



"Project Open Hand's food is the best medicine for my diabetes."

—ROSSIE, BAYVIEW

FOOD = LOVE

#MealsWithLove

openhand.org

donate | volunteer



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Who We Are



Mission

Project Open Hand nourishes and engages our community by providing *meals with love* to the sick and elderly



Vision

No one who is sick or elderly in our community will go without nutritious *meals with love*



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FOOD = LOVE

**EVERY SINGLE
DAY AT POH**



2,500
MEALS
PREPARED



200
GROCERY
BAGS GIVEN



125
VOLUNTEERS
DONATING TIME



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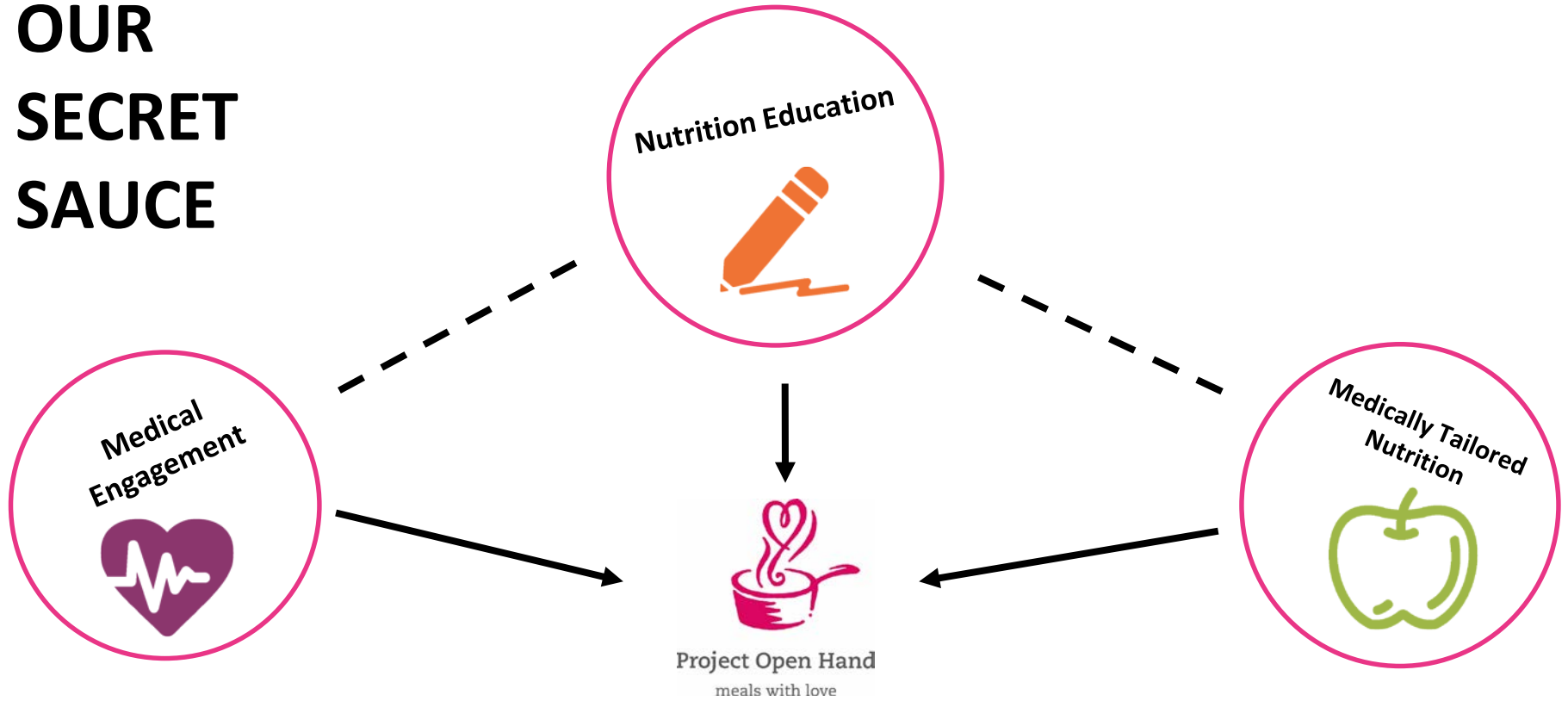
Who We Serve

- Medical nutrition services for seniors and those battling life-threatening illnesses.
- Diagnoses Eligible
 - Diabetes Type 2
 - Breast Cancer
 - Cardiovascular Disease
 - End-stage Renal Disease
 - HIV AIDS



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OUR SECRET SAUCE



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Medically tailored meals can and should be delicious!



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36%



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63%



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↑ 50%



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California Medi-Cal Pilot Program

Research Partners	  
Population	High utilizers of Medi-Cal
Measures	Statewide Preventable Readmission
Concludes	July 2021



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Our challenge

- Create partnerships throughout urban CA
- The majority of California's population
- Consistent protocol
- Collect, process and use pristine data across 6 CBOs, DHCS/Medi-Cal and 7 counties



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San Diego, Los Angeles, Santa Clara, **Alameda**, San Francisco,
Sonoma and Marin



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Alameda County Partners

- The Public Hospitals
- The Clinic Consortium
- FQHCs
- The Health Plan (s)
- Kaiser
- Sutter



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Our Failures

- Highland Hospital
- Alameda Alliance
- La Clinica de la Raza
- Kaiser



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Barriers to Success

- The “perfect” gets in the way of the “good”.
- Communication
- Irregular process assessment and course correction
- Perspective and Reward



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Care Neighborhood & Project Open Hand



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Necessary Ingredients

- Aligned Goal
- Shared Problem
- Champions
- Bottom line benefit
- Ambition and Ego
- Vision



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Aligned Goals

- Improving our patients'/clients' health
- A more effective approach
- Sustainable and replicable model
- Return on Investment
- Disruptive interventions
- A stronger community



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Shared Problems

- \$34B preventable readmissions
- Repetitive failure/recidivism
- Wackamole
- Health disparities
- Funding
- Burnout - clients and staff



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Identifying Champions

- Front line and throughout
- Medical
- Political
- Health system
- Care transition teams
- Social workers



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Bottom Line Benefit

- Capitated models and penalties
- Reverse incentives
- Expansion of ICD10
- Tax payers
- Demonstrate the ROI and scalability



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Ambition and Ego

- Need to disrupt the failing system of care
- Need to prove the model
- Need to be on the cutting edge
- Need to be excited and proud (and exhausted)



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Vision



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