure outcomes based off of reduced hospital admissions, doctor visits etc?

A: The reason we went to the HUB model is because it didn't require following the health systems. The hospitals don't necessarily data share. We are using the data that comes through the HUB. In the future, we are going to ask the individual to follow their medical records. We are looking at the front end of it to figure out the operational and implementation components. Oftentimes, as researchers, once a study ends, the program ends. We see the sustainability arm of this with the MCOs. We are collecting data through the payer lens.

Additionally, the participants go to different health systems and would be more difficult to track.

Q: Are there ways of supporting undocumented population?

A: We are looking at different avenues for support. When we get referrals for folks who are undocumented, there are no restrictions accessing the emergency food services with the Food Bank. The biggest barrier is fear of going to a location and saying they need help. Need some awareness building in the community that they could receive resources. The most common referral from a food bank is a food pantry for undocumented folks.

Q: What trusted messenger do you work with in the community?

A: There are a lot of discussions about the authentic community health worker that is from the community they serve. CHWs are the ones that have the trust of the residents and have lived experience. In some cases, we've had pregnant individuals that have worked with a CHW and then became a CHW. We hold monthly meetings among the CHWs, and they have vast knowledge of the community that is not written down anywhere and they know how to navigate things.

Paying attention to the base pay of CHWs and the stress level, a lot of us are looking to CHWs for answers to addressing health outcomes. Pay is low for CHWs and we provide cash to CHWs seeing Nourishing Beginnings participants as well.

Q: How are CHWs reimbursed?

A: There are two kinds of buckets for funding for CHWs. So, there's a CHW that works for an organization and when they do things related to the research project (the recruitment and consenting), there is payment from the research. There are services that are reimbursable without the research and would be provided regardless through the Pathways HUB. The Pathways HUB reimburses pathways/outcome points through the MCOs. The organization receives reimbursement for the CHW services. For every client, CHWs get close to \$200 per client.