Welcome!

MHCU’s Policy Learning Lab
Webinar
September 12, 2018
Topic: Identifying & Addressing Food Insecurity in Healthcare Settings
Nemours Children’s Health System

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IDENTIFYING AND ADDRESSING FOOD INSECURITY IN HEALTHCARE AND COMMUNITY SETTINGS

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IDENTIFYING AND ADDRESSING FOOD INSECURITY IN HEALTHCARE AND COMMUNITY SETTINGS

Key resources


- Additional resource materials developed specifically for Policy Learning Lab teams can be accessed at https://www.movinghealthcareupstream.org/mhcus-policy-learning-labs/
Four key actions to effectively address food insecurity in health care settings:

1. Make your case to convey the importance of addressing food insecurity
2. Incorporate food insecurity screening into the institutional workflow
3. Build cross-sector partnerships to address short- and long-term food needs of patients
4. Advocate for a strong nutritional safety net

Source: FRAC, Feeding America, Children's Health Watch, 2018
## Food Insecurity Screening and Referral Process

| • Leadership and staff buy-in  |
| • Identifying an organizational champion |
| • Selecting a screening tool  |
| • Developing a workflow  |
| • Staff training |
| • Patient community and sensitivity  |
| • Documentation |
| • Forming community partnerships  |
| • Responding to a positive screen  |
| • Fostering cross-sector partnerships |
| • Monitoring and evaluation  |
| • Systems-level action, address root causes, policy advocacy |

Adapted from Baylor College of Medicine and Texas Children’s Hospital (https://bit.ly/2oMxQLE)
Identifying Food Insecurity in Healthcare and Community Settings
Food Insecurity Screening and Referral Process

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- Monitoring and evaluation
- Systems-level action, address root causes, policy advocacy
Food Insecurity Screening and Referral Process

• Leadership and staff buy-in
• Identifying an organizational champion

‘Culture eats strategy for breakfast’
- Peter Drucker
Food Insecurity Screening and Referral Process

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• Monitoring and evaluation
  • Systems-level action, address root causes, policy advocacy
Deciding which tool is right for you

The Wilson criteria
- The standard applied in the last 40 years for screening processes
- More recently synthesized into an emerging new criteria framework that may also provide some helpful guidance

- The screening program should respond to a recognized need.
- The objectives of screening should be defined at the outset.
- There should be a defined target population.
- **There should be scientific evidence of screening program effectiveness.**
- The program should integrate education, testing, clinical services and program management.
- There should be quality assurance, with mechanisms to minimize potential risks of screening.
- The program should ensure informed choice, confidentiality and respect for autonomy.
- The program should promote equity and access to screening for the entire target population.
- Program evaluation should be planned from the outset.
- The overall benefits of screening should outweigh the harm.

https://goo.gl/1WhqSc
Identifying food insecurity in health care settings:
A review of the evidence

siren
Social Interventions Research & Evaluation Network

https://goo.gl/oJJDwU
Identifying food insecurity in health care settings: A review of the evidence

This report summarizes the research evidence published between January 2000 and June 2017 about health care-based screening for FI.

A total of 1376 articles were identified in the initial extraction method described in the appendix. One hundred and ninety articles underwent full-text review. Twenty-six unique articles were included in the review.
Identifying food insecurity in health care settings: A review of the evidence

Authors summarized findings from these articles in three key areas:

- **Measurement:** The validity of screening tools, their ability to capture need for food-related assistance, and the impact of the administration mode on disclosure rates (10 articles)

- **Acceptability:** Findings on patient and provider acceptability of FI screening in health care settings (10 articles)

- **Implementation:** Studies that examined time needed to screen and initiatives to improve screening uptake among providers (16 articles)
Identifying food insecurity in health care settings: A review of the evidence

Measurement

Box 1. Key Findings on Food Insecurity Screening Measures

- A one-item screener developed by Kleinman et al.\textsuperscript{13} and a two-item VitalSign\textsuperscript{TM} FI screener\textsuperscript{10,11} have been validated in clinical settings, with moderately high specificity and sensitivity relative to the USDA’s “gold standard” FI questionnaire.

- The two-item Hunger VitalSign\textsuperscript{TM} with three-category response options (Often True, Sometimes True, Never True) is currently the most widely used screening instrument and is recommended for clinical use in pediatric populations by the American Academy of Pediatrics and included in the more comprehensive Center for Medicare & Medicaid Innovation social needs screening instrument.

- The one- and two-item screeners may not fully capture patients desire for food-related assistance. It may be helpful to complement food insecurity screening questions with additional queries about patient desire for assistance.

- We are aware of only one study that rigorously examined the impact of administration mode on screening results.\textsuperscript{21} No differences were reported by administration mode in food insecurity endorsement.
Identifying food insecurity in health care settings: A review of the evidence

Acceptability

Box 2. Key Findings on Patient & Provider Acceptability of FI Screening

- Despite provider concerns about patient acceptability of food insecurity screening, patients appear to be receptive to screening for food insecurity, either alone or along with other social needs.

- Some caregivers of pediatric patients report feeling concerned about how the results of food insecurity screening will be used (e.g., reported to Child Protective Services). Prefacing food insecurity screening with a statement about concern for families and a goal of helping to provide solutions was proposed by caregivers as a way to alleviate these concerns.

- Providers report high acceptability of screening overall, as long as they have access to resources to address identified needs. Providers may feel more comfortable having food insecurity screening completed prior to the visit (e.g., on paper or a tablet in the waiting room).
Identifying food insecurity in health care settings: A review of the evidence

### Implementation

**Box 3. Research on Implementation of Food Insecurity Screening**

- The reported time burden for FI screening is highly variable, with 30 seconds to 10-15 minutes reported among reviewed studies.

- Time to screen depends on the modality (e.g., self-administered in waiting room vs. administered by staff/provider), measurement tool (1- or 2-item vs. longer USDA versions), and whether FI screening is conducted in conjunction with other social needs screening.

- Initiatives focusing on provider education and patient empowerment can improve FI screening rates. These initiatives can include provider education about associations between FI and health and well-being, observations and feedback of FI screening practices, and efforts to empower patients to bring up FI with providers.
Development and Validity of a 2-Item Screen to Identify Families at Risk for Food Insecurity


Testing, testing, 1,2,3

Most common affirmatively answered questions with best sensitivity/specificity

- 1st 2 questions

Compared to “gold standard” (HFSM)

**Sensitivity – 97%**
- 97% of families identified as FI (HVS) were also FI (HFSM)

**Specificity – 83%**
- 83% of families identified as FS (HVS) were also FS (HFSM)
Outcomes (external validity)

Young children
- 56% more likely to be in fair/poor health
- 17% more likely to have been hospitalized
- 60% more likely to be at risk for developmental delays

Mothers
- Almost 2x as likely to be in fair/poor health
- Almost 3x as likely to report depressive symptoms

Compared to peers in food-secure households
The Hunger Vital Sign™ identifies individuals and families as being at risk for food insecurity if they answer that either or both of the following two statements is ‘often true’ or ‘sometimes true’ (vs. ‘never true’):

“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.”
Searching for The Holy Grail: A Perfect Screen for Social Determinants of Health
The current state of comprehensive health related social needs (HRSN) screening tools

*I’m convinced there is value in screening – what screen should I use?*

There is a lack of validated, multidimensional, comprehensive screening tools for pediatric care professionals.¹

There has been wide variation in how researchers and health care organizations develop, validate, and implement tools for identifying/addressing patients’ social needs.²

The lack of standardized workflows/screening tools has largely resulted in ad hoc efforts to assess patients’ social needs with varying degrees of success and validation in terms of sensitivity, specificity, or evidence that outcomes are altered.³

*This is currently an area of tremendous flux and study, as we move along the learning curve!*

3. https://goo.gl/6LhYPL
A review and comparison of available HRSN screening tools


Comprehensive, general population

The Centers for Medicare & Medicaid Services (CMS) Center for Medicare and Medicaid Innovation (CMMI) Accountable Health Communities (AHC) HRSN Screening Tool (https://goo.gl/wFr9rp)

The American Academy of Family Physicians (AAFP) EveryONE Project recommends the AHC tool (https://goo.gl/p8VdN3)

The Protocol for Responding to and Assessing Patients’ Assets, Risks, and Experiences (PRAPARE) Assessment Tool (https://goo.gl/MqdFR3) was developed by the National Association of Community Health Centers

Health Leads developed their Social Needs Screening Toolkit (https://goo.gl/dm6tCB)

The Institute of Medicine (IOM) report on capturing social and behavioral measures in electronic health records (EHRs) identified 17 domains that had valid measures (https://goo.gl/YqqHbS)
A review and comparison of available HRSN screening tools

Specific, target population(s)

From the American Academy of Pediatrics (AAP) Screening Technical Assistance & Resource (STAR) Center (https://goo.gl/gXdjgH):
<table>
<thead>
<tr>
<th>Title/Link</th>
<th>Category</th>
<th>Topics Covered</th>
<th>No. of Items</th>
<th>Parent Completion Time</th>
<th>Cost</th>
<th>More Info</th>
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<tbody>
<tr>
<td>A Safe Environment for Every Kid (SEEK) Questionnaire</td>
<td>Maternal Depression, Social Determinants of Health</td>
<td>Domestic Violence, Food Insecurity, Maternal Depression, Parental Depression, Parental Stress, Parenting, Substance Abuse</td>
<td>15</td>
<td>2 min</td>
<td>Varies</td>
<td>View more</td>
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<tr>
<td>Accountable Health Communities Core Health-Related Social Needs Screening Questions</td>
<td>Social Determinants of Health</td>
<td>Food Insecurity, Housing, Safety, Transportation</td>
<td>10</td>
<td>Less than 5 min</td>
<td>Free</td>
<td>View more</td>
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<tr>
<td>Center for Youth Wellness ACE Questionnaire (CYW ACE-Q)</td>
<td>Social Determinants of Health</td>
<td>Bullying, Community Violence, Discrimination, Domestic Violence, Family Member Mental Illness, Incarceration, Parental Stress, Physical/Emotional Abuse, Physical/Emotional Neglect, Sexual Abuse, Substance Abuse</td>
<td>17</td>
<td>3-5 min</td>
<td>Free</td>
<td>View more</td>
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<tr>
<td>Health Leads Screening Tool</td>
<td>Social Determinants of Health</td>
<td>Exposure to Violence, Financial Security/Stress, Food Insecurity, Housing, Transportation</td>
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<td>Food Insecurity</td>
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<td>Less than 1 min</td>
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<td>Income, Transportation, Housing, Education, Legal Status, Literacy, and Personal Safety (HEAL)</td>
<td>Social Determinants of Health</td>
<td>Education, Housing, Income, Legal Status/Immigration, Literacy, Safety, Transportation</td>
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<tr>
<td>Patient Health Questionnaire-2 (PHQ-2)</td>
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<td>Depression, Maternal Depression</td>
<td>2</td>
<td>3 min or less</td>
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<tr>
<td>Patient Health Questionnaire-9 (PHQ-9)</td>
<td>Maternal Depression, Social Determinants of Health</td>
<td>Depression, Maternal Depression</td>
<td>9</td>
<td>5 min or less</td>
<td>Free</td>
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<tr>
<td>Protocol for Responding to and Assessing Patients’ Assets, Risks, and Experiences (PRAPARE)</td>
<td>Social Determinants of Health</td>
<td>Domestic Violence, Education, Employment, Family Member Incarceration, Financial Security/Stress, Housing, Safety, Stress, Transportation</td>
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<td>Strengths &amp; Difficulties Questionnaire</td>
<td>Social-emotional Development, Social Determinants of Health</td>
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<td>Survey of Wellbeing of Young Children</td>
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<td>Autism, Family Stress, Language Development, Maternal Depression, Motor, Social-emotional Development</td>
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<td>Well Child Care, Evaluation, Community Resources, Advocacy, Referral, Education Survey Instrument (WE CARE)</td>
<td>Social Determinants of Health</td>
<td>Child Care, Education, Employment, Food Insecurity, Housing</td>
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<td>Less than 5 min</td>
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<td>Whole Child Assessment</td>
<td>Social Determinants of Health</td>
<td>Domestic Violence, Education, Family Member Incarceration, Family Member Mental Illness, Food Insecurity, Parental Stress, Safety, Substance Abuse</td>
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# A review and comparison of available HRSN screening tools

## Emerging tools – Electronic Health Record (EHR) providers

<table>
<thead>
<tr>
<th>Epic 2018 Base</th>
<th>Ochlin Epic</th>
<th>Cerner</th>
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<tr>
<td>Education</td>
<td>Alcohol use</td>
<td>Domains TBD</td>
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<td>Financial Risk</td>
<td>Tobacco use and exposure</td>
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<tr>
<td>Stress</td>
<td>Depression</td>
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<tr>
<td>Depression</td>
<td>Education and learning</td>
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<td>Physical Activity</td>
<td>Financial resource strain</td>
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<td>Social Connections</td>
<td>Intimate partner violence</td>
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<tr>
<td>Intimate Partner Violence</td>
<td>Physical activity</td>
<td></td>
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<tr>
<td>Alcohol Use</td>
<td>Social connections &amp; social isolation</td>
<td></td>
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<tr>
<td>Food insecurity</td>
<td>Stress</td>
<td></td>
</tr>
<tr>
<td>Transportation Needs</td>
<td>Sexual orientation/gender identity</td>
<td></td>
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<tr>
<td>Housing</td>
<td>Housing</td>
<td></td>
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<tr>
<td></td>
<td>Food insecurity</td>
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</tbody>
</table>
A review and comparison of available HRSN screening tools

Emerging tools – Hospitals and Accountable Care Organizations

Boston Medical Center

Partners Healthcare Accountable Care Organization
Thrive Screening

Please circle your answers:

- Do you currently live in a shelter or have no steady place to sleep at night? Yes / No
- Do you think you are at risk of becoming homeless? Yes / No
- If yes, is this an emergency? Yes / No
- Within the past 12 months, the food you bought just didn’t last and you didn’t have money to get more. Often true / Sometimes true / Never true
- Within the past 12 months, you worried whether your food would run out before you got money to buy more. Often true / Sometimes true / Never true
- Is this an emergency, do you need food for tonight? Yes / No
- Do you have trouble paying for medicines? Yes / No
- Do you have trouble getting transportation to medical appointments? Yes / No
- Do you have trouble paying your heating or electricity bill? Yes / No
- If yes, are you at risk of having your utilities shut off in the next week? Yes / No
- Do you have trouble taking care of a child, family member or friend? Yes / No
- Are you currently unemployed and looking for a job? Yes / No
- Are you interested in more education? Yes / No

Would you like help connecting to resources? Please circle below.

- Transportation
- Food
- Housing
- Utility bills
- Paying for medications
- Childcare
- Job search or training
- Care for elder or disabled

This form gives us more information about you and your family. Your answers will help us put more support services in place in the future.

- Have you ever had to go without health care because you did not have a way to get there? Yes / No / I choose not to answer
- In the last 12 months, have you worried about food running out before you could buy more? Yes / No / I choose not to answer
- In the last 12 months, has the food you bought not lasted long enough and you couldn’t buy more? Yes / No / I choose not to answer
- What is your housing situation today? I do not have housing (living with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park) / I have housing / I choose not to answer
- How many times have you moved in the past 12 months? Three or more times / Two times / One time / Zero (I did not move) / I choose not to answer
- Are you worried that in the next 2 months, you may not have your own housing to live in? Yes / No / I choose not to answer
- Do you have trouble paying your heating or electricity bill? Yes / No / I choose not to answer
- Do you have trouble paying for medicines? Yes / No / I choose not to answer
- Are you currently unemployed and looking for work? Yes / No / I choose not to answer
- Are you interested in more education? Yes / No / I choose not to answer
- Do you have trouble taking care of a child or family member? Yes / No / I choose not to answer

Would you like information today about any of the following topics?

- Transportation
- Food
- Housing
- Utility bills
- Paying for medications
- Childcare
- Job search or training
- Care for elder or disabled

In the last 12 months, have you received assistance from an organization or program to help you with any of the following:

- Transportation
- Food
- Housing
- Utility bills
- Paying for medications
- Childcare
- Job search or training
- Care for elder or disabled
Deciding which tool is right for you

The Wilson criteria

- The standard applied in the last 40 years for screening processes
- More recently synthesized into an emerging new criteria framework that may also provide some helpful guidance

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- The program should ensure informed choice, confidentiality and respect for autonomy.
- The program should promote equity and access to screening for the entire target population.
- Program evaluation should be planned from the outset.
- The overall benefits of screening should outweigh the harm.

https://goo.gl/1WhqSc
Searching for The Holy Grail

Does a perfect screen for social determinants of health exist?

- Growing attention to the importance of social factors in health is encourages rapid development of new knowledge and innovative approaches to screening.
- Clearly, continued research, innovation, and development of policies and programs is needed.
- Efforts that foster innovation and flexibility through the use of Accountable Care Organizations and Medicaid waivers can play an important role.
- One of the biggest investments in the field is the Centers for Medicare & Medicaid Services innovation initiative of $157 million toward creation of the Accountable Health Communities (AHC) Model.
## Food Insecurity Screening and Referral Process

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<thead>
<tr>
<th>Leadership and staff buy-in</th>
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<td>Identifying an organizational champion</td>
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- Selecting a screening tool
- **Developing a workflow**
- Staff training

- Patient community and sensitivity
- Documentation

- Forming community partnerships
- Responding to a positive screen
- Fostering cross-sector partnerships

- Monitoring and evaluation
- Systems-level action, address root causes, policy advocacy
Workflow planning

1. At what ages of the child will the family receive the screenings? How often?

2. How will parents access the screening tool to complete it? (Ex: EMR portal, paper version in office, laminated wipe-away)

3. If paper, who will ensure that copies of the screening tool are available for parents to complete each day?

4. When in the visit will the parent receive the screening tool?

5. Who will give the parent the screening tool?

6. Who will score the screening tool?

7. When will the provider review the screening results with the parent and work with them to make a plan for next steps?

8. How will referrals be handled for children at risk?

Workflow planning continued...

9. Who will be responsible for facilitating the referrals?

10. Where will referrals be documented?

11. What happens with the screening tool after it has been discussed with the parent? (Ex: results recorded in EMR, scanned into chart, shredded, wiped away)

12. Who will give the parent educational materials? When will these be presented?

13. Where will you keep your supply of educational materials?

14. Who will make sure that materials (including screening tools and educational materials) are restocked and readily available?

15. **Who will facilitate following up with families** to determine the outcomes of the referral?

16. Where will follow-up notes be recorded?

Engaging staff in the concepts, principles, process

• How will you work with staff to develop the process? How will new staff receive initial training on the concepts? How will staff be refreshed/reminded of this information?

• How will the team monitor progress and make changes as necessary? Will there be regular forums for feedback? Is there a structure to how feedback is presented?

The Food Research & Action Center and AARP Foundation offer a free, online course, "Screen & Intervene: Addressing Food Insecurity Among Older Adults," to educate health care and community-based providers around the country about the extent of senior hunger and the solutions that exist to solve it. Available at: (http://www.seniorhealthandhunger.org/)
Launched February 2018

Focuses on adults 50+, but often relevant across the lifespan

Free!

One-hour course

Targets health care providers and community-based agencies working with older adults (e.g., AAAs)

Approved for continuing education credits (e.g., CMEs for MDs/DOs, CPEUs for RDNs)

Downloadable resources (e.g., posters, charts)

Interactive activities and knowledge checks
Addressing Food Insecurity Among Older Adults

Module 4: How to Intervene When an Older Adult Screens Positive for Food Insecurity

Richard

Concern: I've never taken charity
- He doesn't feel comfortable accepting welfare.

Health Care Provider:
- You've paid money to the government in taxes that support this program.
- You've earned the right to receive assistance from government programs you've supported.
- SNAP is not a handout, and the program can help you purchase food that will keep you healthy and independent.
Food Insecurity Screening and Referral Process

- Leadership and staff buy-in
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E-referral & community partnership

Hennepin County Medical Center

Second Harvest Heartland

3 STEPS TO PROMOTE FOOD SECURITY

If a patient is uninsured or on public insurance, they are likely eligible for SNAP or other food programs and a referral should be sent. You are a key link to helping people access food.

ASK

1. Was there any time in the last year when you worried that your household’s food would run out before there was money to buy more?
2. Was there any time in the last year when the food you bought just didn’t last and there wasn’t money to get more?

ASK

1. Would you like to be contacted by our partner, Second Harvest Heartland, to learn how you can access additional food?
2. Would you like some food from our Food Shelf today?

ACT

1. Complete the EPIC Referral for Food (order ID AMB100879) found under Orders, or via Discharge Navigator under Additional Orders when discharging an in-patient.
2. Provide a Food Shelf bag from your clinical care area, or work with clinic social worker, dietitian, or community health worker to access the Food Shelf storeroom (patient signs eligibility form).

Questions? Call Second Harvest Heartland staff at 651.209.7925 for more information.
Call Epic Helpline at 612.873.7485. Select Option #1, then #2.
Linking food insecure patients at Hennepin County Medical Center with SNAP application assistance, and food resources from Second Harvest Heartland

For more information, contact Alexandra De Kesel Lofthus Second Harvest Heartland -- alofthus@2harvest.org
A note on HIPAA compliance

For more information, contact Kim Prendergast Feeding America kprendergast@feedingamerica.org
Only Very Early Data on Clinical Screening Programs Available

- Kaiser Permanente of Colorado experience (Dr. Sandra Stenmark)
- Passive referrals are much less efficient than active referrals

Source: Hilary Seligman, MD
Senior Medical Advisor and Lead Scientist, Feeding America

For more information, contact Sandy Stenmark Kaiser Permanent Colorado Sandra.H.Stenmark@kp.org
## Food Insecurity Screening and Referral Process

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<tr>
<th>Category</th>
<th>Tasks</th>
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Why collect standardized social determinants of health data?

**Epic Healthy Planet**
Healthy Planet is Epic’s Population Management system to help organizations deliver better care for a given population of patients. It is a direct outcome of the Affordable Healthcare Act, which established voluntary entities called Accountable Care Organizations. An ACO is set up to pay providers not just for delivering services, but for the healthy outcome of the patients who are enrolled in the ACO. Healthy Planet provides a suite of reports, dashboards, and workflow tools that allow Care Managers to manage patient populations in and apart from ACOs.

For questions specific to Healthy Planet, please contact:

**Stella Furlano**
Healthy Planet Technical Services
**Epic | 608.271.9000**
Stella@epic.com
Why collect standardized social determinants of health data?

**SDH DATA...**

**From one visit**
- Meet patient needs
- Refer to resources

Data collected on all patients but often on paper or via free text notes in the electronic health record (EHR). Data help meet patients’ needs but cannot be aggregated.

**In one health center**
- Support population health management
- Manage panel size and composition
- Inform program/partnership priorities

Data are collected with pre-defined questions and responses, usually entered into the EHR. However, these data cannot be aggregated across multiple health centers or with other entities in the healthcare system.

**BENEFITS**

**1**
- Improve patient experience
- Improve care quality for patients served
- Patient recruitment
- Patient retention

**2**
- Improve care quality for assigned members
- Reduce high-cost utilization
- Improve provider satisfaction

**3**
- Apply predictive analytics for care management
- Negotiate for SDH-risk-adjusted payment
- Research what works for whom
- Push for policy change
- Improve quality outcomes for a community population
- Slow increasing healthcare costs
- Improve health equity
- SDH influenced payment reforms (e.g., care-management fees adjusted for SDH; P4P outcomes take SDH into account; SDH-risk-adjusted capitation rates for payers and providers)

This issue brief reviews existing and emerging opportunities to document food insecurity screening, assessment, intervention, and billing for each part of a patient visit using discrete codes and language from standardized EHR medical vocabularies.

For more information, contact Sarah DeSilvey, University of Vermont Medical Center sarah.desilvey@med.uvm.edu

www.childrenshealthwatch.org/foodinsecuritycoding
When a validated screen is used in the context of a clinical visit, the questions and answers can be coded using a system called LOINC® (Logical Observation Identifiers Names and Codes).

LOINC® is predominantly used to document lab results, and is increasingly used for validated screening tools.

LOINC® encodes valid instruments by giving each question and answer an alphanumeric code that is interoperable, i.e. able to be shared across all EHRs. This means users can both use LOINC® to craft internal follow-up for screening question responses and communicate these needs in referrals or orders.

FOOD INSECURITY SCREENING

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www.childrenshealthwatch.org/foodinsecuritycoding
In the US, health care providers generally use two sets of codes to categorize patient assessment: ICD-10-CM and SNOMED CT. Each provides an opportunity to document food insecurity assessments.
Food Insecurity Counseling

Although there are no discrete codes specifically for counseling on food insecurity concerns, SNOMED and ICD offer codes for counseling activities that may include useful interventions for patients experiencing food insecurity. For example:

SNOMED CT has codes to describe counseling on financial and food matters

- Finances education, guidance, and counseling; 410292002
- Food education, guidance and counseling; 410293007

ICD-10-CM includes code Z71.89, “other specified counseling” which can apply generally to counseling on nutrition, safety, and health

www.childrenshealthwatch.org/foodinsecuritycoding
FOOD INSECURITY ORDERS AND REFERRALS
There also are many types of non-counseling interventions for food insecurity. For instance, health care providers can order direct food prescriptions as well as refer patients to both internal and external agencies, federal nutrition programs, and other food resources for management and assessment.

Currently, to document referrals related to food insecurity, providers can use the SNOMED CT code “patient referral for socioeconomic factors,” 41920009.

www.childrenshealthwatch.org/foodinsecuritycoding
Billing and Claims Opportunities

- A final step in a visit with a health care provider involves generating an electronic claim for services.
- The charges are based on set visit criteria, including billable screening and procedures, and either prevention or complexity-based evaluation and management codes.
- The billable components of the visit are primarily based on codes called Current Procedural Terminology (CPT®) codes.
- CPT® codes, trademarked and managed by the American Medical Association, are the most universal code set for billable services.

www.childrenshealthwatch.org/foodinsecuritycoding
Addressing Food Insecurity in Healthcare and Community Settings
## Food Insecurity Screening and Referral Process

<table>
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<tr>
<th>Step</th>
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<tr>
<td>• Leadership and staff buy-in</td>
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<td>• Identifying an organizational champion</td>
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<td>• Patient community and sensitivity</td>
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<td>• Documentation</td>
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<td>• Forming community partnerships</td>
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<td>• Responding to a positive screen</td>
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<tr>
<td>• Fostering cross-sector partnerships</td>
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<tr>
<td>• Monitoring and evaluation</td>
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<td>• Systems-level action, address root causes, policy advocacy</td>
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ADDRESSING FOOD INSECURITY IN HEALTH CARE SETTINGS: KEY ACTIONS & TOOLS FOR SUCCESS

Make Your Case
Share compelling messages about the importance of addressing food insecurity in health care settings, such as:

- Food insecurity impacts 1 in 8 people in the U.S., including people in your community;
- Food insecurity has harmful and costly impacts on health and well-being across the lifespan; and
- Organizations, systems, and strategies exist to address food insecurity that can support health care providers in improving patient and community health.

Incorporate Food Insecurity Screening into the Institutional Workflow
Equip health care providers in your community to use the Hunger Vital Sign™ to screen patients for food insecurity. This includes developing a clear, sustainable plan for incorporating screening into the existing workflow.
Implement Programs and Partnerships to Address Patient Needs

Determine how health care providers can improve patient food security, including how to address both immediate and continuing food and nutrition needs.

- **Address Immediate Food & Nutrition Needs:** Develop partnerships and programs that connect those who screen positive for food insecurity to emergency food resources. Such strategies can help meet the immediate needs of a household through the distribution of emergency food at the health care site; referrals to local food pantries and mobile distributions; or provision of home-delivered groceries and meals.

- **Address Continuing Food & Nutrition Needs:** Develop partnerships and programs that connect those who screen positive for food insecurity to Federal Nutrition Programs (e.g., SNAP, WIC, school meals, senior congregate meals) to meet the longer-term needs of a household. In addition, community voucher programs (e.g., fruit and vegetable vouchers, Double Up Bucks) may be available in some communities to help stretch limited food dollars.

Advocate for a Strong Nutrition Safety Net

Enlist doctors, nurses, and other health care professionals to engage with the anti-hunger community in advocacy and educational efforts to end food insecurity and poverty, support the emergency food system, and strengthen the Federal Nutrition Programs.

## Important Features of Successful Health Care & Anti-Hunger Community Partnerships

Anti-hunger and health care organizations should coordinate partnership efforts along a spectrum from awareness building to total alignment based on the readiness and resources of the partners.

<table>
<thead>
<tr>
<th>Awareness</th>
<th>Assistance</th>
<th>Alignment</th>
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<tr>
<td>Patients are made aware of available community services through information dissemination and referrals (i.e., handouts, 211)</td>
<td>Health care partner provides community service navigation services to assist patients with accessing anti-hunger partner services (i.e., electronic referrals, case management)</td>
<td>Total partner alignment to ensure that health care and anti-hunger community services are available and responsive to the needs of the patient. (i.e., two-way communication on referral outcomes and follow up)</td>
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A note on closed loop referral processes...

- Current frontier of screen and intervene efforts
- Two “simple” approaches: HCMC/Second Harvest and Cambridge Health Alliance/Project Bread
- More to come in November from SIREN! Caroline Fichtenberg, UCSF, Caroline.Fichtenberg@ucsf.edu

For more information, contact Alexandra De Kesel Lofthus Second Harvest Heartland -- alofthus@2harvest.org
The dilemma: Build it or buy it?

“Unlike medically-focused interventions that are still within the bailiwick of the healthcare system (e.g., referral from the primary care setting to a cardiologist), linking families to a community-based organization for an intervention focused on the SDH calls for more intentional strategies, processes, and commitment from both sides.”

**Build it:** Clinics with access to CHWs, those who can bridge the gap between the healthcare provider’s office and the families’ home to assist with their needs are the most robust provider-based approach. They may meet the family in the office and go into the home to help connect families with services.

**Buy it:** Increasingly, electronic-based referral platforms that act as an intermediary between the clinic and community partner have filled a gap for clinics that are not able to hire the staff or take on the level of staff support needed to implement robust closed loop referrals.

Technical assistance memo for the Los Angeles Department of Public Health team: [https://bit.ly/2x1b1HQ](https://bit.ly/2x1b1HQ)
The Solution: Beyond build it or buy it...

It all comes down to funding!

Health care, public health, social services, and other sectors function and are funded in silos, with different funding requirements and often-incompatible data collection and information systems. These silos make it difficult to coordinate efforts, integrate data, and assess shared impact across sectors.

Although investments in one sector can affect outcomes and generate cost savings in another, individual sectors generally consider only their own investments and benefits—“the wrong pocket problem.”

The “Hub and Spoke” model (can take different forms) is where current policy and financing trends are headed.

- The Healthy Communities Funding Hub model -- https://bit.ly/2N4MKeK
- A Balanced Portfolio Model For Improving Health: Concept And Vermont’s Experience -- https://bit.ly/2x2EGk2
- Social Determinants As Public Goods: A New Approach To Financing Key Investments In Healthy Communities -- https://bit.ly/2w4AHTu
ADDRESSING FOOD INSECURITY IN HEALTHCARE AND COMMUNITY SETTINGS

Key resources


- Additional resource materials developed specifically for Policy Learning Lab teams can be accessed at [https://www.movinghealthcareupstream.org/mhcus-policy-learning-labs/](https://www.movinghealthcareupstream.org/mhcus-policy-learning-labs/)
Food Insecurity Screening and Referral Process

- Leadership and staff buy-in
- Identifying an organizational champion

- Selecting a screening tool
- Developing a workflow
- Staff training

- Patient community and sensitivity
- Documentation

- Forming community partnerships
- Responding to a positive screen
- Fostering cross-sector partnerships

- Monitoring and evaluation
- Systems-level action, address root causes, policy advocacy
Improving population health, patient care, and reducing cost

Food insecurity

- Physical Environment
  - 40%
  - 10%
  - 30%
  - 20%

Health Behaviors
- Tobacco Use
- Diet & Exercise
- Alcohol Use
- Sexual Activity

Health Care
- Access to Care
- Quality of Care

Triple Aim of Health Care
- Lower Costs
- Better care for the whole population at the lowest cost
- Improve Patient Care
- Improve Health at a Population Level

Source: See Donald M. Berwick et al. The Triple Aim: Care, Health, and Cost, 27 Health Affairs 759-769 (2008); Institute for Health Care Improvement

Rishi Manchanda Health Begins rishi@healthbegins.org   Emily McGrath Humana emcgrath1@humana.com
The American Academy of Pediatrics recommends that pediatricians engage in efforts to mitigate food insecurity at the practice level and beyond.

A 2-question validated screening tool is recommended for pediatricians screening for food insecurity at scheduled health maintenance visits or sooner, if indicated.
The American Academy of Family Physicians (AAFP) launched The EveryONE Project to help family physicians take action and confront health disparities head on.

The AAFP is committed to helping you and your patients with a series of tools to use at the point of care by the practice team to quickly and efficiently screen your patients, act when needed, and link to community resources.
TEN ADVOCACY ACTIONS PEDIATRICIANS CAN TAKE TO ADDRESS CHILDHOOD FOOD INSECURITY

1) Write an Op-Ed or Letter to the Editor: Writing an op-ed or a letter to the editor provides an opportunity to dive deeper on a specific issue, offering an invaluable personal perspective alongside research and policy recommendations. Both are highly effective ways to communicate a message to the public and lawmakers, who regularly read the editorial pages of their local newspapers.

Julio Linton, MD, Member of the AAP Council on Community Pediatrics Executive Committee, penned an op-ed in the Winston-Salem Journal urging Congress to oppose any efforts to separate WIC eligibility from Medicaid.

2) Meet, Brief, Call, Write, or Email Congressional Representatives: Appealing directly to your members of Congress and their staff allows you to offer expert information on the health and well-being of children and the role of the federal nutrition programs in promoting healthy growth and development.

Evelyn D. Johnson, MD, President, Georgia chapter of AAP, and Dennis Cooley, MD, of Topeka, Kansas, met with their respective state’s congressional delegations in support of strong, bipartisan Child Nutrition Reauthorization (CNR) legislation. Dr. Cooley encouraged other pediatricians to do the same by writing about his advocacy experience in his AAP chapter’s newsletter.

Diana B. Cutts, MD, of Hennepin County Medical Center in Minnesota and a founding member of Children’s HealthWatch, presented on the critical role of the Supplemental Nutrition Assistance Program (SNAP) in supporting children’s nutrition and food security at the Food and Agriculture Policy Collaborative Hill briefing in 2015.

3) Testify Before Congress in Support of Key Federal Nutrition Programs: Offering your expertise during a legislative hearing is an effective strategy to raise awareness of childhood food insecurity and the multiple health and nutrition benefits of the federal nutrition programs.

Sandra Hassink, MD, then-AAP President, testified on the importance of the child nutrition programs to our nation’s health, economy, and security before the U.S. Senate Agriculture Committee in 2015.

4) Take the SNAP Challenge: Taking the SNAP Challenge allows participants to not only share their experiences about living on a food budget of about $33 per week, but also to advocate for increasing SNAP benefits. For more information, visit FRAC’s SNAP Challenge page.

Lewis First, MD, Chief of Pediatrics at Vermont Children’s Hospital and Chair of the Department of Pediatrics at the University of Vermont College of Medicine, took the 3Squares Vermont Challenge (Vermont’s SNAP) to highlight the problem of childhood hunger.

5) Work With Your State AAP Chapter to Prioritize Food Insecurity: Elevating the issue of childhood food insecurity as a chapter priority provides a valuable way to connect practitioners to evidence-based opportunities to screen and intervene.

In California, the AAP Orange County (OC) chapter’s No Child Hungry initiative hosted town hall meetings on food insecurity, collaborated with the Waste Not OC Coalition on an OC Food Pantry map application, and developed educational materials for physicians and community partners on issues related to food insecurity, poverty, and health.
SNAP WORKS LIKE A VACCINE, PROTECTING HEALTH

SNAP, our nation's largest child nutrition program, is a crucial foundation for public health. SNAP protects children from costly health problems including low birth weight, malnutrition, infections, hospitalizations, mental health issues, impaired brain development, and, later in life, diabetes and heart problems.

1 in 4

One in four children in the United States live in families participating in SNAP. Policies that deprive them of adequate SNAP benefits damage the health of our children's bodies and brains.

What are the health benefits of SNAP?

**Improves child health**
Young children in families participating in SNAP are healthier, grow better, and are more likely to develop well emotionally and academically for their age compared to their peers in likely eligible families not participating in the program.

**Implements caregiver health**
Children need healthy families to thrive. Consistent participation in SNAP has been associated with positive maternal mental health and lower risk of heart disease, diabetes, and hypertension in adults.

**Increases food security for families and children**
Caregivers often try to protect children from hunger by forgoing meals themselves. Compared to families who are likely eligible, but not participating in SNAP, families with young children participating in SNAP are 22 percent more likely to be able to afford enough food for all members. Additionally, they are 33 percent more likely to have enough resources to protect children from having the size of meals cut.

**Alleviates other economic hardships**
Working in tandem with other programs to preserve family health, SNAP has a positive ripple effect. Families participating in SNAP are 28 percent more likely to be able to pay for medical expenses without foregoing basic necessities like food, rent and utilities.
### Federal Nutrition Programs and Emergency Food Referral Chart

**USDA National Hunger Hotline**
1-866-3-HUNGER/866-348-6479 or 1-877-8-HAMBRE/877-842-6273
Monday through Friday (8 a.m. to 8 p.m. ET)

<table>
<thead>
<tr>
<th>Age of Patient</th>
<th>Name of Program</th>
<th>How It Works</th>
<th>Who Can Apply</th>
<th>Learn More</th>
</tr>
</thead>
<tbody>
<tr>
<td>All ages</td>
<td>Supplemental Nutrition Assistance Program (Also known as SNAP; formerly known as Food Stamps)</td>
<td>Monthly benefits to purchase food at grocery stores, farmers’ markets, and food retail outlets across the country that accept SNAP. Benefits loaded onto an EBT card much like a debit card. The average benefit is about $31 for the week – or about $1.67 per person, per meal.</td>
<td>Gross income typically at or below 130% of the federal poverty level but can be higher at some states. Asset tests may apply in some states. Many low-income employed individuals.</td>
<td>National resources: Call the SNAP information line at 1-800-221-5357 for information on how to apply in your state. Online application for SNAP available for residents in 42 states: <a href="http://www.fns.usda.gov/foodstamp">http://www.fns.usda.gov/foodstamp</a>. Local resources:</td>
</tr>
<tr>
<td>Pregnant, postpartum, and breastfeeding women, infants, children up to age five</td>
<td>The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)</td>
<td>Nutritional tailoring monthly food and pregnancy, lactation, and child nutrition services; screening, immunization, and health referrals.</td>
<td>Low-income pregnant, breastfeeding, and postpartum women, and infants and children up to age five deemed medically at risk by a health care professional. Income eligibility typically at or below 150% of the federal poverty level.</td>
<td>State resources: Contact your state’s WIC agency. For more information on local WIC services visit: <a href="http://www.fns.usda.gov/foodstamp">www.fns.usda.gov/foodstamp</a>. Local resources:</td>
</tr>
<tr>
<td>Typically, children up to age five</td>
<td>Child and Adult Care Food Program (CACFP)</td>
<td>Up to two free meals and a snack to infants and young children at child care centers and homes, Head Start, and Early Head Start. Updated nutrition standards in 2016 mean healthier meals.</td>
<td>Children attending eligible child care centers and homes, Head Start, and Early Head Start.</td>
<td>State resources: Contact the state Department of Education for participating child care centers and homes. Contact child care provider to verify availability of free meals through CACFP. Local resources:</td>
</tr>
<tr>
<td>Children K-12</td>
<td>National School Lunch Program and School Breakfast Program</td>
<td>Free, reduced-price, or paid school meals in participating schools. Updated meal patterns feature more whole grains, 6 grams of trans fat per portion, appropriate calories by age, more fruit, and reduced sodium.</td>
<td>Children of families at low or moderate income levels can qualify for free or reduced-price meals. Free to all students at schools adopting community eligibility, which allows schools with high numbers of low-income students to offer free breakfast and lunch to all students without collecting school meal applications.</td>
<td>Contact child’s school to see availability of free breakfast and lunch and application process. Local resources:</td>
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Thank You!