Food Bank/Home Delivered Meals

- Trends
- Challenges
- Opportunities
- Evolutions

Project Open Hand

Introductions

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- Member, California Food Is Medicine Coalition (CALFIMC)
- Member, National Food is Medicine Coalition
- Member, National Evidence Based Leadership Collaborative

OUR MISSION & HISTORY

A STORY OF LOVE AND FOOD

In 1985, a San Francisco grandmother and retired food service worker named Ruth Brinker noticed a close friend with AIDS suffering from malnutrition. Ruth knew what needed to be done – feed her neighbors. She began by preparing meals in her kitchen for neighbors with AIDS. She brought meals to their homes, along with a friendly smile, an encouraging word, and a healthy dose of love. And with this, Ruth founded Project Open Hand. Ruth's vision of meals with love is still alive and is the motivating force behind everything we do.

As more people heard about Ruth's "project" in the mid-1980s, more requests started coming in for home-delivered meals, so Ruth called for volunteers. Project Open Hand has not stopped growing since. In 1989, we began serving people with AIDS in Alameda County. In 1997, we moved to our current headquarters in San Francisco. We also have a Grocery Center in downtown Oakland from which we serve our East Bay clients. In 1998, we expanded our services and began serving congregate lunches to seniors at various sites throughout San Francisco. In 2000, we again expanded our reach to provide meals with love not only to people with HIV/AIDS but also to neighbors battling breast cancer, heart disease, and many other illnesses.

Today, Project Open Hand prepares 2,500 nutritious meals daily. It provides 200 bags of healthy groceries daily to help sustain our clients as they battle serious illnesses, isolation, or the health challenges of aging. We serve San Francisco and Oakland, engaging 125 volunteers daily to nourish our community.

1985
Project Open Hand incorporated as a 501c3 nonprofit.

1989
Launch of services for people with AIDS in Alameda County.

1997
New headquarters in SF.

1998
Launch of congregate meal program.

2000
Expansion of targeted health conditions.

2018
POH financial analysis conducted by McKinsey.

2019
Strategic focus on quality and fiscal solvency.

2022
Launch of CalAIM contracting.

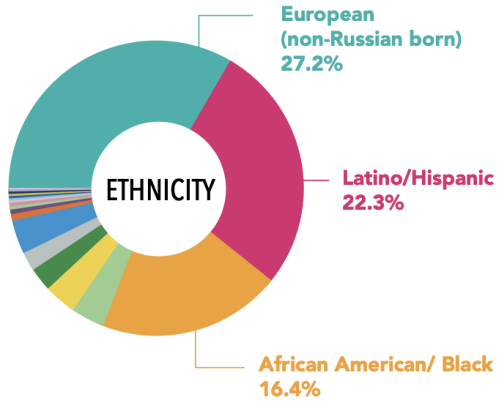
FUTURE
Fully realized and funded Client-Centered Nutrition Home

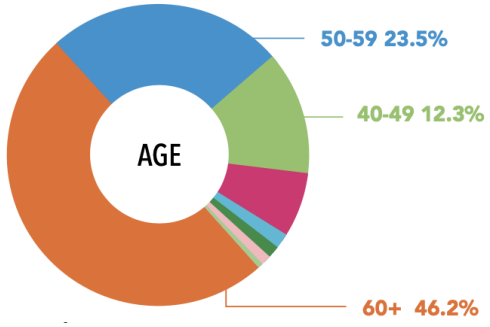
OUR STAKEHOLDERS

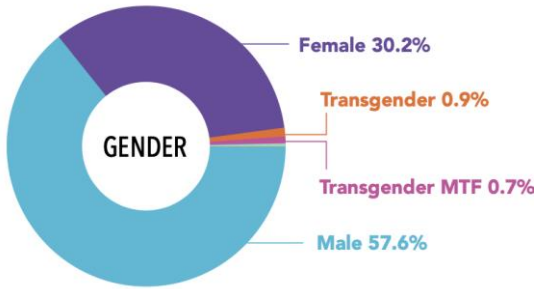
WHY AND HOW WE EXIST

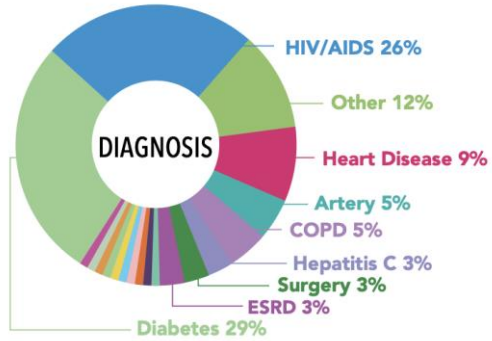
Our focus on serving those most in need will never change.

The types and number of people we serve have grown over the years, but our core has never changed: **to improve health outcomes and quality of life by providing nutritious meals to the sick and vulnerable.** The expansion of the types of people we serve has been driven by changes in the health and well-being of the public, supportive healthcare and human services policies, and a growing emphasis on the value and importance of stable and healthy food. Our customers will evolve as public health trends, policies, evidence-based services, and interventions evolve.









Volunteers are our lifeblood.

Project Open Hand volunteers have been committed to providing nutritious meals to the sick and vulnerable, caring for and educating our community. Volunteers give their time to assist in meal production and delivery.

Total unique volunteers
947

Total volunteer hours
30,343

89%
of volunteers are recurring (weekly) volunteers

Value of volunteer time
$1,019,833

Source: POH 2020-21 Annual Report

NOT All FOOD IS CREATED EQUAL

Food Insecurity

Food insecurity is "the limited or uncertain availability of nutritionally adequate and safe foods or limited, or uncertain ability to acquire acceptable foods in socially acceptable ways." -- Food and Agriculture Organization (FAO)

Nutrition Security

Nutrition security means "consistent access, availability, and affordability of foods and beverages that promote well-being, prevent disease, and, if needed, **treat disease**...." -- USDA

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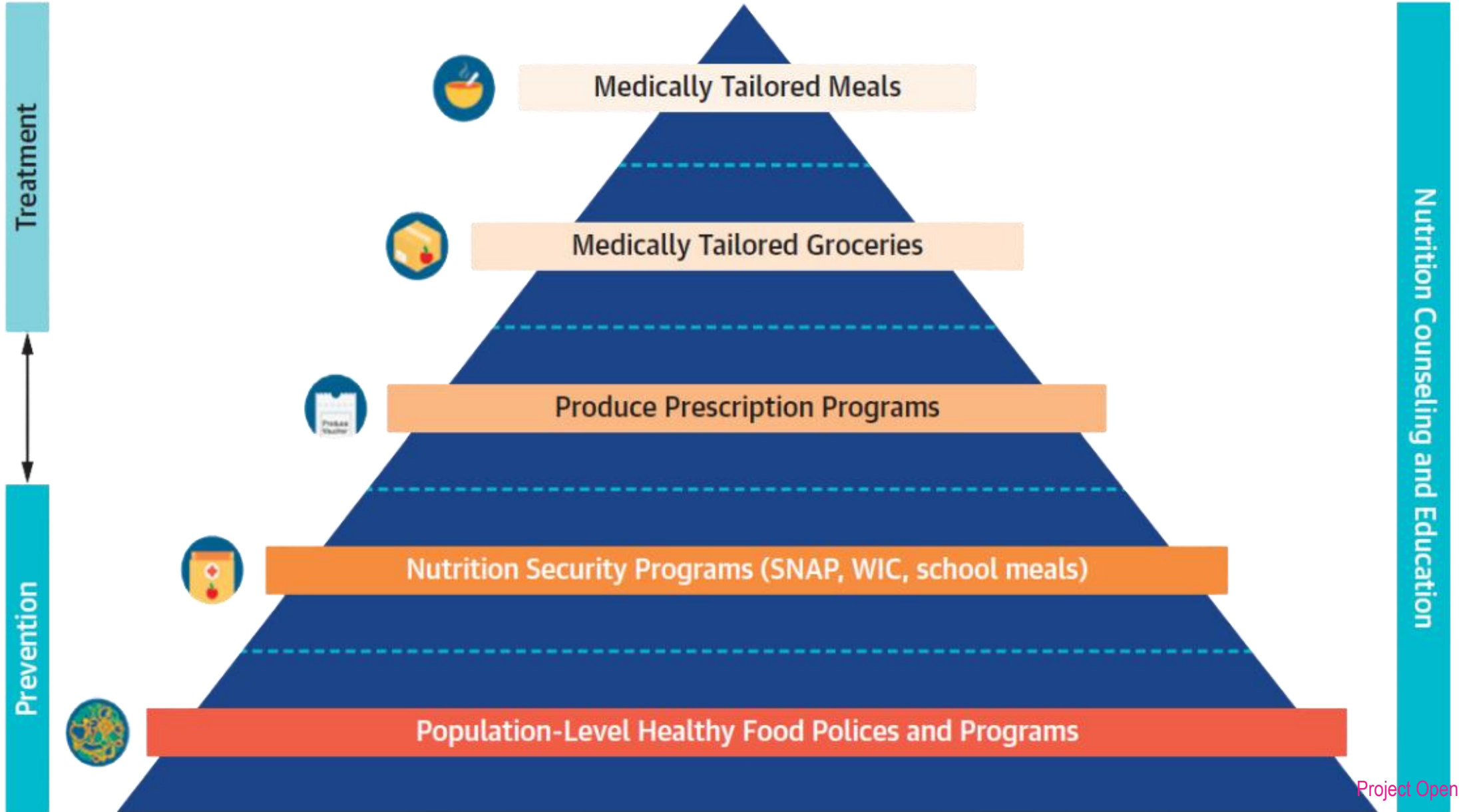
The Spectrum of Nutrition and the Food is Medicine Movement



MEDICALLY TAILORED MEALS: THE PROOF

FOOD IS MEDICINE™ COALITION

This summary was compiled from peer-reviewed research studies and white papers conducted by members of FIMC for over a decade and is meant to provide a high-level overview of the types of impact that the MTM intervention has had on individuals living with severe, complex or chronic illnesses.

1 MEDICALLY TAILORED MEALS IMPROVE HEALTH OUTCOMES & PATIENT SATISFACTION

While receiving MTMs, patients report:

- **Improved quality of life.** [1,3]
- **Fewer days when mental health interfered with quality of life.** [11]

People who receive medically tailored meals experienced:

Improved mental health:

Study participants experienced approximately two fewer depressive symptoms and 13% of respondents reported less binge drinking once they started receiving meals[1]

Better diabetes management:

Among patients with type 2 diabetes, 47% reported an episode of hypoglycemia while they were receiving MTM, versus 64% while they were not receiving MTM. BMI decreased from 36.1 at baseline to 34.8 at follow-up.[2]

Healthier eating habits:

Recipients of MTM reported increasing fruit and vegetable intake to more than 2 times per day.[4] Saturated fat servings decreased.[3]

Improved medication adherence:

Among participants with HIV, ARV medication adherence of 95% or greater increased from 46.7% of participants at baseline to 70% of participants at follow-up.[3]

Project Open Hand

2 MEDICALLY TAILORED MEALS LOWER HEALTHCARE COSTS

In comparison, nutrition related costs are an inexpensive medical intervention. For the same cost as 1 day in the hospital (approx. $2,419), many FIMC agencies can feed someone at home for 6 months.[5]

16%
Reduction in Net Health Care Costs[7]

50%
Decrease in Hospitalizations[7]

70%
Drop in Emergency Department Visits[7]

Modelled nationally, in just one year, MTMs could save **$13.6B** in healthcare spending and help avoid **1.6M** possible hospitalizations.[6]

Healthcare Cost Savings:

In a cost-modelling study, national implementation of MTMs for individuals with diet-sensitive conditions and activity limitations could annually avert 1.6 million hospitalizations; and save a net $13.6 billion in health insurance, with most savings occurring in Medicaid and Medicare.[6]

In a study of the effect of MTM, meal delivery correlated with a reduction in health care cost of 16%.[7]

The average monthly health care costs for recipients of MTM is 31% lower than those without MTM.[8]

Average monthly health care costs fell 62% for 3 consecutive months after service began for individuals living with acute or chronic conditions.[9]

Managed Care Organizations paid out $12,000 less per month than for a comparison group without nutrition intervention.[10]

Fewer Hospitalizations:

Receipt of MTM was associated with 50% fewer inpatient admissions and 70% fewer emergency visits compared with a matched cohort that did not receive meals.[8]

MTM was associated with 70% fewer ED visits, 50% fewer hospitalizations and 72% fewer uses of emergency transport.[11]

Among a group of patients with type 2 diabetes, share of hospitalizations fell from 25% to 6.9%. The share of patients reporting visits to the ED fell from 31% to 13.8%.[3]

Among a group of patients living with HIV, hospitalizations fell from 10% to 3.33%.[3]

In a study of the effect of MTM, 93% of recipients of MTM with inpatient hospitalizations were discharged to their homes as compared to only 18% of those without MTM.[9]

Receipt of MTM was associated with 72% fewer skilled nursing facility admissions compared to a group that did not receive MTM.[11]

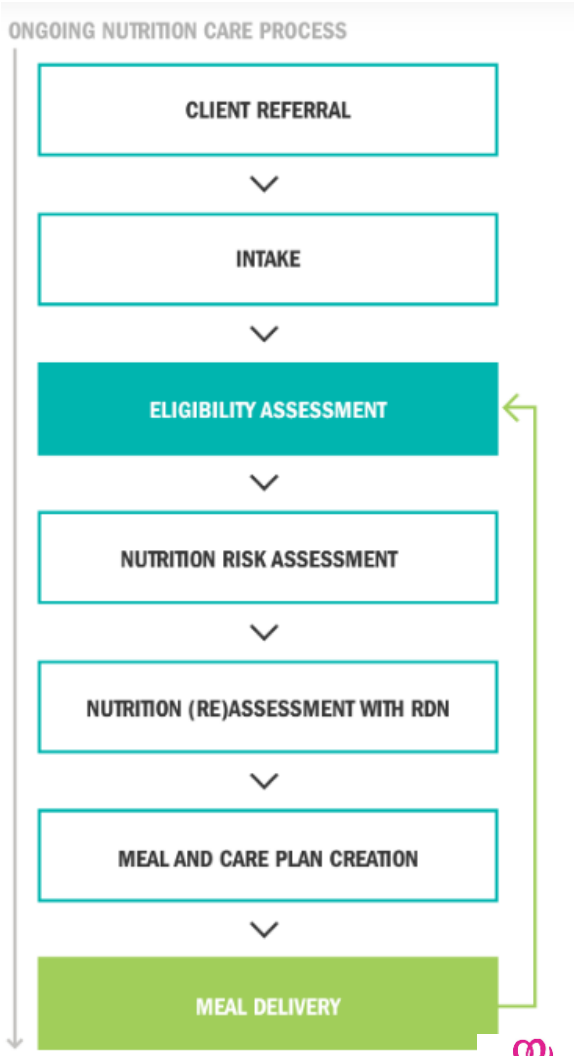
Clients receiving MTM were 20% more likely to be released from the hospital to their homes instead of an acute care facility.[10]

For clients with heart failure – 50% reductions in hospitalizations.[12]

The Intervention: A Unique Approach

A medically tailored meal, as defined by the Food is Medicine Coalition, does not simply mean putting someone on a diet. It is more than a meal. Our clients' medical lives are complex - many are living with multiple serious illnesses at once - and they require an equally complex nutrition intervention.
The MTM intervention is the comprehensive process of delivering medically tailored meals where:

- the client is referred to the agency with the involvement of healthcare personnel and their eligibility for MTMs is confirmed,
- an intake and eligibility assessment is conducted by the agency and a nutrition risk assessment is conducted if appropriate,
- the client goes through a nutrition assessment with a Registered Dietitian Nutritionist (RDN),
- a meal and care plan is tailored for the specific medical circumstances of the client by the RDN,
- meals are prepared by the agency and home-delivered, shipped or available for pick-up for the client,
- the client is reassessed for eligibility and nutrition need at regular intervals, and
- the client experiences the ongoing Nutrition Care Process (NCP), including nutrition



HIV Long-Term Survivors Day

June 5

Mobilize to Thrive: Prioritizing Quality of Life

HIV Long-Term Survivors Awareness Day (HLTSAD) honors long-term survivors of HIV and increases visibility of their needs, health issues, and journeys. The annual observance on June 5 coincides with the anniversary of the first reported cases of what later became known as AIDS. The Centers for Disease Control and Prevention (CDC) reported the first cases on June 5, 1981, in the *Morbidity and Mortality Weekly Report*.

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Supporting Research for Older Adults Living with HIV

Content From: Ann Namkung, MPH, Program Director of HIV and Aging Research, Division of Aging Biology, National Institute on Aging, National Institutes of Health • **Published:** June 10, 2024 • 3 min read

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HIV and Aging Research Consortium

Project Open Hand

"Comorbidity and comedication burden among people living with HIV in the United States"

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To link to this article: *https://doi.org/10.1080/03007995.2022.2088714*

“Comorbidity and comedication burden among people living with HIV in the United States”

Findings:

- “Some antiretroviral (ARV) agents have been associated with increased risks of chronic kidney disease, cardiovascular disease, fractures/osteoporosis and weight gain18–22. Furthermore, HIV infection itself causes chronic inflammation that may contribute to the development of comorbid conditions at earlier ages than among uninfected individuals23,24.”

- “Comorbidity burden The most prevalent category of comorbidities overall was cardiovascular-related conditions. Hypertension was observed among approximately one-third of persons in each cohort. Hyperlipidemia was observed among a significantly larger proportion of PLWH than PLWoH. Chronic kidney disease was also significantly more prevalent among PLWH than PLWoH, with approximately one-quarter of patients affected.”

Conclusion:

Multimorbidity and polypharmacy continue to be more prevalent among PLWH compared with PLWoH. The study findings support the need for greater consideration of the most common comorbid conditions, and the time frame in which they arise, throughout many years of HIV management. The burden of comorbid conditions and non-ART medications among PLWH is higher than that among PLWoH, in part because ARTs themselves are associated with side effects which increase risks of the most common comorbid conditions. Additionally, adverse events may also exacerbate existing conditions, necessitating a need for considering these risks when selecting ART and for informed decision making between patients and providers. The desired out-come of this work is to support optimal treatments based on individual risks of comorbid conditions, as well as minimizing drug –drug interactions, adverse events and pill burden, and thereby improve patient health in the long term.

"Food is Medicine (FIM) Interventions are particularly impactful for an older adult population; that impact is amplified for older adults with two or more chronic health conditions”

FIM Interventions -

Shorter-term Nutrition Interventions

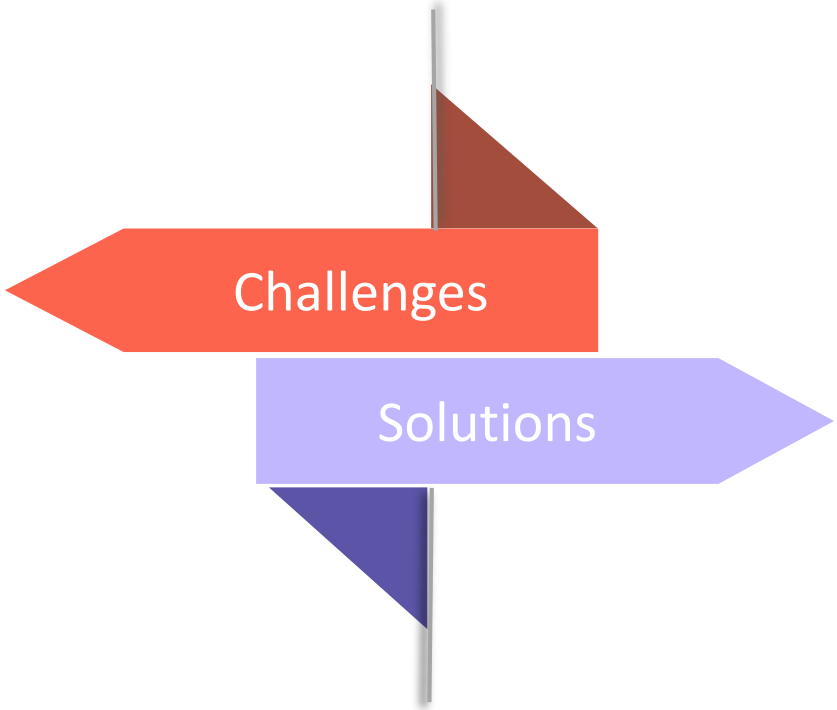
- Recently discharge from hospital
- Acute illness related to a chronic health condition
- Weight gain/loss need
- Medication changes
- Oral health issues

Extended Nutrition Interventions Multi-Year

- Ongoing challenges with managing CD (blood glucose levels, BP, weight, nausea…)
- Inability to access proper nutrition
- Income and or cognitive reasons

The Future of FIM in the Bay Area

- POH “Food Fatigue”
- Bay Area food and Labor cost
- Misinformation from Providers
- Maintaining high level of food quality (preservatives, sodium..)



- Design more culturally relevant nutrition products
- Always follow the (real) science
  - Plant-forward, plant-based protein
  - Responsibility in procurement
- Invest in Nutrition Innovation
- Marketing of Intent of FIM Services
- Client Centered Nutrition Home

OUR PRODUCTS & SERVICES: FUTURE PLANS

CLIENT-CENTERED NUTRITION HOME: PRINCIPLES

Unlike other food and nutrition providers and advocates, our model is driven by the people consuming our food and engaging in our services.

We aim to strengthen this approach by developing an operational model for future care management services offered by POH that follows these principles:

Client-centered Nutrition Home Model

Client-centered	Our services are oriented to the whole person – their values, preferences and needs.
Coordinated	Connections between our guidelines and standards, partners, and programs and services are seamless.
Accessible	Our visibility, meal ordering, pick list, inventory, delivery system, and distribution are comparable to retail competitors. Barriers between identified client needs and nutritional care are continuously reduced.
Comprehensive	We take a lifespan approach to nutritional health – from birth to death. Our food meets the dietary needs of clients living with various diet-related chronic conditions.
High Quality & Safe	Our practices are based on science and evidence, are routinely evaluated, and adhere to food safety standards with regular quality assessments and improvement cycles.
Sustainable	Our products and services adhere to our stewardship and dignity values.
Impactful	We measure and monitor our work to ensure we are making meaningful positive impacts on the people and communities that engage with us.

HAPPY PRIDE MONTH

LOVE IS LOVE

Project Open Hand

Voted Best LGBTQ Nonprofit

by *Bay Area Reporter* readers


"Project Open Hand's nutritious food gives me energy to take on the day."
LOVE
FOOD = LOVE
PROJECT
Open Hand
THIS LOBBY IS DEDICATED TO
PROJECT OPEN HAND'S MANY VOLUNTEERS,
WHOSE LOVE FEEDS US ALL.

THANK YOU!

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