



# Hospital-Community Partnerships:

Using Local & Institutional Policy to Address Root Causes of Food Insecurity

July 25, 2017



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**Kate Blackburn**

Senior Program & Policy Analyst  
Nemours



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# Policy Learning Lab: Root Causes of Food Insecurity

For more information and to apply, visit: <http://bit.ly/2tm6hdo>

Questions?

Email [MHCU@Nemours.org](mailto:MHCU@Nemours.org)

or call Kate Blackburn at 302.650.2328

# Hospital-Community Partnerships:

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# Key Concept

## Food insecurity



# What is food insecurity?

Defined as:  
the limited or  
uncertain availability  
of nutritionally  
adequate and safe  
foods or the inability  
to access foods in  
socially acceptable  
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There are different  
levels of food  
insecurity

Does not occur in  
isolation

Different from hunger  
and food access



# Who does it affect?

One in eight  
Americans

# Who does it affect?

One in eight  
Americans

One in ten White  
households and one in  
seven White children

# Who does it affect?

One in eight  
Americans

One in ten White  
households and one in  
seven White children

One in five African  
American and Latino  
households

# Who does it affect?

One in eight  
Americans

One in four African  
American and Latino  
children

One in ten White  
households and one in  
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One in five African  
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# Who does it affect?

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Two in three seniors

One in five African  
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households

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One in four African  
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One in ten White  
households and one in  
seven White children

Two in three seniors

One in five African  
American and Latino  
households

Rural areas are  
disproportionately  
affected

# Key Concept

## Policy





Local ordinances



Zoning language



Resolutions



School/agency  
policy language



Contracts/agreements



State/federal laws



University policy



Organization policy



Hospital policy



# Commonalities



A statement in  
writing



Binding or some  
accountability



Broadly applicable  
to a geographic  
area, type of  
institution or  
physical space,  
and/or group of  
people

# Why Policy?



Policy offers  
**accountability & enforcement**



Policy reaches more  
**people**



Policy  
**institutionalizes good ideas**



Policy often achieves  
**significant results more efficiently at lower costs**

# Quiz: Is this a policy?

A church pastor promises the mayor that the church playground will be open to the community.

# Quiz: Is this a policy?

A church pastor promises the mayor that the church playground will be open to the community.

**A church board adopts an open use policy that allows the public to use the church playground.**

# Quiz: Is this a policy?

A business puts up signs encouraging employees to walk more.

# Quiz: Is this a policy?

A business puts up signs encouraging employees to walk more.

**A business makes a policy that provides up to 2 hours of paid time per week for employees to exercise.**

# How do you get to policy change?

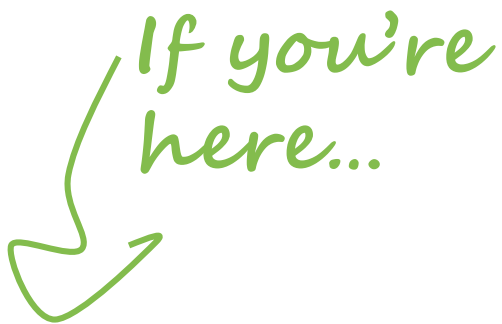




Readiness for change



*If you're here...*



NO AWARE- NESS	DENIAL / RESIST- ANCE	VAGUE AWARENESS  "Something should probably be done, but what? Maybe someone else will work on this."	PREPLANNING  "This is important. What can we do?"	PREPARATION  "I will meet with our funder tomorrow."	INITIATION  "This is our responsibility; we are now beginning to do something to address this issue."	STABILIZATION  "We have taken responsibility."	CONFIRMATION/ EXPANSION  "How well are our current [initiatives] working and how can we make them better?"	HIGH LEVEL OF COMMUNITY OWNERSHIP  "These efforts are an important part of the fabric of our community."
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Readiness for change

Learn about  
interventions

Pilot an idea  
and get  
feedback

Expand the  
pilot to a full-  
scale  
program

Learn about  
policy  
options

Design a  
policy

Adopt a  
policy

Continually  
enforce and  
evaluate  
policy

Program

Policy

 **Preplanning**  
“This is important.  
What can we do?”

Learn about  
interventions

Pilot an idea  
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Expand the  
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Learn about  
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Design a  
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Adopt a  
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Program

Policy

# How can policy be used to address food insecurity?





*Example:*

## Restrictive covenants

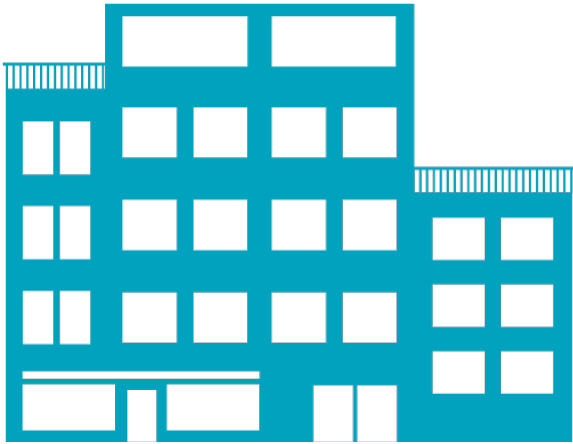
*Problem*

*Solution*



*Example:*

## Restrictive covenants



Restrictive covenants  
previously limited  
who could live where

*Problem*

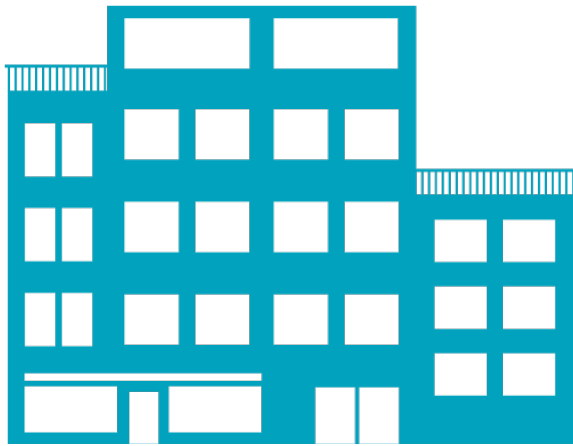
*Solution*





*Example:*

## Restrictive covenants



Restrictive covenants  
previously limited  
who could live where



Restrictive covenants  
currently limit where  
supermarkets can be  
located

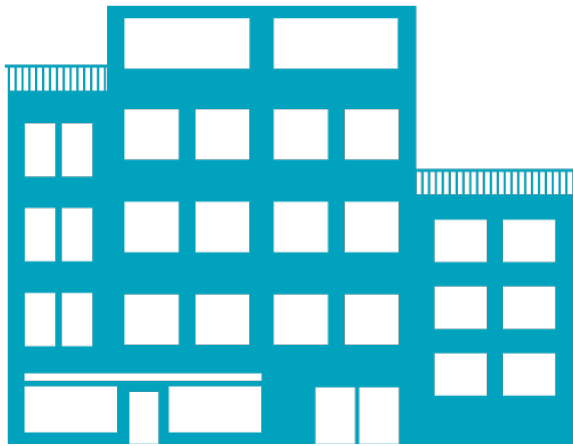
*Problem*

*Solution*



*Example:*

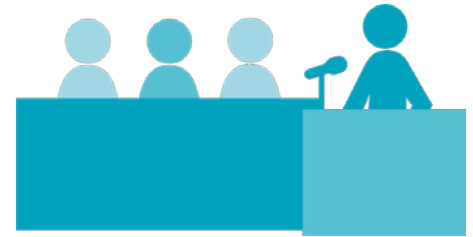
## Restrictive covenants



Restrictive covenants previously limited who could live where



Restrictive covenants currently limit where supermarkets can be located



Legislation passed to limit restrictive covenants

*Problem*

*Solution*

## What is Policy?

When people hear the word “policy,” they often think of an ordinance made by a city council or a law made by a state legislature. However, both public institutions and private entities make policies. Contracts, organization or business policies, and agency regulations are also policies. For example, many communities have ordinances—made by the city or county council—that prohibit smoking in privately owned apartment buildings. In communities without these laws, landlords can choose to adopt smokefree policies for their properties.

In this example, the local ordinance is a **public policy** that applies to all apartment buildings in the community. The government adopts and enforces the law on behalf of residents. In places without a smokefree ordinance, landlords can adopt and enforce a **private policy** that affects only their apartment units and tenants. Whether public or private, a policy is 1) a written statement; 2) binding and enforceable; and 3) broadly applicable to a geographic area, type of institution or physical space, and/or group of people.

One way to identify policy is to understand what policy is not. Below are a few examples.

NOT POLICY	POLICY
<b>Program:</b> A local government creates a program that offers incentives to convenience stores that voluntarily sell fruits and vegetables.	A city council adopts a resolution offering funds to convenience stores in the community that sell a minimum amount of fruits and vegetables.
<b>Education:</b> A business puts up signs encouraging employees to walk more.	A business makes a policy that provides up to 2 hours of paid time per week for employees to exercise.
<b>Education:</b> A school includes information about the harms of smoking in its health class curriculum.	A school board adopts a policy requiring all schools to be tobacco free, both indoors and outdoors.
<b>Practice:</b> A church pastor promises the mayor that the church playground will be open to the community.	A church board adopts an open use policy that allows the public to use the church playground.

In these examples, policy has advantages over the non-policy strategies. The business policy providing paid time for exercise actually encourages employees to be active, whereas an informational poster only tells employees that walking is important. The church open use policy allows the church to establish a long-term commitment to sharing its facilities with the community. Without this official policy, a new pastor could stop letting the public use the playground, without accountability to the mayor or congregation.

In most of these examples, the non-policy strategies can support the policies. For instance, the incentive program for convenience stores can bolster the city council’s commitment to supporting stores that sell fruits and vegetables. The antismoking curriculum for students can help them understand why the tobacco-free campus policy is important and discourage them from smoking.

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*Thank you!*

Rio Holaday

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Holly Calhoun  
Project Manager  
Public Health Institute

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# **Tackling Hunger to Improve Health in Americans**

**Hospital-Community Partnerships: Using Local & Institutional Policy to Address Root Causes of Food Insecurity**

**7/25/17**

**Holly Calhoun  
Project Manager  
Public Health Institute**



# TACKLING HUNGER

to improve health in Americans



Hunger is a health issue, and its consequences are particularly severe in older adults.

**TACKLING HUNGER** seeks to find and disseminate effective strategies to address food insecurity and its relationship to acute medical events in people with chronic diseases. Through cutting edge, actionable research, we intend to drive public policy change and program innovation at the federal, state, community, and institutional levels. The study, supported by the [AARP Foundation](#) and [ProMedica](#) through the [CDC Foundation](#) is being conducted by the [Public Health Institute](#) in collaboration with the [Centers for Disease Control and Prevention](#). The project focuses on adults aged 50 and older with chronic disease who experience food insecurity; it has three components:



A Study



An Evaluation



A Tool

[www.phihungernet.org](http://www.phihungernet.org)

# Tackling Hunger Project Components

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- **Conduct economic burden study**
  - Analysis of national data sets for older adults comparing utilization patterns and costs for older adults with chronic diseases with and without identified food insecurity
- **Develop tools to support the advancement of practices**
  - Guidance for integration of food assessments into CHNAs
  - Food Insecurity Cost Calculator
  - Policy briefs
- **Conduct exploratory evaluation**
  - Healthcare interventions to identify and address food insecurity

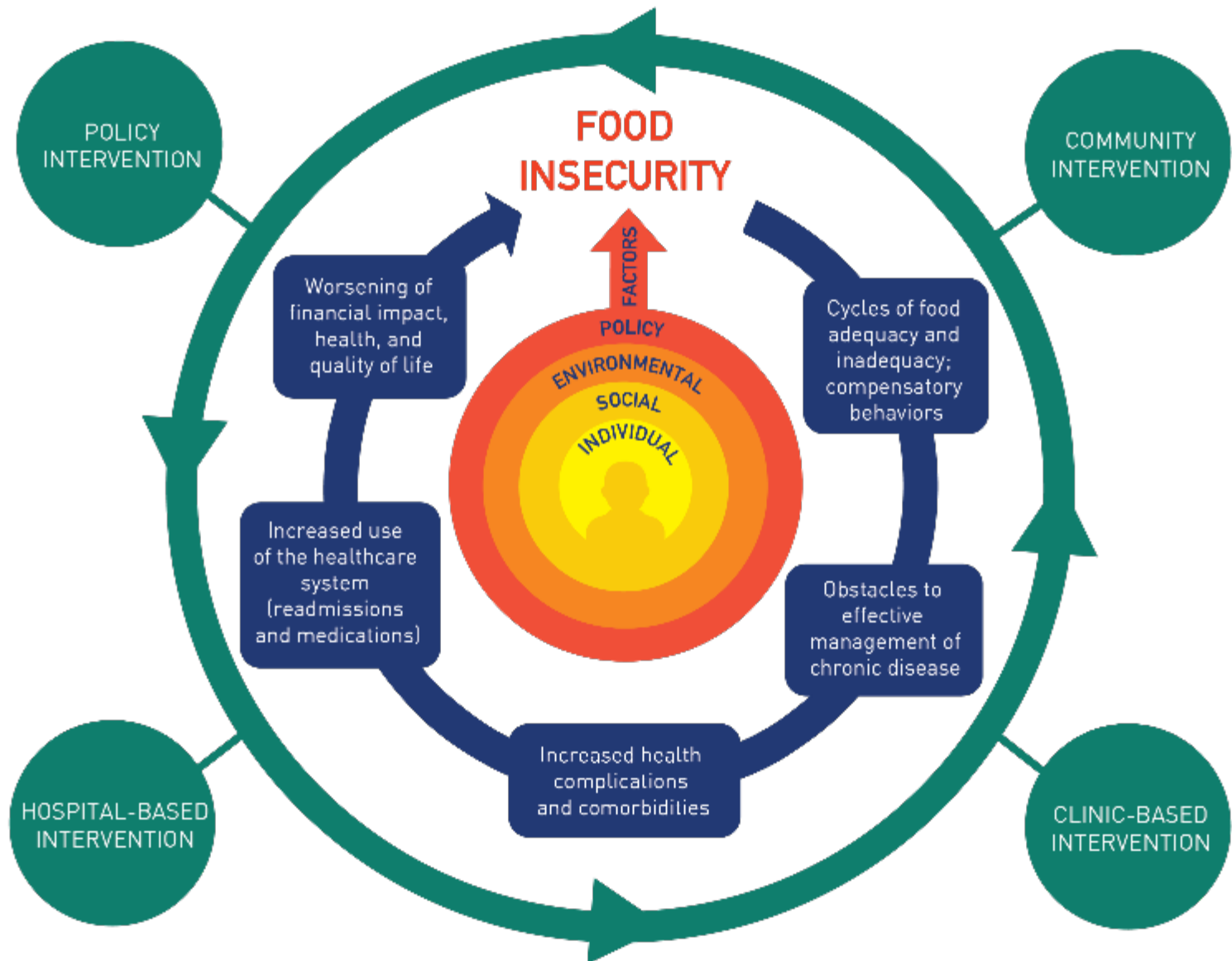


# Food Insecurity by the Numbers

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- **The food insecurity rate for adults over 60 is expected to increase 50% by 2025**
- **Economic Impact on Health Care:**
  - 2015 U.S. health care expenditures reached \$3.2 trillion, increasing 5.8% in one year.
  - U.S. health care costs of food insecurity are estimated at about \$78 billion in 2015.
  - This means food insecurity costs our health care system about \$250 - \$500 per person extra each year.

# Reversing the Cycle of Food Insecurity and Chronic Disease in Older Americans



# Exploratory Evaluation

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- Identify hospitals and health care systems that:
  - Identify food insecure patients with chronic disease
  - Address the needs of food insecure patients with chronic disease
- Systematic Screening and Assessment Method
- Conducted in partnership with CDC and CDC Foundation
- Outreach conducted through broad network of organizations and institutions
- 59 nominations received
- Representing programs in 27 states
- 22 programs met inclusion criteria – interviewed and reviewed in detail

# Program Referrals/Services

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- Onsite food pantries and food pharmacies (may provide medically tailored meals foods for specific chronic conditions)
- Offsite food pantries
- Fruit and Vegetable incentive/prescription programs – coupons for fruits and vegetables redeemable at farmers markets and/or grocery stores
- Patient navigator programs to help patients access food and social service resources (“navigators” can include patient advocates, social workers, program coordinators, and/or community health workers)
- Subsidized CSA boxes
- Home delivered meals
- Diabetes Wellness Programs (provide diabetic patients with medically tailored foods)

# **The Case for Policy Engagement**

- Hospitals one of the largest employers in communities
- Hospital leaders may have access to and influence with public officials
- Hospitals assuming increasing financial risk for poor health
- More than 80% of what improves health is outside of medical care delivery
- Health inequities concentrated in urban and rural communities with high poverty, limited access to healthy food, poor quality housing, dysfunctional schools
- Advocacy is cost-effective – Low cost/high returns

# Moving from Program to Policy

---

- **Food Insecurity Screening**

- Children's Health Watch Hunger Vital Sign™ 2-question validated screener:
  - “Within the past 12 months we worried whether our food would run out before we got money to buy more.”
  - “Within the past 12 months the food we bought just didn't last and we didn't have money to get more.”

- **Institutional Policy Opportunity –**

*Hennepin County Medical Center & Second Harvest Heartland*

- Standardized food insecurity screening integrated into workflow
- Senior Care Clinic increased referrals to food bank 1,460% in one month

<http://childrenshealthwatch.org/>



# **Moving from Program to Policy**

- **Investing in Local Economies**
- **Institutional Policy Opportunity –**  
*Procurement policy to support local vendors*
  - Connecticut Mental Health Center – healthy beverage/vending initiative; improving food environment and healthy options
  - Supporting local, sustainable producers and businesses
  - Health Care Without Harm Healthy Food in Health Care Pledge
  - Contracts that support local vendors support thriving local economies – think beyond food

<https://noharm-uscanada.org/issues/us-canada/healthy-food-pledge>

# Moving from Program to Policy

---

- **Local Policy Opportunities**

*CHNA is a tool for discussion with policymakers*

- San Diego collaborative CHNA process with Hospital Association of San Diego and Imperial Counties: <http://hasdic.org/2016-chna/>
- Informed policymakers of community needs

- **State Policy Opportunities**

*Sharp HealthCare and the Hunger Advocacy Network*

- Community partners identified need for upstream support for sustainable solutions: request for Letter of Support
- Strong relationships from programmatic partnerships – food insecurity screening and referrals



# Moving from Program to Policy

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- Hospital Association adopted Policy Agenda: Food Insecurity & Access to Healthy Food
- Support policies to address food insecurity and health:
  - SB 138: School Meal Programs – free and reduced-price meals; universal free meal service
  - AB 1219: Good Samaritan Food Donation Act
  - AB 214: College Hunger
  - AB 607: Community Resiliency & Disaster Preparedness Act of 2017
- Partnerships are key – informed by community partners, issue experts
- Anti-hunger advocates partnering to support health care policy

# **Moving from Program to Policy**

- **Federal Policy Opportunities**

  - ProMedica and the Root Cause Coalition*

- Food insecurity screening and food pharmacy
- Regional Summits: Diagnosis Hunger
- Testimony to House Agriculture Subcommittee on Nutrition hearing to review incentive programs
- Food Insecurity Nutrition Incentive Grant Program – data and evaluation

<http://www.rootcausecoalition.org/>

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Tackling Hunger  
Public Health Institute  
[www.phihungernet.org/  
tools-for-change](http://www.phihungernet.org/tools-for-change)



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# Addressing Food Insecurity: A hospital and community effort

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Children's Healthcare of Atlanta



Public Awareness Advertising and Marketing

Public Awareness Advertising and Marketing



Schools and  
Early Learning  
Centers



Providers



Strong4Life  
Clinic



WIC



Parents



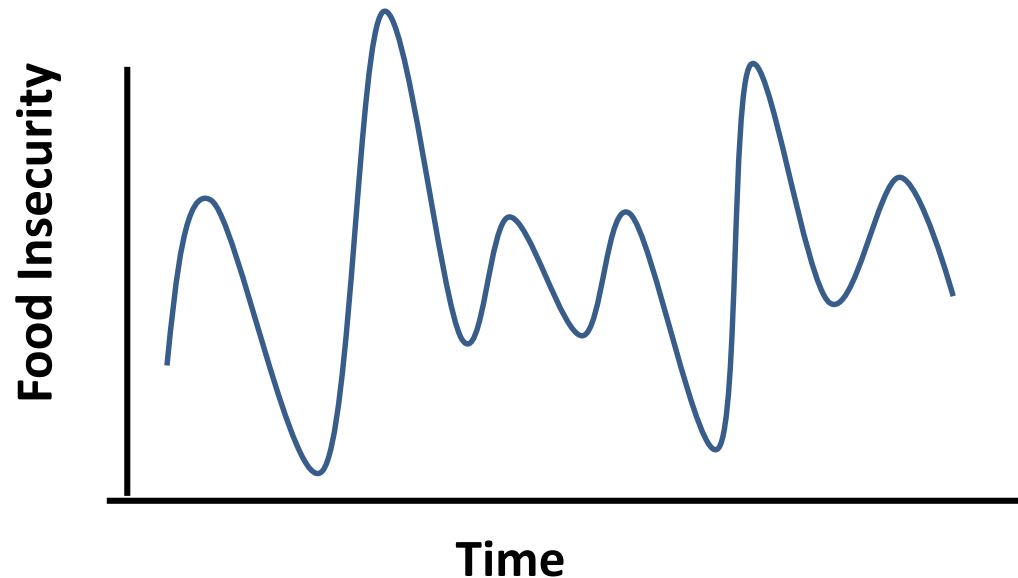
Children's  
Healthcare of Atlanta

**STRONG4LIFE**

# Food Insecurity

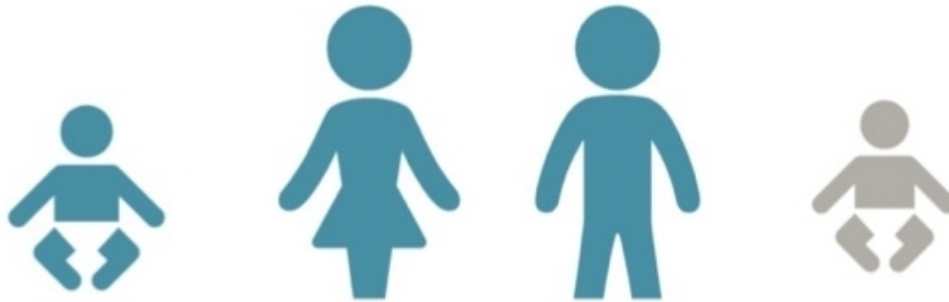
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“Access to adequate food (being) limited by a lack of money or other resources” (*USDA*)



# Childhood Hunger in Georgia

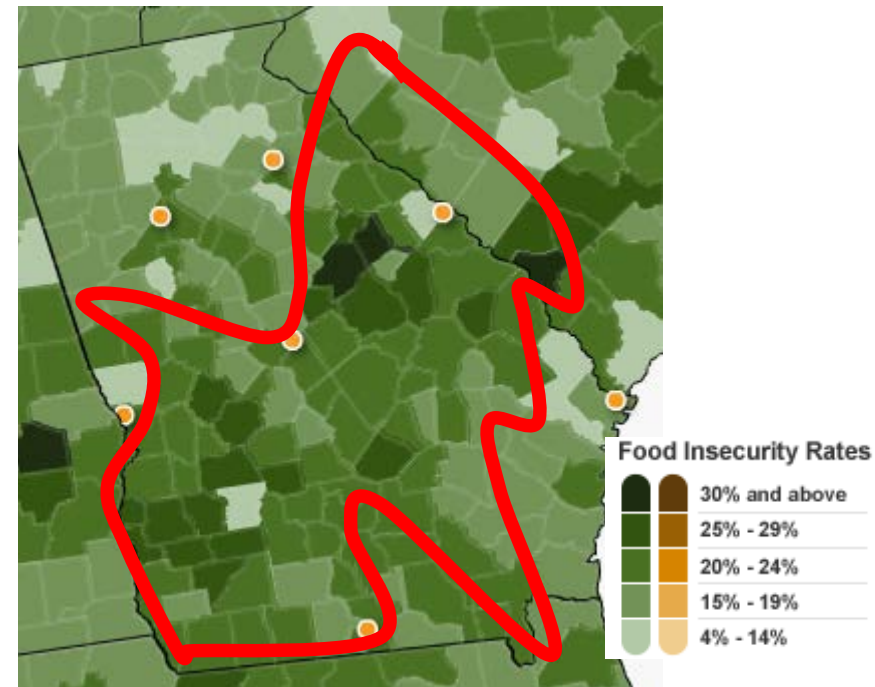
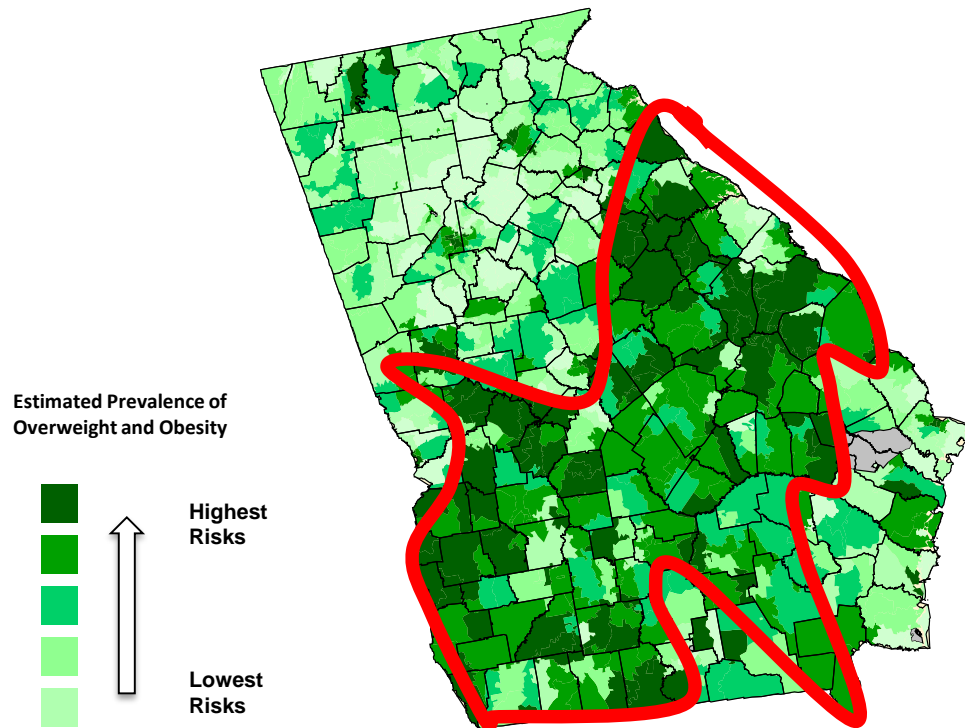
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1 in 4 Georgia Children Live in Food  
Insecure Homes



# Childhood Hunger and Obesity



FeedingAmerica.org

# Food Insecurity and Healthcare

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## **American Academy of Pediatrics, 2015**

- Screen all patients at scheduled health maintenance visits
- Screen with validated 2-question tool
- Facilitate referral of families to community resources

## **American Diabetes Association, 2017**

- Assess patients for food insecurity
- Apply information to treatment decisions
- Refer patients to community resources

## **Feeding America, 2017**

- Screen every patient at every visit
- Provide referrals to community resources
- Involve case managers or skilled outreach workers

# Hunger Vital Signs



AAP recommends that pediatricians use the Hunger Vital Sign™ to screen for food insecurity in practice. The two questions are:

1. Within the past 12 months, we worried whether our food would run out before we got money to buy more.

☒ often true    ☒ sometimes true    ☐ never true    ☐ don't know/refused

2. Within the past 12 months, the food we bought just didn't last and we didn't have money to get more.

☒ often true    ☒ sometimes true    ☐ never true    ☐ don't know/refused

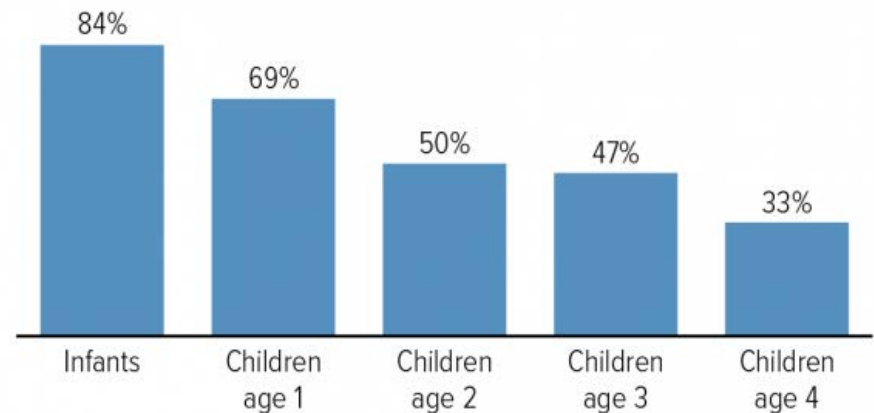
# Care Collaboration for Obesity Prevention

- Increase physician screening and referral to WIC
- Coordination of behavior change goals for improved family care



## Eligible Toddlers Less Likely Than Eligible Infants to Participate in WIC

WIC participation rates by age



Source: U.S. Department of Agriculture, "National and State-Level Estimates of Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Eligibles and Program Reach, 2013," December 2015.



**Moving  
Health Care  
Upstream**

Collaborating. Innovating.  
Improving Community Health.

# Physician Education

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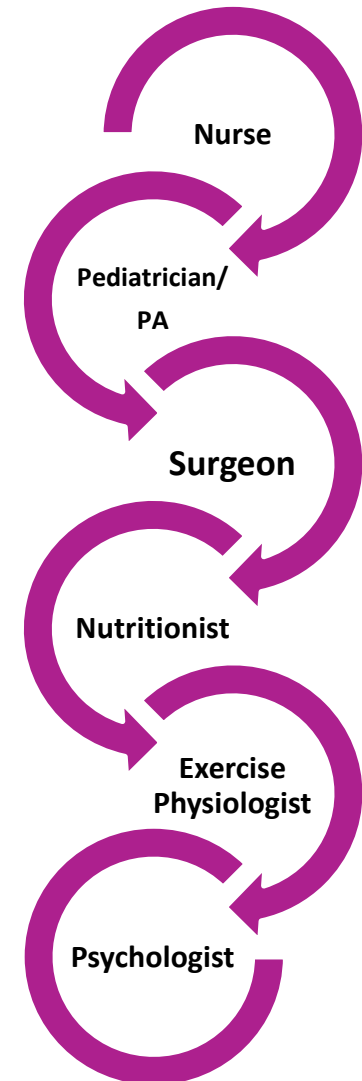
“Food is important to health. I want to make sure you have enough food and the right types of food, so I ask all my patients these questions.”

*Hillary Seligman, MD, MAS, Associate Professor of Medicine at University of California San Francisco's Center for Vulnerable Populations*



# Strong4Life Clinic

- Evidence-based medical program
- Interdisciplinary team
- Family-based
- Patient-centered
- Behavior goal oriented
- Provides resources and support



# Strong4Life Clinic Pilot (Phase 1)

## Screen

- All new Strong4Life patients screened
- Hunger Vital Sign (2 questions)

## Review

- Provider reviews screen
- Positive screen discussed with family
- Provider documents results and discussion in EPIC (hospital EMR)

## Respond

- Families requesting resources receive:
  - General & Individualized Resources Sheet
  - Social Work Referral (as needed)
  - Direct Referral to Community Resources\*
  - On-Site Resources\*
- Follow up occurs at subsequent visits

\*Proposed Future Response

**Strong4Life Clinic Food Insecurity  
Screening and Response Process**

# Implications of Screening

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- Medical liability
- Abuse and neglect
- HIPAA





# Partnerships

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**Benefits Counselors** offer assistance for numerous supports and services:

- Federal nutrition programs
- Local food pantries
- Medicaid, Medicare

# Strong4Life Referral Form



## Atlanta Community Food Bank Referral Form

Use this form to refer patients who would like an outreach call from Atlanta Community Food Bank.

### PROVIDER(S): Complete this section

Provider name (making referral):

Provider phone number:

Provider organization: Children's Healthcare of Atlanta

Clinic/Department/Division:

Referral date: |

Insurance: (Y/N)

Medicaid: (Y/N)

Name of provider who identified food insecurity:

### PATIENT Information

Patient name:

Address:

Patient MRN:

Date of birth:

Parent/Guardian/Proxy (if patient is a minor):

Best times to call:

PROVIDER(S): PLEASE VERIFY PHONE NUMBERS

Preferred phone:

Alternate phone:

Email contact:

Language: (English, Spanish, Other)

Other Language, Specify:

Are you hearing impaired and need assistance?

Other Notes Regarding Patient or Contact Information:

Patient has given verbal consent for Atlanta Community Food Bank to contact them.

Provider Signature:

### Instructions for Referrers

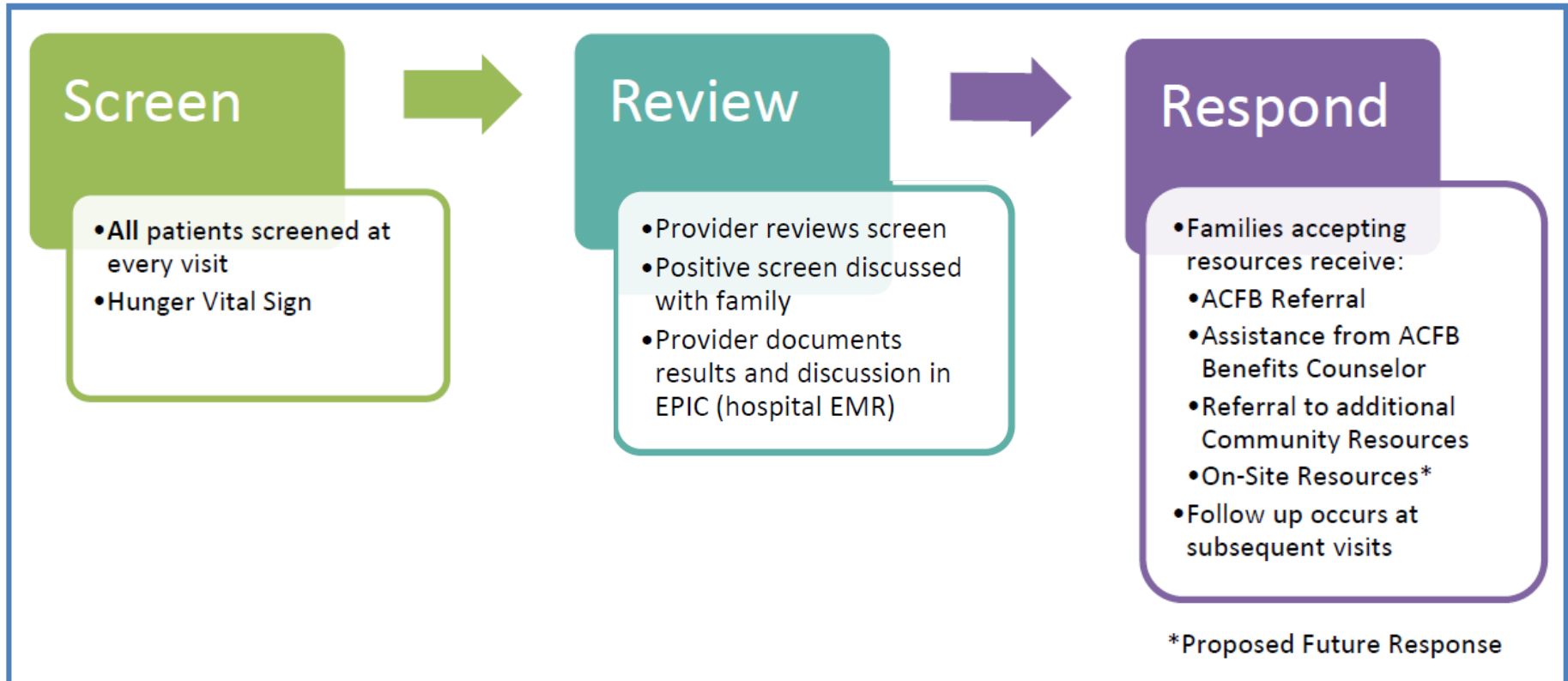
Please Fax this Patient Fax Referral Form to: **FAX NUMBER**

Questions about Atlanta Community Food Bank: Please call **PHONE NUMBER**

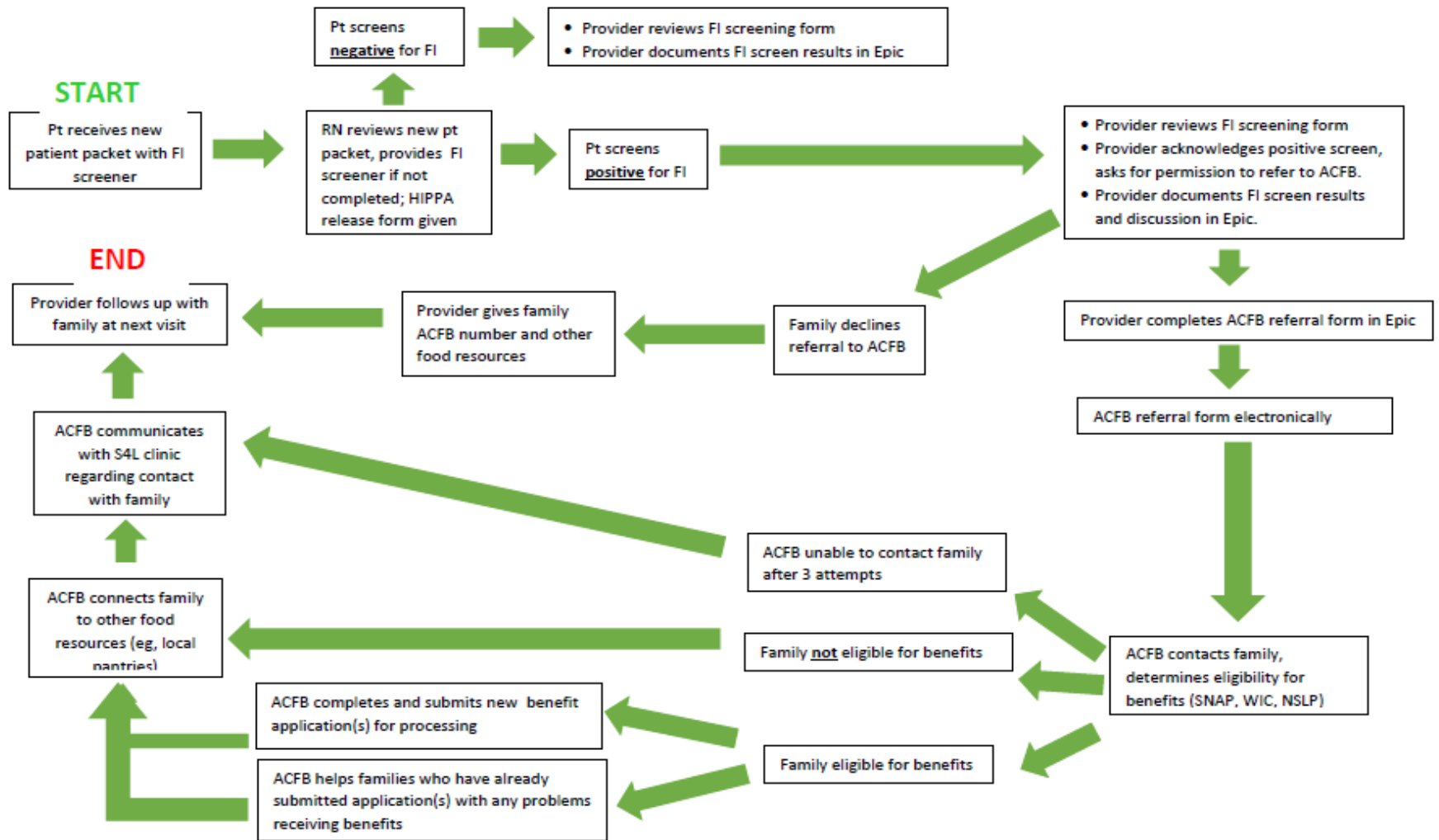
**Confidentiality Notice:** This facsimile contains confidential information. If you have received this in error, please notify the sender immediately by telephone and confidentially dispose of the material. Do not review, disclose, copy or distribute



# Strong4Life Clinic Pilot (Phase 2)



# Strong4Life Process Map



Key. FI=Food Insecurity; ACFB=Atlanta Community Food Bank; SNAP=Supplementation Nutrition Assistance Program; WIC=Special Supplemental Nutrition Program for Women, Infants, and Children; NSLP: National School Lunch Program

# Roles and Responsibilities

---

## Strong4Life will:

- Administer FI screener
- Review positive screen results with family
- Seek permission to refer to ACFB
- Obtain authorization to disclose PHI to ACFB
- Document screen results and discussions in patient medical records
- Complete referral form and fax to ACFB

## ACFB will:

- Contact families within 48 business hours
- Determine eligibility for services
- Assist family to complete and submit benefits paperwork, as appropriate
- Connect eligible families to local food pantries
- Provide data to Strong4Life on a monthly basis

# Lessons learned

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- Engage physician leadership
- Engage community partners
- Expect barriers
- Quality Improvement mindset

# Resources

**Free Healthy Food for Your Growing Child**

**NUTRITION PROGRAMS**

- WIC (Up to age 5)
- School Meals (Ages 18 & Under)
- Afterschool Meals (Ages 18 & Under)
- Summer Meals (Ages 18 & Under)
- SNAP / Food Stamps (All Ages)

**LEARN MORE ABOUT NUTRITION PROGRAMS**  
**CALL THE USDA NATIONAL HUNGER HOTLINE**  
HOURS: MON - FRI 8AM - 8PM ET  
1-866-3-HUNGER/866-348-6479 | 1-877-8-HAMBRE/877-842-6273

American Academy of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN

**FRAC**  
Food Research & Action Center

An illustration of a female doctor with dark skin and a ponytail, wearing a white lab coat and blue pants, standing next to a young girl with blonde hair in a green dress. They are in a clinic setting with a height chart on the wall and a blue cabinet.

## Addressing Food Insecurity: A toolkit for Pediatricians

[www.frac.org/aaptoolkit](http://www.frac.org/aaptoolkit)

## Food Research and Action Center (FRAC)

[frac.org](http://frac.org)

## Feeding America

[feedingamerica.org](http://feedingamerica.org)

# Contact Information

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A photograph of a classroom from the back of the room. Several students are visible, with their hands raised in the air, indicating they want to ask a question or answer. The students are wearing colorful clothing: a light blue shirt, a red shirt, an orange shirt, and a green shirt. In the background, a large chalkboard is filled with faint, illegible chalk writing. The image is overlaid with a semi-transparent hexagonal pattern. A large white question mark is positioned on the left side, and the word 'QUESTIONS' is written in white capital letters in the center.

?

QUESTIONS

**Thank you!**



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