Appetite for Change: Rethinking Food Access in Medicaid

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Brendon Bassett *(he, him)*

Community Engagement Manager

No person is your friend who demands **your** silence or denies **your** right to grow.

Alice Walker

- **20 yrs.+ in social services**

- **Early childhood, Youth Development/ Mentoring**

- **Innovation and Strategy**

- **Racial Equity and Trauma-informed practice**

- **Husband and father of 2 boys (with two canine dependents!)**

health share

Our time today…

- ❖ Who is Health Share of Oregon?

- ❖ Applying Learning from Community Health Assessment

- ❖ Meaningful Engagement with our CAC – Nothing About us Without Us

- ❖ Balancing Urgency and Intent – Partnership

- ❖ Aligning for impact – Pulling Together the Pieces of the Funding Puzzle

health share

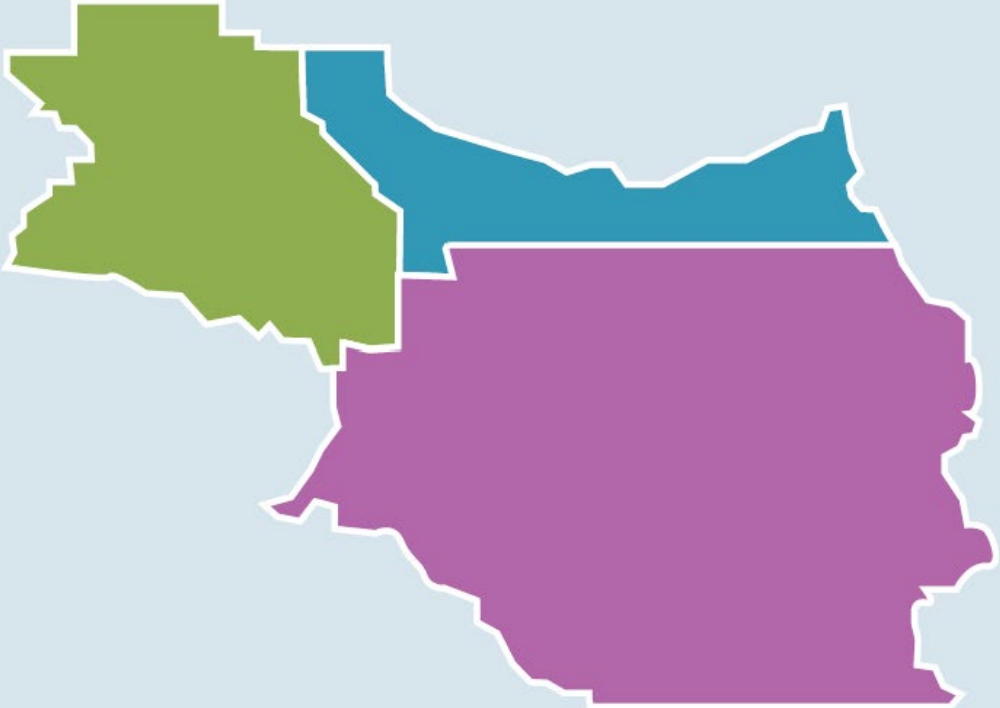**Health Share of Oregon**

Who is Health Share of Oregon?

2023 HEALTH SHARE MEMBER DEMOGRAPHICS

Health Share Members by County

Washington County
124,611 members
~ 21% of county residents
~ 28% of Health Share members

Multnomah County
236,593 members
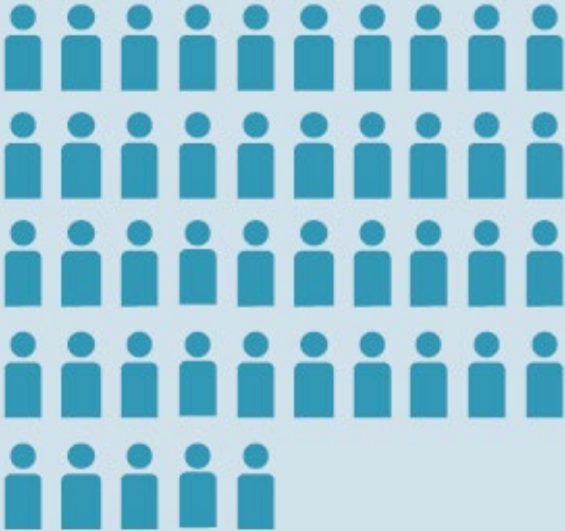~ 31% of county residents
~ 52% of Health Share members

Clackamas County
90,093 members
~ 21% of county residents
~ 20% of Health Share members

Our partners

ADVENTIST HEALTH PORTLAND · CareOregon · CENTRAL CITY CONCERN — HOMES HEALTH JOBS · CLACKAMAS COUNTY · HILLSBORO MEDICAL CENTER · KAISER PERMANENTE · LEGACY HEALTH · Multnomah County · OHSU Health · PROVIDENCE Health & Services · WASHINGTON COUNTY OREGON

451,297 current members

Health Share's Unique Collaborative
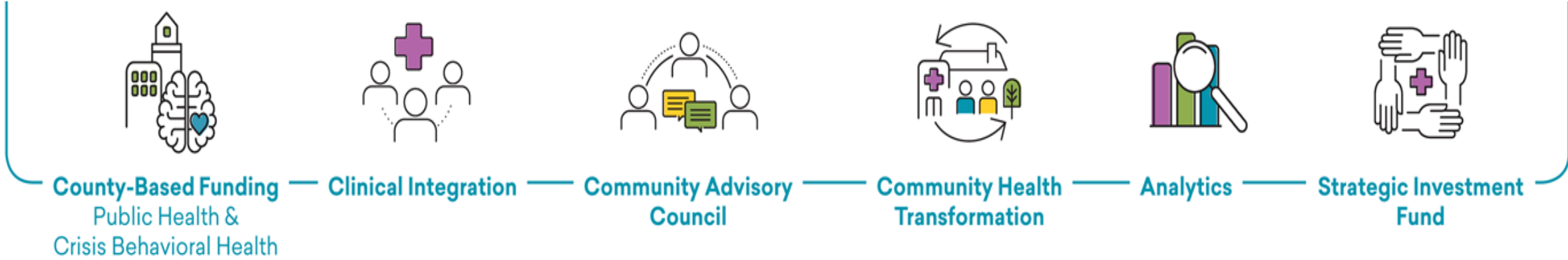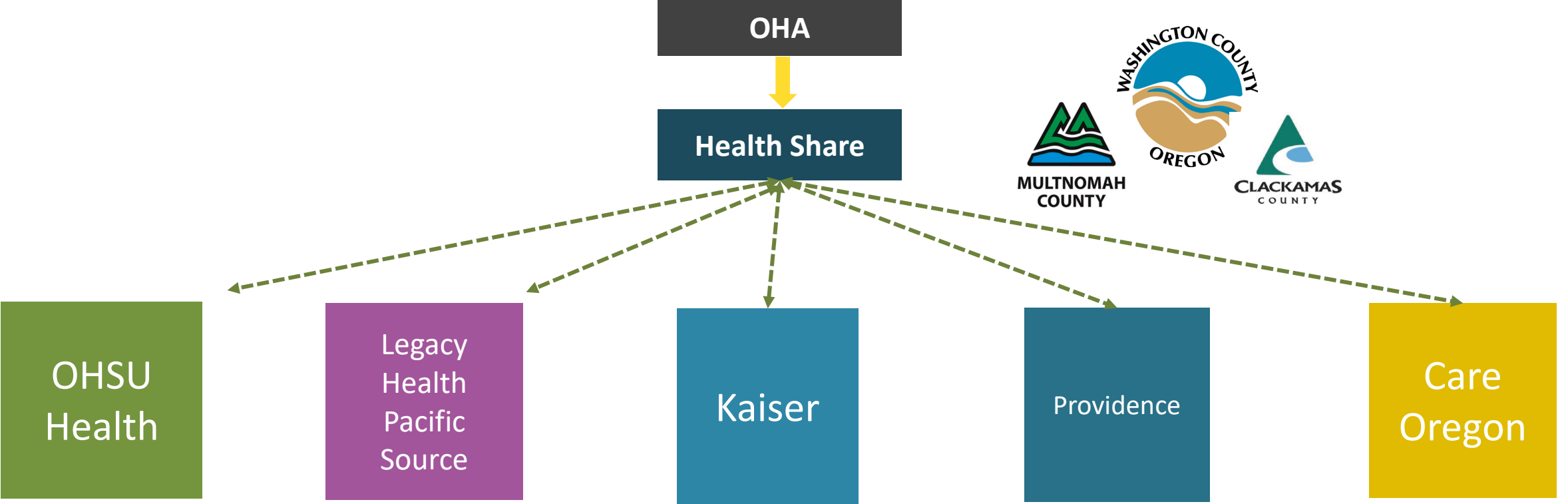
Community Health Improvement Plan

PERCENT OF POPULATION WITH FOOD INSECURITY

Chart: Percent of population with food insecurity by county (Clackamas, Clark, Multnomah, Washington)

		All	Children
2019	Clackamas	8.4	10.4
	Clark	10.2	14.3
	Multnomah	11.2	13.6
	Washington	8.4	10.0
2020 Projected	Clackamas	11.4	15.8
	Clark	12.9	19.2
	Multnomah	14.9	20.4
	Washington	11.1	14.9
2021 Projected	Clackamas	9.9	12.8
	Clark	11.5	16.4
	Multnomah	13.3	17.1
	Washington	9.7	12.1

Legend: ■ Clackamas ■ Clark ■ Multnomah ▬ Washington
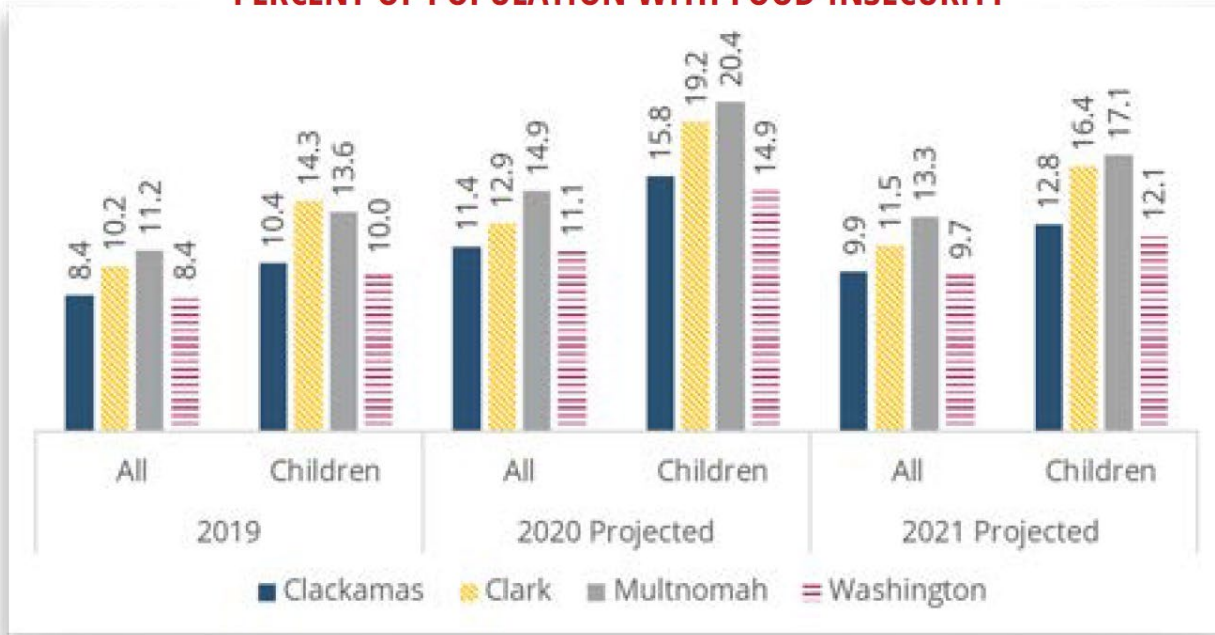
"Invest in addressing areas with limited grocery store options and ensuring culturally relevant and healthy food access to communities most impacted by these geographic disparities"
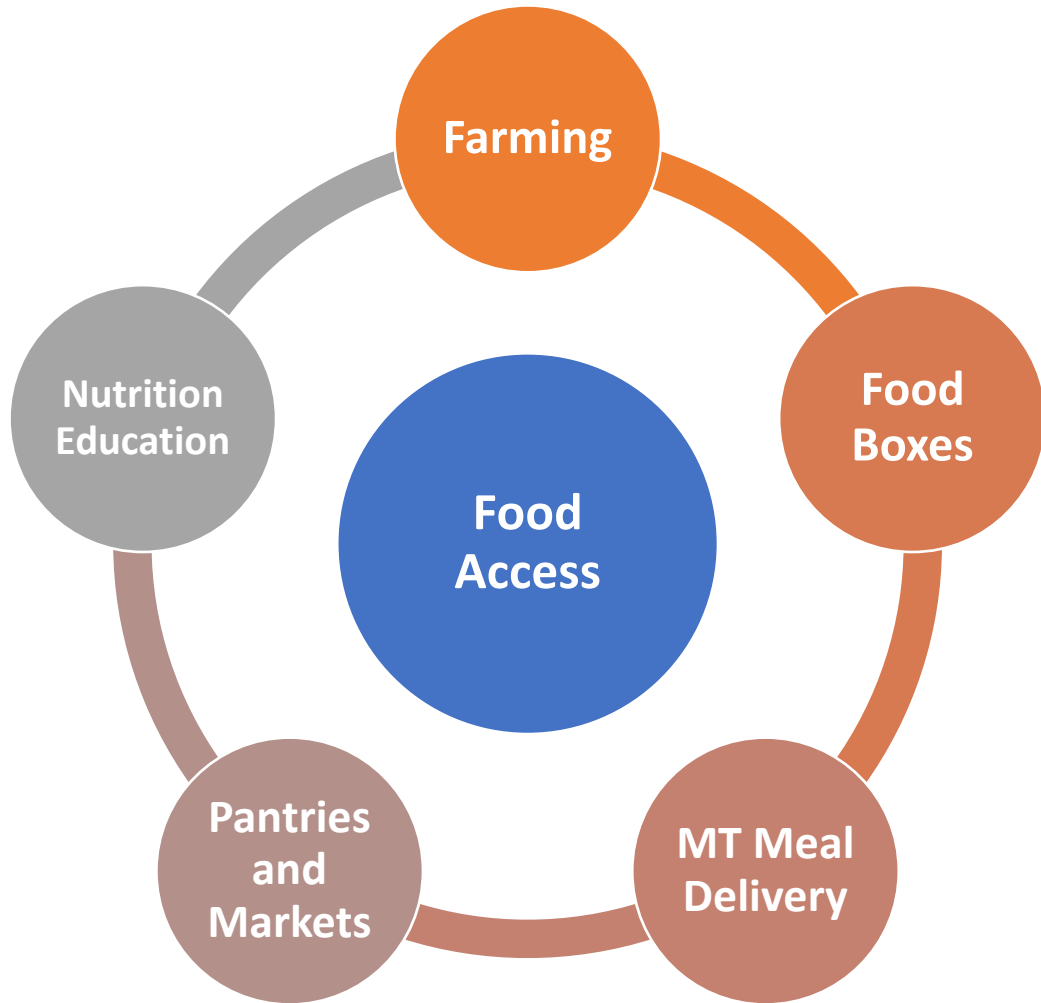
The 2022 Healthy Columbia Willamette Collaborative Community Health Needs Assessment

highlighted a regional shortfall of _$140,638,164_ in resources needed to address food insecurity

Healthy Columbia
Willamette Collaborative

Diverse Ecosystem of Food Access

Common Medicaid Funding Tools

Health-Related Services
1. Community Benefit (grants)
2. Flex funds
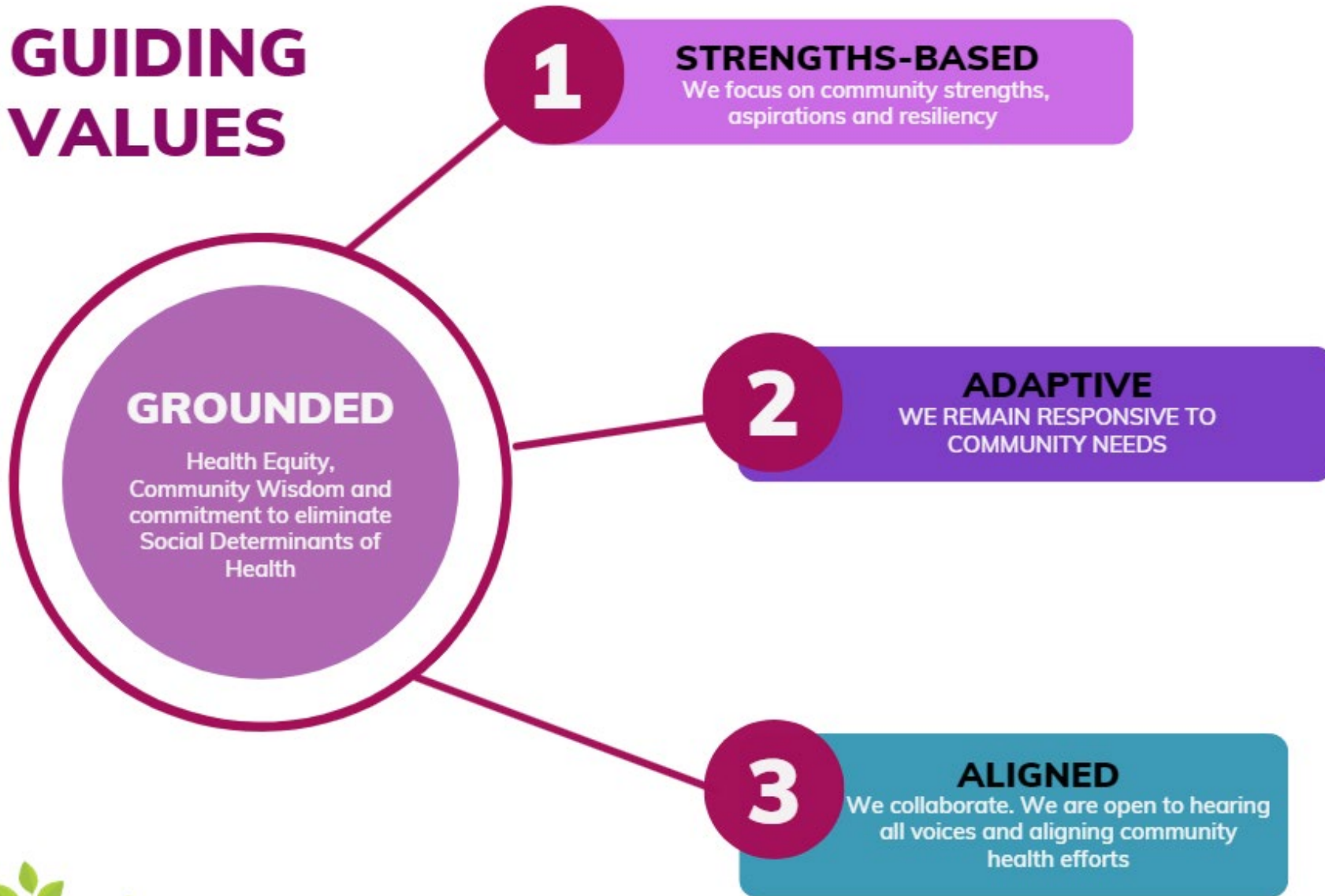
Managed at the Health Plan Level

Health-Related Social Needs Benefits
1. Identified Eligibility (populations)
2. Identified services
3. "Medically Appropriate"
   -Linked to clinical and social risk

Defined by OHA

Circle diagram with center "Food Access" surrounded by: Farming, Food Boxes, MT Meal Delivery, Pantries and Markets, Nutrition Education

GUIDING VALUES

1 **STRENGTHS-BASED**
We focus on community strengths, aspirations and resiliency

GROUNDED
Health Equity, Community Wisdom and commitment to eliminate Social Determinants of Health

2 **ADAPTIVE**
WE REMAIN RESPONSIVE TO COMMUNITY NEEDS

3 **ALIGNED**
We collaborate. We are open to hearing all voices and aligning community health efforts

Health Share's Equity Statement

"We will disrupt and dismantle systems; identify equitable distribution or redistribution of resources and power; change policies, processes, investment strategies and data sharing within our organization; and continuously center our members, collaborate with our community partners and support tribal sovereignty and culture."
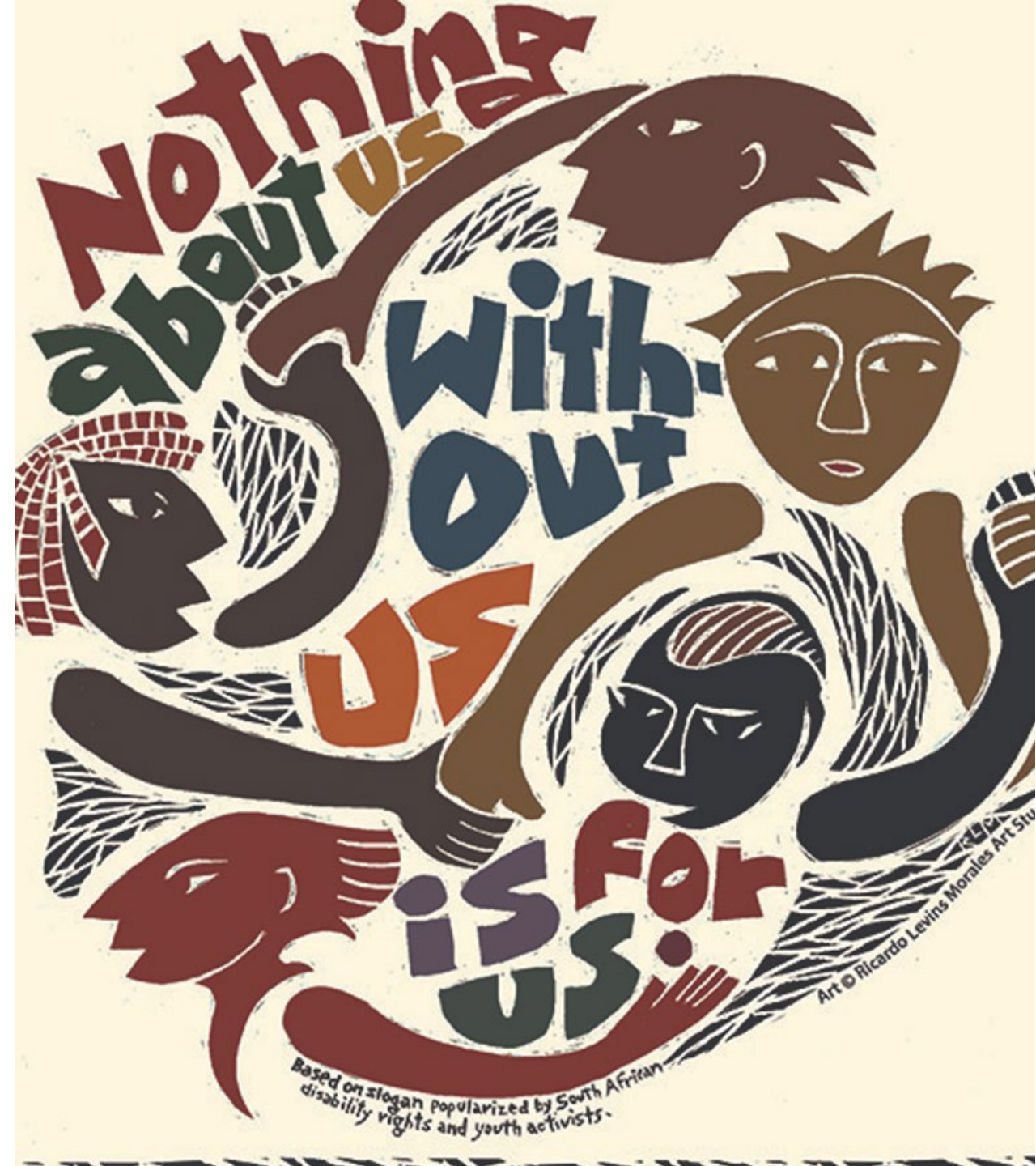
Community Advisory Council

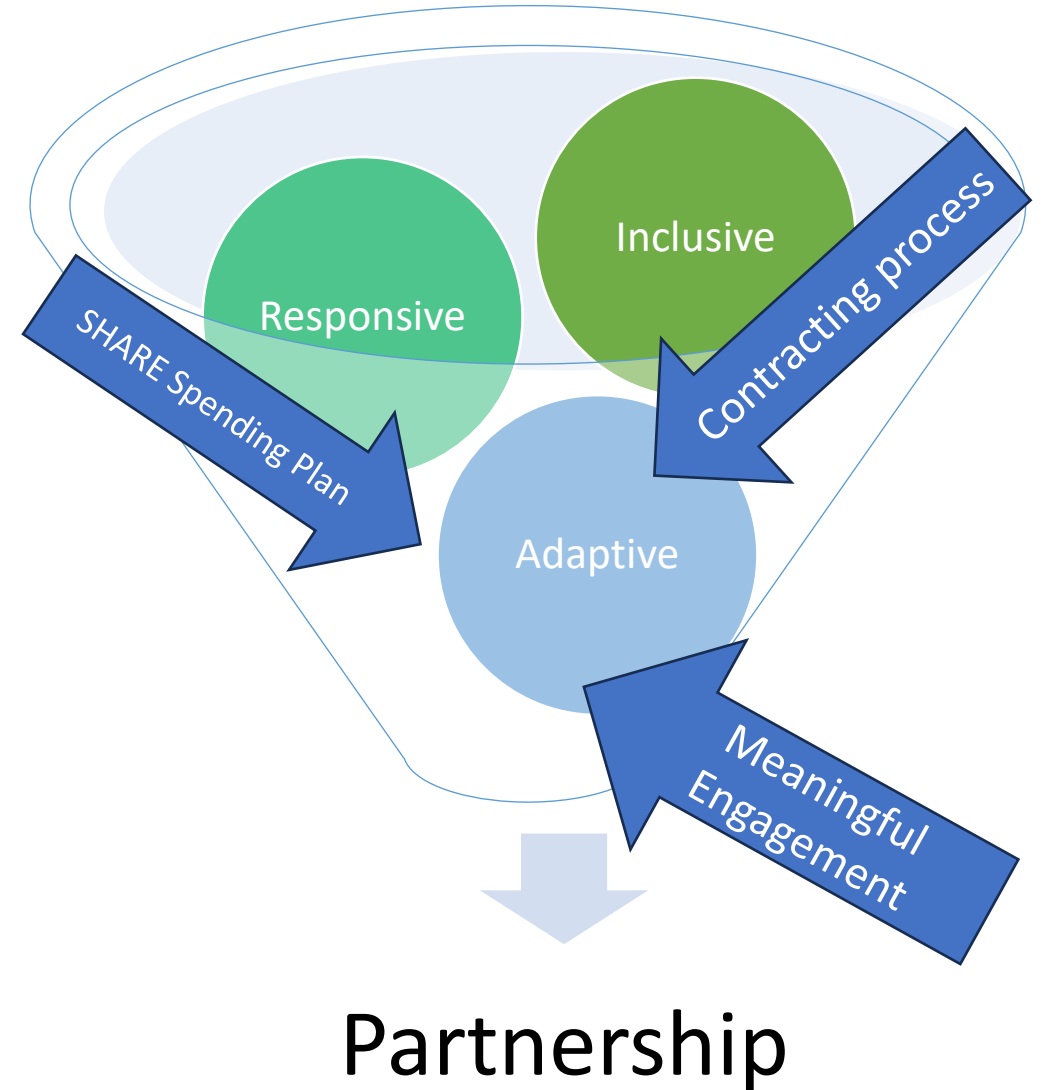**2021 SHARE Investments**

First SHARE investment at Health Share

Health Share of Oregon's Board approved the Community Advisory Council's recommended **$1.5 million investment** to provide **operational support** for culturally specific organizations and those serving diverse community members who are being under-served by our current system, as well as **capacity building** for those same organizations, to help develop longer term strategies and solutions to address food access.

Nothing about us without us is for us.

Based on slogan popularized by South African disability rights and youth activists.

Art © Ricardo Levins Morales Art Studio

Balancing Urgency and Intent

❖ Bi-Weekly meetings with subcommittee of the CAC

❖ Set criteria for investments based on identified goals and priorities

❖ Ensured alignment with original recommendations and intended impact

❖ Framework for evaluating potential investments

Responsive

Inclusive

Adaptive

SHARE Spending Plan

Contracting process

Meaningful Engagement

Partnership

Health Share & Oregon Public Health Institute: Partnering for Culturally Specific Food Access

Health Share is contracting with the Oregon Public Health Institute (OPHI) (fiscally sponsored by Public Health Institute) to establish a strategic partnership, starting with pass-through grantmaking services for this $1.5 million investment.

Project Objectives:

Co-create and implement an equitable grantmaking process to select community-based organization (CBO) grantees for funding

Support and strengthen Health Share's network of CBO partners through direct support to grantees in expanding service operations and growing organizational capacity – including Medicaid billing and possible HRSN network participation for some

Aligning Strategy for Impact

SHARE

Community Benefit

Flex Funds

ILOS

HRSN

Social Needs Screening Metric

THW Workforce

Community Partnerships

CONNECT OREGON

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Food Access Network