

CENTER FOR ADVANCING
HEALTHY
COMMUNITIES



NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS
Promoting Health. Preventing Disease.

National Strategy on Hunger, Nutrition, & Health *Learning & Discussion Series*

Session 3:

Pillar 2- Integrating Nutrition & Health

May 18, 2023
2:00 – 3:00 p.m. ET



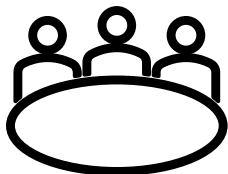
Welcome!



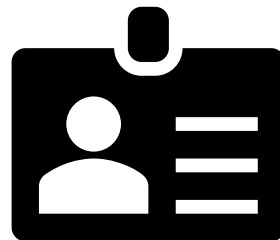
A few reminders...



This meeting will **be recorded**



We **encourage you to share**



Please use the same **display name** as the one you used for register. Display your **pronouns** if you wish.



Please take a moment to complete the **survey, at end of today's meeting**



Use **Chat** for, questions, comments and reactions



Meeting Norms

- Encourage each other to be emotionally, intellectually, and socially engaged
- Feel free to speak *your* truth, while knowing it's only *part of* the truth, and empathizing with the truth *of others*
- Listen to understand
- Practice being vulnerable. It's ok to speak in rough draft.
- Be mindful of the impact of what you say, not just your intention
- Understand that we are all learning
- Be ok with not having all of the answers and be honest about your capacity
- Communicate positive, reflective, constructive feedback for collective solutions

Today's Agenda

2:00-2:05 pm	Welcome & Housekeeping
2:05-2:10 pm	Opener
2:10-2:15 pm	White House Progress on National Strategy
2:15-2:20 pm	Pillar 2 Overview
2:20-2:35 pm	States in Action
2:35-2:40 pm	What's Next/Transition to Group Discussion
2:40-3:00 pm	Small Peer-to-Peer Group Discussion



Reminder - Purpose of Discussion Series

- **Support dialogue and discussion** around the *National Strategy*
- **Share information and resources** around the implementation of chronic disease prevention and health promotion activities that align with the *National Strategy*
- **Create a space** for NACDD Members to share how their work that aligns with the *National Strategy*

Today's Objectives

1. Provide an overview of the Pillar 2.
2. Discuss state/territorial- and community-level activities that align with Pillar 2 of the *National Strategy on Hunger, Nutrition, and Health*.
3. Identify one action that you can take in your state or community to support implementation of Pillar 2.



Opener



Opener: Mentimeter Activity

Please go to [mentimeter.com](https://www.mentimeter.com) and enter the code **83976310** to answer the following questions. You can also scan the QR code on your mobile device.

Using 1-2 words

1. What excites you about integrating nutrition into health and healthcare?
2. What do you see as a major challenge to consider in this work?





Federal Government Progress

Veterans Health Administration Food Security Office

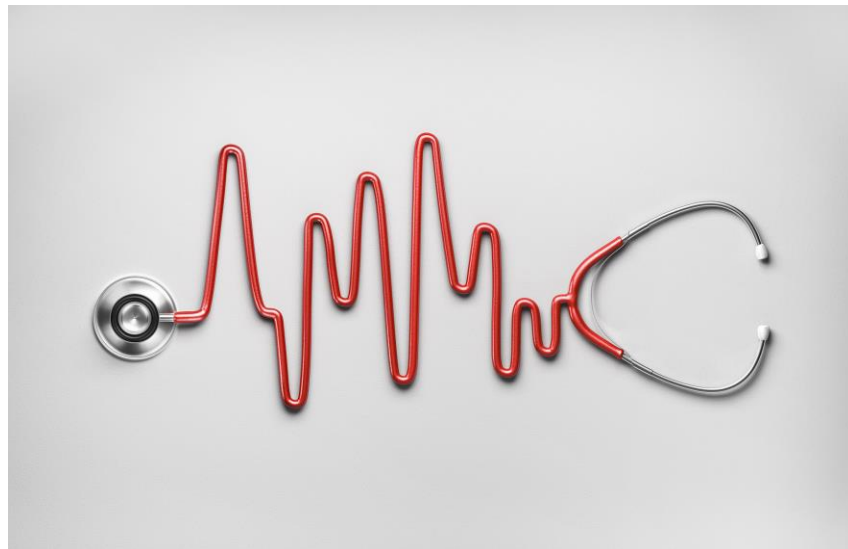
- A new Food Security Office within the Veteran's Health Administration will tackle the food insecurity rate among veterans.
- The office will provide strategic guidance and coordination within Veterans Health Administration to ensure veterans' food security.





Hospitals & Schedule H/Form 990 Updates

- Tax-exempt hospitals must illustrate that they spend some of their surplus on "community benefit" which must be subsidized by the health care organization and carried out or supported for the express purpose of community health and address community needs including social determinants of health (SDOH)
- To help incentivize nutrition-related spending, the IRS updated its instructions for the tax forms that hospitals need to complete.
- The updated instructions clarify how spending on SDOH can meet the definition of community benefit or community-building activities.





Farm Bill 2023 Reauthorization

- Comprehensive legislation with direct impact on agriculture, food systems, and consumers.
 - 12 Titles/Sections in 2018 Bill
 - Title 4 covers Nutrition including SNAP
- 2018 Bill expires Sept 30, 2023
- Opened for Public Comment on May 11





About Pillar 2



Pillar 2: Integrate Nutrition & Health

- A. Provide greater access to nutrition services to better prevent, manage, and treat diet-related diseases.*
- B. Screen for food insecurity and connect people to the services they need.*
- C. Strengthen and diversify the nutrition workforce.*

Examples from National Strategy Federal Government Role

- Expand Medicare and Medicaid beneficiaries' access to “food is medicine” Interventions
- Increase access to nutrition-related services through private insurance and federal programs beyond Medicare and Medicaid
- Support data infrastructure for food insecurity and other SDOH screenings, including universally screening for food insecurity in federal health care systems
- Bolster the health care workforce, including nutrition professionals, to help ensure diversity and equitable care for everyone.



Pillar 2: Integrating Nutrition & Health



Partner with state extension service to expand Diabetes Prevention Program (DPP) and nutrition education access (Oklahoma)

In initial stages for exploring Medicaid waivers (Michigan)

Partnering with health systems and community pharmacies to increase screening for food insecurity and other social determinants of health (North Dakota)

We Want to Hear From you!

Please go to [Jamboard](#) to share about your work that aligns with Pillar 2.

The link will be dropped in the chat.





Pillar 2 – States in Action

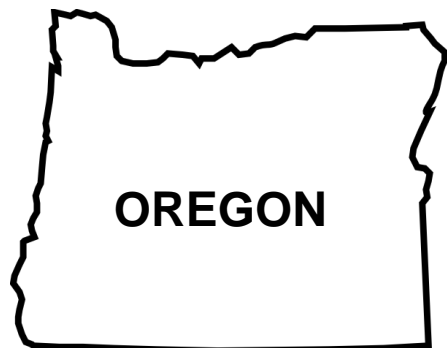
Meet Today's Speakers



Julia Hansel

Health Promotion Manager

Bureau of Health Improvement and Wellness
Ohio State Department of Health



Jen Chandler

Policy Specialist

Health Promotion & Chronic Disease Prevention
Section
Public Health Division, State of Oregon



OHIO



Medicaid & 1115 Waivers



Pillar 2..." expand Medicare and Medicaid beneficiaries' access to food is medicine initiatives"

- Medicaid serves most vulnerable; federal money administered by states
- States can submit waivers to test and pilot new ways to implement, pay for and serve Medicaid beneficiaries and address health equity and health related social needs – called 1115 Demonstration Waivers.
- Given the connection between food and health, states utilizing Medicaid as tool to expand access to healthy food with respect to barriers related to accessing, purchasing, preparing, storing.

Examples of states with 1115 waivers related to nutrition supports: Arkansas, Oregon and Massachusetts.



Nutrition Supports for 1115 waivers

Intervention

- Nutrition counseling/education
- Medically-tailored meals
- Meals or pantry stocking
- Fruit and vegetable Rx and/or protein box



Description

- Healthy meal preparation
- Up to 3 meals/day for 6 mo. In home
- Pregnant women and kids <21 up to 3 meals/day delivered in home for 6 mo.
- For up to 6 months

OHP 1115 Medicaid Waiver 2022-2027



Health Equity Goal

Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

Health Equity Goal

Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:

- The equitable distribution or redistribution of resources and power; and
- Recognizing, reconciling and rectifying historical and contemporary injustices.



Free health coverage
offered by the state of Oregon

1115 Demonstration Waivers

- Experimental, pilot or demonstration projects
- Evaluation of state policy to better serve Medicaid recipients

Overarching Waiver Goal: **Advance Health Equity**

Our framework breaks down the drivers of health inequities into actionable sub-goals:



Health
Coverage



Health
Outcomes



Flexible
Spending



Culturally
and
Linguistically
Responsive

Health-Related Social Needs

Oregon will provide benefits to people who are going through **transitions**:

- Youth with special health care needs
- Youth who are child welfare involved
- People houselessness
- Older adults
- People leaving the carceral system
- People at risk of extreme weather events

Health-Related Social Needs

- OHP members who are facing certain life transitions will have social supports available as a covered benefit in OHP including:
 - Housing
 - Climate-related needs
 - Nutrition



Health Related Social Needs: Food

- Community-based food resources
- Health education
- Fruit and vegetable prescriptions
- Medically tailored meal delivery



Small Group Activity – Peer to Peer Discussions



Peer-to-Peer Discussion Groups

Select a breakout room that your work is more aligned with or that you want to learn more about:

1. Produce Prescription and other Food is Medicine programs, or
 2. Medicaid partnership
- Once in the group, you will be able to ask the speaker any follow-up questions and share about your work
 - Each group will include a facilitator from the NACDD team who will help guide the conversation
 - We will close out the session from the breakout groups



What's Next?



What's Next?

Session 4

Thursday, June 15 | 2:00-3:00 PM ET

*Pillar 3: Empowering all consumers to make and
have access to healthy choices.*

**Interested in sharing your state's work
related to Pillar 3 during Session 4?**

Please contact

Mara (mgalic@chronicdisease.org) and
Charita (cjames_ic@chronicdisease.org)

Visit the [NACDD In Action-National Strategy Webpage](#)



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White House National Strategy on Hunger, Nutrition, and Health

NACDD In Action



Ending Hunger and Reducing Diet-Related Diseases and Disparities

On September 28, 2022, the Biden-Harris Administration hosted the [White House Conference on Hunger, Nutrition, and Health](#) with a bold goal of ending hunger in America and increasing healthy eating and physical activity by 2030 so fewer Americans experience diet-related diseases and disparities. The Administration also released a [National Strategy](#), outlining actions the federal government will take and a call to action for partners across all levels and sectors to

Reminder!

Please take a moment
to complete the survey
at the end of this
meeting!





Thank you!!
