

# Food Is Medicine for Maternal Populations

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# Land Acknowledgement

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*We acknowledge that we are on the ancestral and unceded lands of the Pueblo, Navajo (Diné), and Apache peoples, who have stewarded these lands, waters, and foodways for countless generations. We honor their agricultural wisdom, plant medicines, and holistic approaches to health that continue to sustain communities today. We commit to respecting Indigenous sovereignty, uplifting Indigenous voices, and learning from their example how to be better caretakers of the gifts of this place.*



# Learning Objectives

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By the end of this session, participants will be able to:

1. **Describe** the purpose and scope of the Food is Medicine benefit within New Mexico's 1115 waiver and its relevance to perinatal populations in tribal communities.
2. **Explain** how nutrition interventions can improve maternal and infant health outcomes, including evidence-based connections between access to nutritious food and reduced perinatal complications.
3. **Identify** culturally relevant and community-driven approaches to meal provision that honor tribal traditions and support food sovereignty.
4. **Recognize** pathways for accessing the Food is Medicine benefit, including referral processes, eligibility criteria, and coordination with other supports (e.g., WIC, SNAP, CLRS).
5. **Discuss** strategies for integrating Food is Medicine into existing perinatal care workflows in tribal health settings, including partnerships with local food producers and community-based organizations
6. **Evaluate** potential barriers to utilization in tribal communities (e.g., transportation, storage capacity, awareness) and propose solutions to improve equitable access

# Agenda

- **Icebreaker Survey:** What is your comfort food?
- **Evidence Base for Food is Medicine** – Research and best practices
- **Overview of 1115 Waiver Benefit for MCOs**
- **Tribal Perspective** – Cultural foods and potential future access points
- **Process to Request Services**
- **Closed Loop Referral System** – How it works and integration with partners
- **Member Journey** – From referral to service delivery
- **Discussion:** Barriers to implementation in Tribal areas
- **Maternal Health Programs** – BCBS and MHC initiatives
- **Quality Metrics** – Measurement and reporting



# Ice Breaker

What is your favorite comfort food?

- Share your favorite comfort food
- Explain why it makes you feel good
- Feel free to share a short story



# Why Food is Medicine Matters

## IMPROVES HEALTH OUTCOMES

- MTMs reduce hospitalizations by 38% and costs by 20% (JAMA Internal Medicine, 2023)
- Better management of diabetes, hypertension, kidney disease

## REDUCES HEALTHCARE COSTS

- Saves \$570 per person/month on average (Berkowitz et al., 2019)
- Fewer ER visits and hospital readmissions

## Health Related Social Needs ( HRSN)

- Tackles food insecurity, a root cause of chronic disease
- Increases access to nutritious meals for Medicaid members

## IMPROVES MATERNAL & CHILD HEALTH

- Reduces low birth weight, preterm delivery, and gestational diabetes
- Endorsed by ACOG for prenatal nutrition

## ADVANCES HEALTH EQUITY

- Reaches underserved, rural, and BIPOC populations
- Supports culturally relevant meal programs

## BOOSTS ENGAGEMENT & PREVENTIVE CARE

- Encourages treatment adherence and primary care use
- Builds trust with low-engagement members

### CULTURE OF HEALTH

By Seth A. Berkowitz, Jean Terranova, Caterina Hill, Toyin Ajayi, Todd Linsky, Lori W. Tishler, and Darren A. DeWalt

## Meal Delivery Programs Reduce The Use Of Costly Health Care In Dually Eligible Medicare And Medicaid Beneficiaries

**ABSTRACT** Delivering food to nutritionally vulnerable patients is important for addressing these patients' social determinants of health. However, it is not known whether food delivery programs can reduce the use of costly health services and decrease medical spending among these patients. We sought to determine whether home delivery of either medically tailored meals or nontailored food reduces the use of selected health care services and medical spending in a sample of adults dually eligible for Medicare and Medicaid. Compared with matched nonparticipants, participants had fewer emergency department visits in both the medically tailored meal program and the nontailored food program. Participants in the medically tailored meal program also had fewer inpatient admissions and lower medical spending. Participation in the nontailored food program was not associated with fewer inpatient admissions but was associated with lower medical spending. These findings suggest the potential for meal delivery programs to reduce the use of costly health care and decrease spending for vulnerable patients.

# New Mexico Waiver Design

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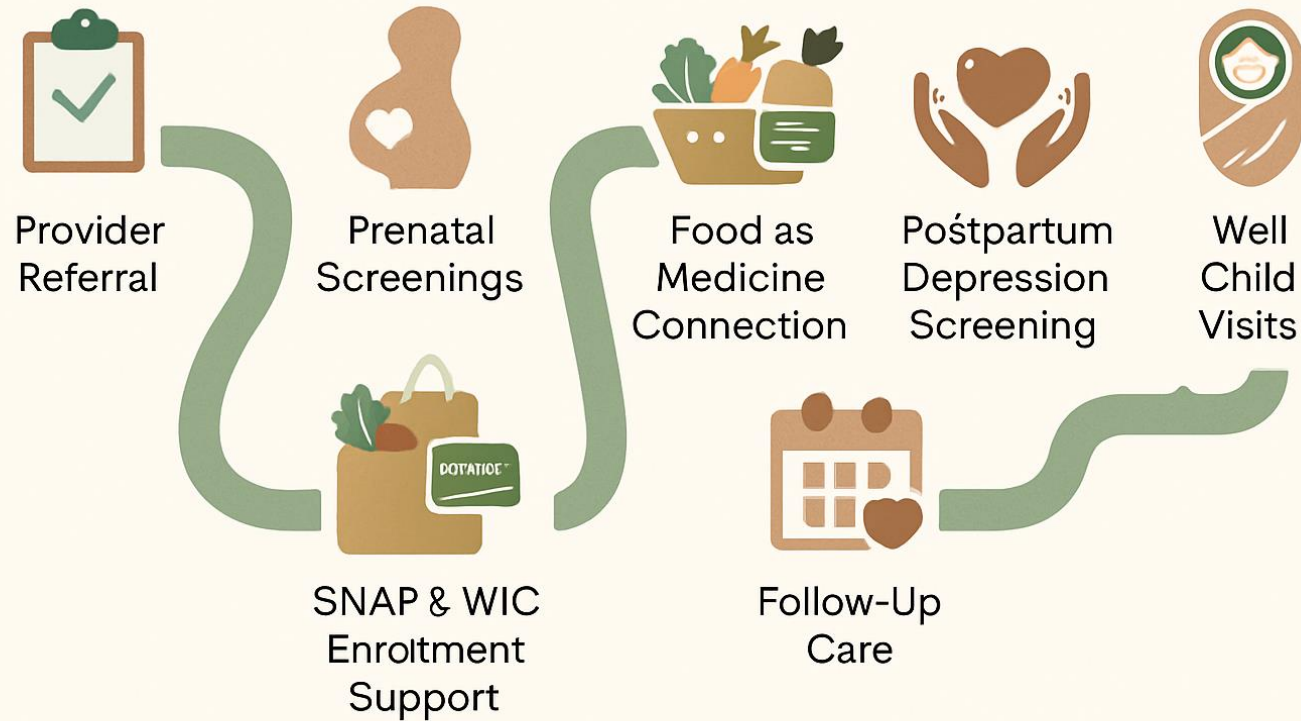
Target Populations	Criteria	Benefit amount	Duration
Pregnant and or Postpartum Members	Diabetes (type 1,type 2 and or gestational	Up to two meals per day and or a seven-day grocery box nutritional equivalent	Duration up to 11 months, not to extend 2 months postpartum

# Tribal Perspective

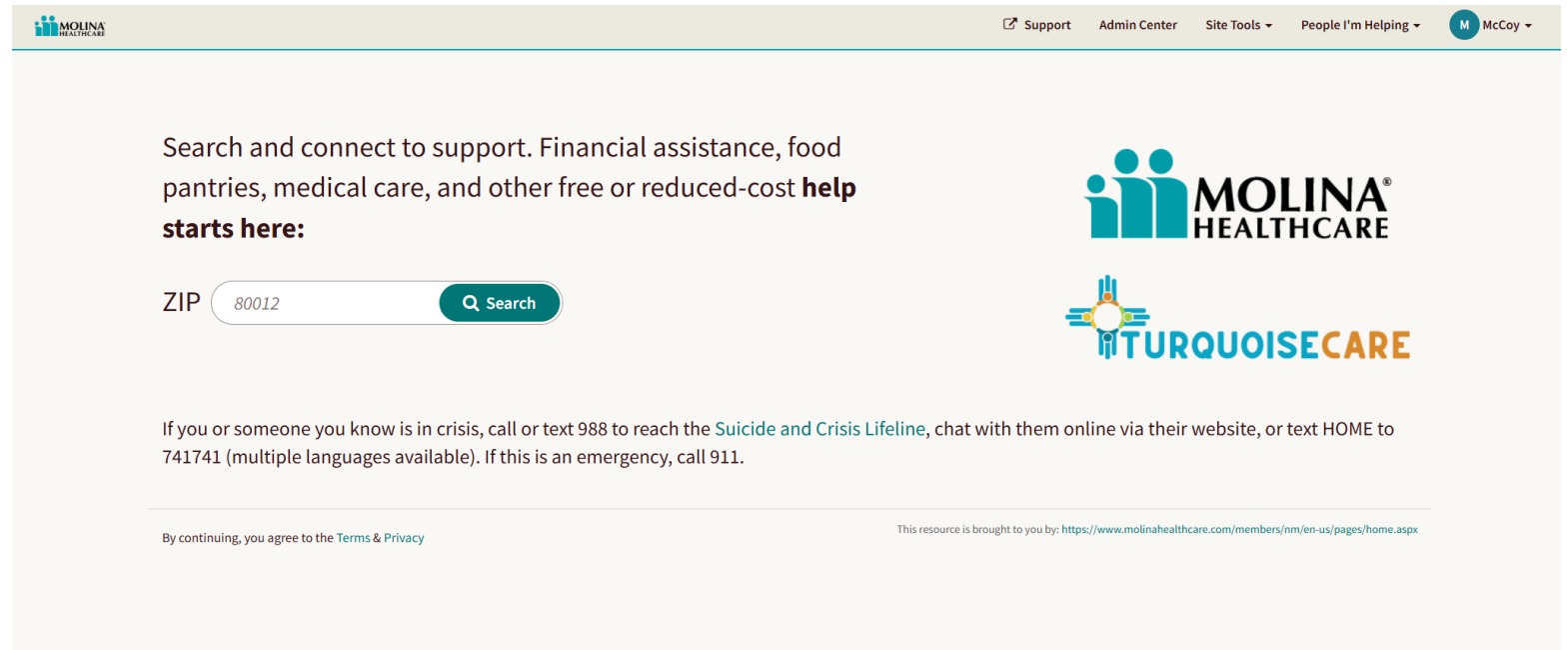
- Focused on collaborating with community-based organizations to build infrastructure that eliminates barriers to becoming a Food is Medicine (FIM) provider
- Emphasis on incorporating locally sourced agriculture into meal offerings
- Collaborate with **Tribal Liaisons** to align strategies and priorities
- **Leverage data** to identify additional access point opportunities
- Use **member satisfaction feedback** to guide culturally appropriate food options

# Process to Request Services

## Your Food as Medicine Journey



# Closed Loop Referral Example



The screenshot shows the top navigation bar of the Molina Healthcare website. On the left is the Molina Healthcare logo. On the right are links for Support, Admin Center, Site Tools, and People I'm Helping, followed by a user profile icon labeled 'McCoy'. Below the navigation bar is a main content area with a search prompt: 'Search and connect to support. Financial assistance, food pantries, medical care, and other free or reduced-cost **help starts here:**'. A search input field contains the ZIP code '80012' and a 'Search' button. To the right of the search area are the logos for MOLINA HEALTHCARE and TURQUOISECARE. Below the search area is a paragraph of text: 'If you or someone you know is in crisis, call or text 988 to reach the [Suicide and Crisis Lifeline](#), chat with them online via their website, or text HOME to 741741 (multiple languages available). If this is an emergency, call 911.' At the bottom of the page, there is a footer with a link to Terms & Privacy and a URL: 'This resource is brought to you by: <https://www.molinahealthcare.com/members/mm/en-us/pages/home.aspx>'.

MOLINA HEALTHCARE

Support Admin Center Site Tools People I'm Helping McCoy

Search and connect to support. Financial assistance, food pantries, medical care, and other free or reduced-cost **help starts here:**

ZIP

MOLINA HEALTHCARE

TURQUOISECARE

If you or someone you know is in crisis, call or text 988 to reach the [Suicide and Crisis Lifeline](#), chat with them online via their website, or text HOME to 741741 (multiple languages available). If this is an emergency, call 911.

By continuing, you agree to the [Terms & Privacy](#)

This resource is brought to you by: <https://www.molinahealthcare.com/members/mm/en-us/pages/home.aspx>

## Referral routing through FindHelp: closed-loop, trackable



Forms standardized  
across MCOs for  
consistency

Vendor partnerships  
allow direct-to-vendor  
referrals with claims  
validation guardrails

# BCBS Maternal Health Programs

## **Infant Care Seat\***

- Infant car seat for pregnant members or new moms.

## **Portable Infant Crib\***

- Portable crib and SIDs related educational materials for pregnant members or new moms.

## **Infant Diapers**

- Available to pregnant member or new moms for the 1<sup>st</sup> month from birth.

*Must be enrolled with Care Coordination.*

All value-added services do have limitations and/or prior authorization requirements. Additional information will be provided separately with a listing of the VAS with its limits and requirements.

# Molina Health Care Maternal Health Programs

- Home Delivered Meals- Support for **non-diabetic** expectant members, customized to meet their nutritional needs and preferences.
- Women's and Infant-We support women and infant health by providing new mothers with items such as a choice of any size **car seat, travel crib, stroller**, or a pre-paid debit card to use towards new baby items of their choice

# Women's Health Measures

## 1. Prenatal & Postpartum Care (PPC 1 & PPC 2)

- What it Tracks:
  - PPC 1 (Timeliness of Prenatal Care): Ensures pregnant individuals have a prenatal visit in the first trimester.
  - PPC 2 (Postpartum Care): Ensures a postpartum visit occurs within 7-84 days after delivery.
- Why it Matters: Early and continuous care promotes a healthy pregnancy and recovery.
- How you can support: Encourage clients to schedule and attend early prenatal visits and follow through with a postpartum checkup within the recommended timeframe.

## 2. Breast Cancer Screening (BCS)

- What it Tracks: Women ages 50-74 receiving mammograms every two years.
- Why it Matters: Early detection improves outcomes.
- How you can support: Educate and remind clients about routine screenings.

## 3. Cervical Cancer Screening (CCS)

- What it Tracks: Women ages 21-64 receiving Pap tests or HPV tests.
- Why it Matters: Prevents cervical cancer through early detection.
- How you can support: Encourage regular screenings as part of routine women's health care.

## 4. Postpartum Depression Screening & Follow-up (PDS)

- What it Tracks: Screening for postpartum depression within 12 weeks after birth.
- Why it Matters: Early detection ensures mothers receive support for mental health.
- How you can Help: Encourage screenings at postpartum visits and connect parents to mental health resources.

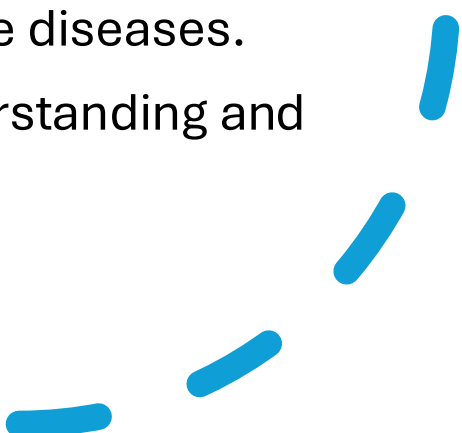
# Pediatric Health Measures

## **Pediatric Health Measures**

### **1. Well-Child Visits (W30, WCV)**

- What it Tracks: Children receiving well-child visits in the first 30 months and annual visits ages 3-21.
- Why it Matters: Tracks development, vaccinations, and preventive care.
- How you can help: Remind parents about the 6+ well-child visits in the first 15 months and yearly checkups after age 3.

### **2. Childhood & Adolescent Immunizations (CIS, IMA)**

- What it Tracks: Vaccinations by age 2 and adolescence.
  - Why it Matters: Protects against preventable diseases.
  - How you can help: Support parents in understanding and following the immunization schedule.
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Thank you