Welcome!

Moving Health Care Upstream

Innovating. Improving.
Inspiring a New Vision of Health.

MHCU's Policy Learning Lab

Webinar

September 12, 2018

Topic: Identifying & Addressing Food Insecurity in Healthcare Settings

Nemours Children's Health System

Kate Blackburn, MSW

Manager, Practice & Prevention

Nemours National Office of Policy & Prevention

kate.blackburn@nemours.org

302.298.7604

Emily Ciancio, BA, CMP

Meeting Planner & Administrative Support

Nemours National Office of Policy & Prevention

emily.ciancio@nemours.org

302.298.7617

ChangeLab Solutions

Manel Kappagoda, JD MPH

Senior Staff Attorney and Project Director

mkappagoda@changelabsolutions.org

510.302.3343

Sara Bartel, JD

Staff Attorney

sbartel@changelabsolutions.org

510.281.5631

Hunger Vital Sign
National Community of Practice

Richard Sheward, MPP

Deputy Director of Innovative Partnerships

Children's HealthWatch

Richard.Sheward@bmc.org

518.265.5343

Heather Hartline-Grafton, DrPH, RD

Senior Nutrition Policy & Research Analyst

Food Research and Action Center (FRAC)

hhartline-grafton@frac.org

202.986.2200 x3017

Follow Us On Twitter

@MHCUpstream

@ChangeLabWorks

@FRACtweets

@ChildrensHW

Thank you to our sponsors!

THE KRESGE FOUNDATION

Nemours®

ChangeLab Solutions

HUNGER Vital Sign™

NATIONAL COMMUNITY OF PRACTICE

CHILDREN'S HealthWatch 20 YEARS

FRAC Food Research & Action Center

IDENTIFYING AND ADDRESSING FOOD INSECURITY IN HEALTHCARE AND COMMUNITY SETTINGS

Richard Sheward, MPP

Deputy Director of Innovative Partnerships

Children's HealthWatch

Heather Hartline-Grafton, DrPH, RD

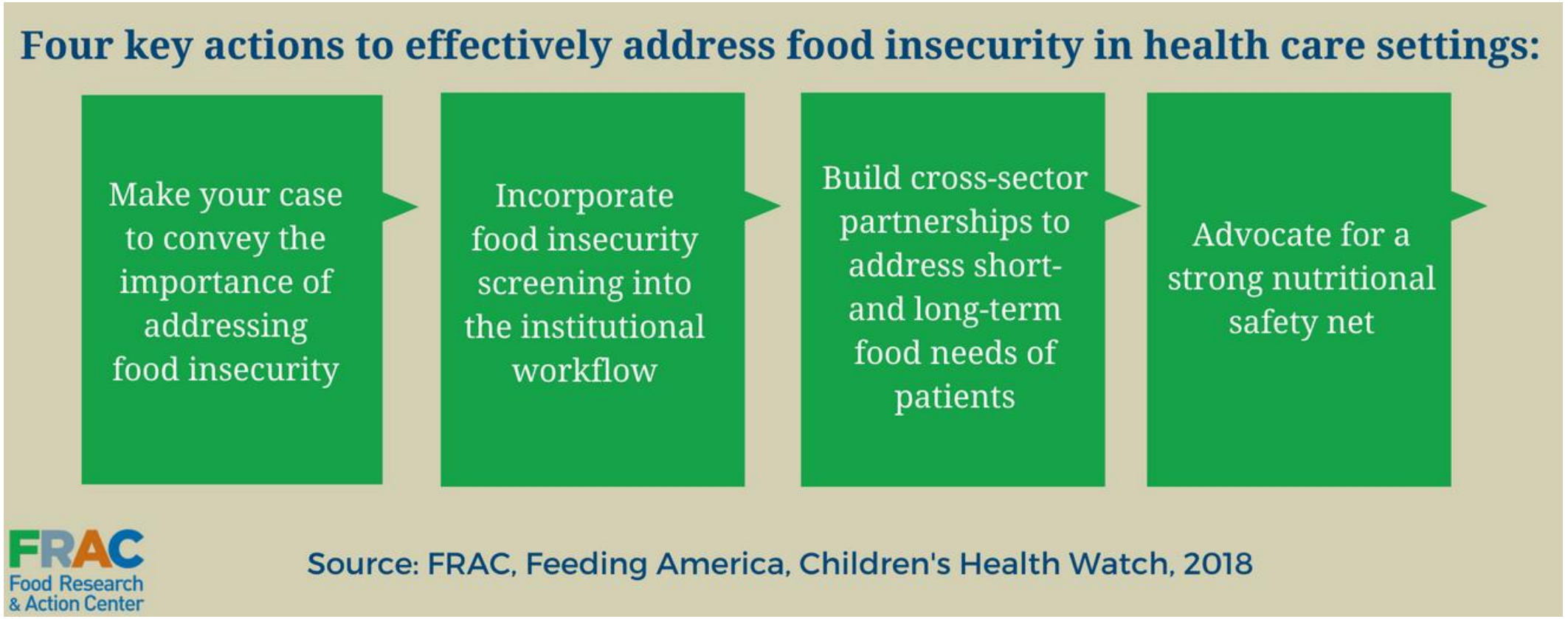
Senior Nutrition Policy & Research Analyst

Food Research and Action Center (FRAC)

IDENTIFYING AND ADDRESSING FOOD INSECURITY IN HEALTHCARE AND COMMUNITY SETTINGS

Key resources

- H. B. Kersten et al. (eds.), *Identifying and Addressing Childhood Food Insecurity in Healthcare and Community Settings*, SpringerBriefs in Public Health, 2018. Available at: (https://bit.ly/2MVtDUA)
- Ashbrook, A. and Hartline-Grafton, H. Addressing Food Insecurity: A Toolkit for Pediatricians. Food Research and Action Center, 2017. Available at: (https://bit.ly/2PHySUy)
- Feeding America. Food Insecurity and Health: A Tool Kit for Physicians and Health Care Organizations, 2017. Available at: (https://bit.ly/2J86FU0)
- Correa, N. and the ACE Coalition Food Insecurity Workgroup. *Food insecurity screening in Houston and Harris County: A Guide for Healthcare Professionals.* Houston, TX: Baylor College of Medicine and Texas Children's Hospital, 2017. Available at: (https://bit.ly/2oMxQLE)
- Social Interventions Research and Evaluation Network. Tools and Resources, 2018. Available at: (https://bit.ly/2M3GrCU)
- 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:
Make your case to convey the importance of addressing food insecurity
Incorporate food insecurity screening into the institutional workflow
Build cross-sector partnerships to address short- and long-term food needs of patients
Advocate for a strong nutritional safety net
FRAC
Food Research & Action Center
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

HUNGER Vital Sign™
NATIONAL COMMUNITY OF PRACTICE

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

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

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

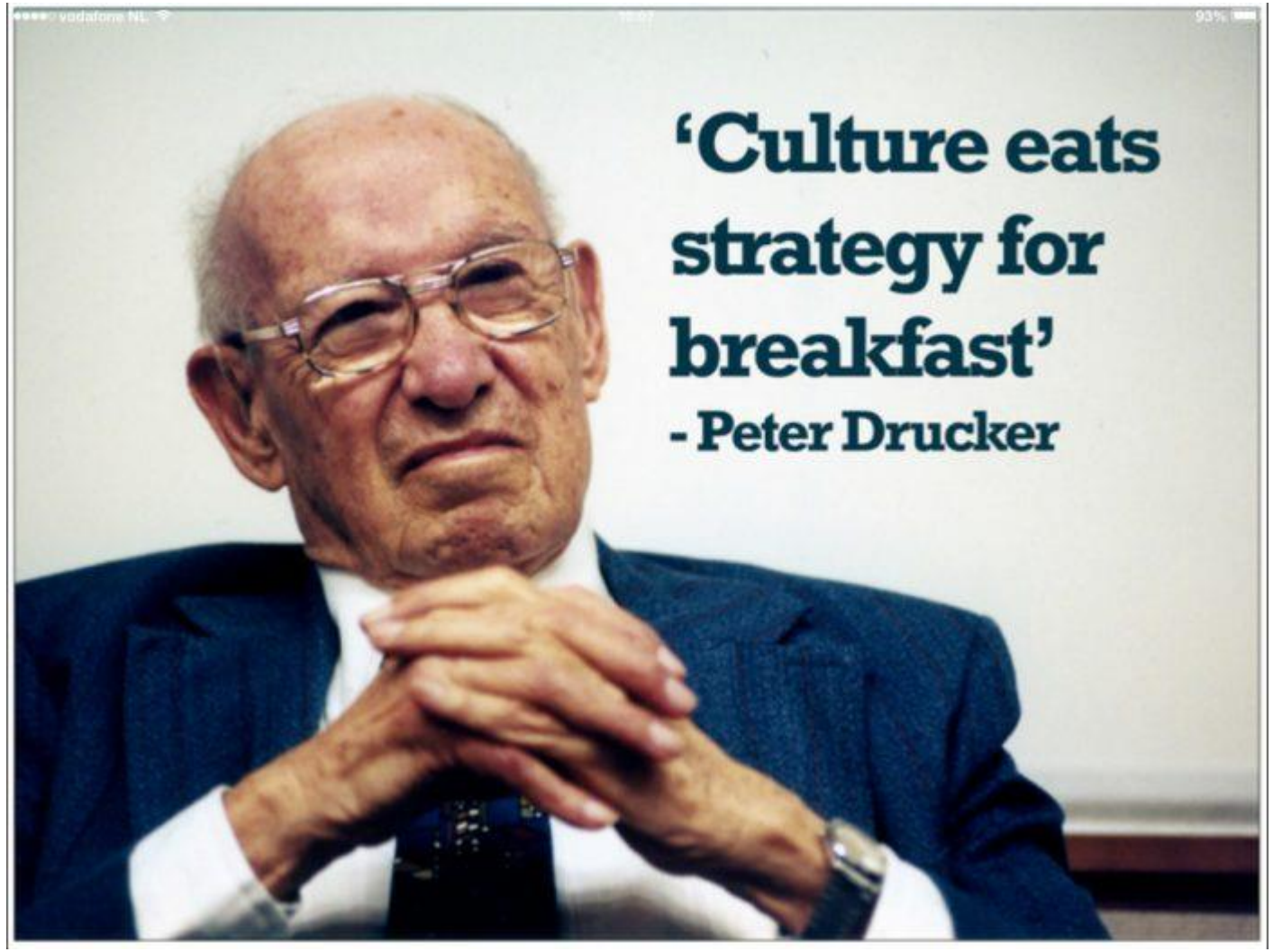
- Patient community and sensitivity
- Documentation

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

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

HUNGER Vital Sign™
NATIONAL COMMUNITY OF PRACTICE

Food Insecurity Screening and Referral Process



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

HUNGER Vital Sign™
NATIONAL COMMUNITY OF PRACTICE

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

HUNGER Vital Sign™
NATIONAL COMMUNITY OF PRACTICE

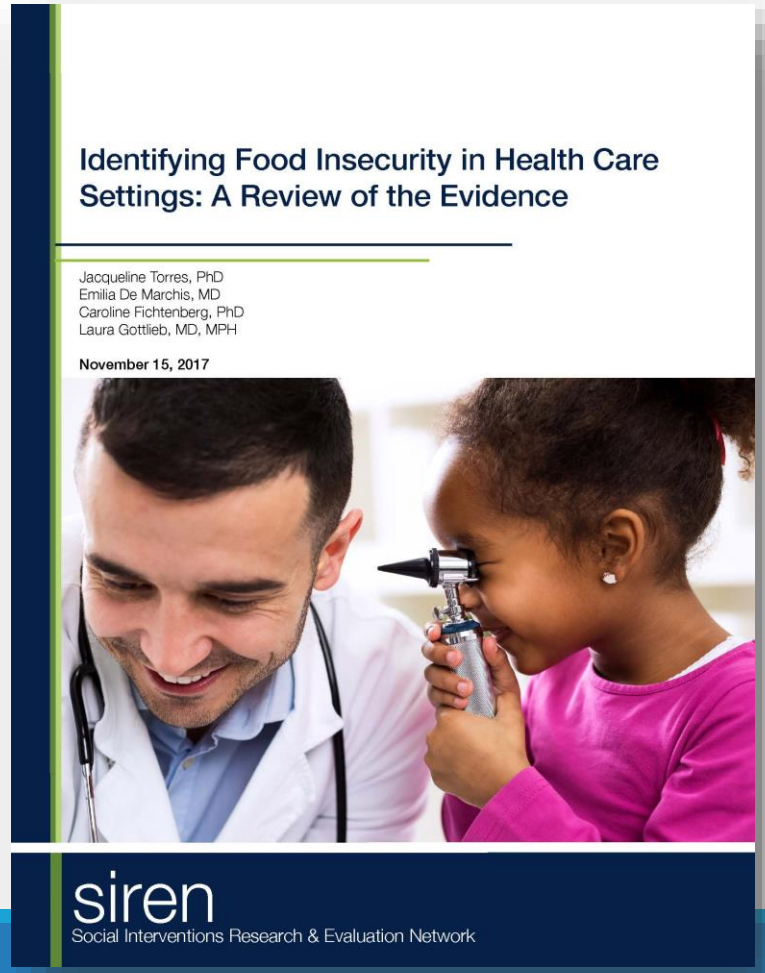
Deciding which tool is right for you

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.

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.[13] and a two-item VitalSign™ FI screener[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™ 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.[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

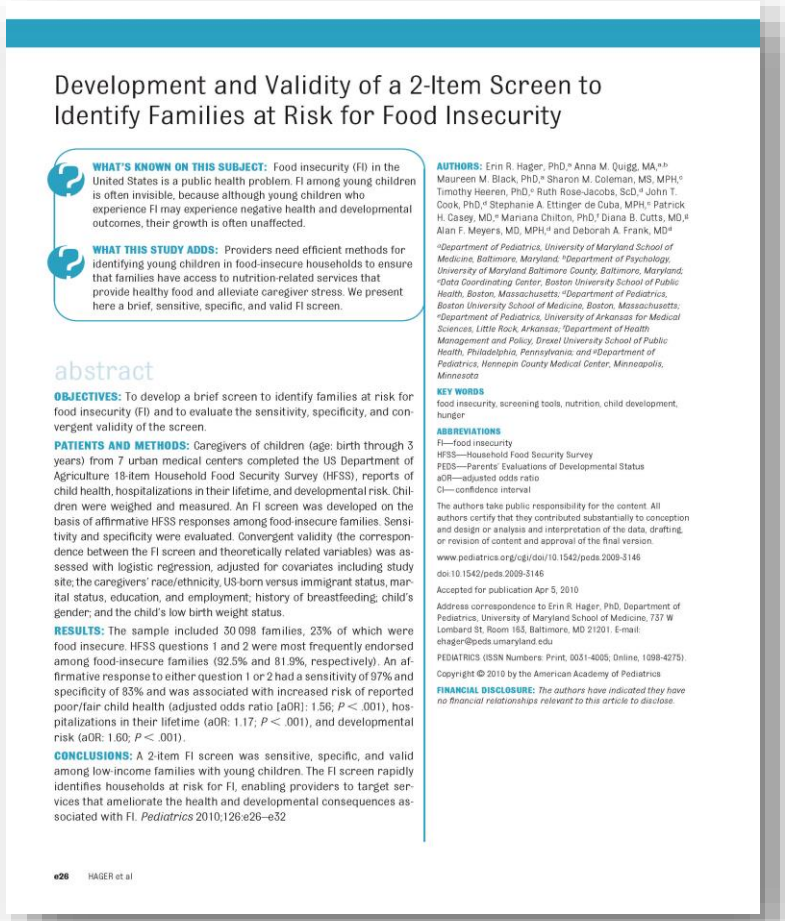
Box 3. Research on Implementation of Food Insecurity Screening

- 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

HUNGER Vital Sign™ NATIONAL COMMUNITY OF PRACTICE

Hager ER, Quigg AM, Black MM, Coleman SM, Heeren T, Rose-Jacobs R, Cook JT, Ettinger de Cuba S, Casey PH, Chilton M, Cutts DB, Meyers AF, Frank DA. Development and Validity of a 2-Item Screen to Identify Families at Risk for Food Insecurity. *Pediatrics;* 2010;126:e26–e32.



Development and Validity of a 2-Item Screen to Identify Families at Risk for Food Insecurity

WHAT'S KNOWN ON THIS SUBJECT: Food insecurity (FI) in the United States is a public health problem. FI among young children is often invisible, because although young children who experience FI may experience negative health and developmental outcomes, their growth is often unaffected.

WHAT THIS STUDY ADDS: Providers need efficient methods for identifying young children in food-insecure households to ensure that families have access to nutrition-related services that provide healthy food and alleviate caregiver stress. We present here a brief, sensitive, specific, and valid FI screen.

AUTHORS: Erin R. Hager, PhD,[a] Anna M. Quigg, MA,[a,b] Maureen M. Black, PhD,[a] Sharon M. Coleman, MS, MPH,[c] Timothy Heeren, PhD,[c] Ruth Rose-Jacobs, ScD,[d] John T. Cook, PhD,[d] Stephanie A. Ettinger de Cuba, MPH,[c] Patrick H. Casey, MD,[a] Mariana Chilton, PhD,[e] Diana B. Cutts, MD,[f] Alan F. Meyers, MD, MPH,[g] and Deborah A. Frank, MD[a]

[a]*Department of Pediatrics, University of Maryland School of Medicine, Baltimore, Maryland;* [b]*Department of Psychology, University of Maryland Baltimore County, Baltimore, Maryland;* [c]*Data Coordinating Center, Boston University School of Public Health, Boston, Massachusetts;* [d]*Department of Pediatrics, Boston University School of Medicine, Boston, Massachusetts;* [e]*Department of Pediatrics, University of Arkansas for Medical Sciences, Little Rock, Arkansas;* [f]*Department of Health Management and Policy, Drexel University School of Public Health, Philadelphia, Pennsylvania; and* [g]*Department of Pediatrics, Hennepin County Medical Center, Minneapolis, Minnesota*

KEY WORDS
food insecurity, screening tools, nutrition, child development, hunger

ABBREVIATIONS
FI—food insecurity
HFSS—Household Food Security Survey
PEDS—Parents' Evaluations of Developmental Status
aOR—adjusted odds ratio
CI—confidence interval

The authors take public responsibility for the content. All authors certify that they contributed substantially to conception and design or analysis and interpretation of the data, drafting, or revision of content and approval of the final version.

www.pediatrics.org/cgi/doi/10.1542/peds.2009-3146
doi:10.1542/peds.2009-3146
Accepted for publication Apr 5, 2010

Address correspondence to Erin R. Hager, PhD, Department of Pediatrics, University of Maryland School of Medicine, 737 W Lombard St, Room 163, Baltimore, MD 21201. E-mail: ehager@peds.umaryland.edu

PEDIATRICS (ISSN Numbers: Print, 0031-4005; Online, 1098-4275).

FINANCIAL DISCLOSURE: *The authors have indicated they have no financial relationships relevant to this article to disclose.*

abstract

OBJECTIVES: To develop a brief screen to identify families at risk for food insecurity (FI) and to evaluate the sensitivity, specificity, and convergent validity of the screen.

PATIENTS AND METHODS: Caregivers of children (age: birth through 3 years) from 7 urban medical centers completed the US Department of Agriculture 18-item Household Food Security Survey (HFSS), reports of child health, hospitalizations in their lifetime, and developmental risk. Children were weighed and measured. An FI screen was developed on the basis of affirmative HFSS responses among food-insecure families. Sensitivity and specificity were evaluated. Convergent validity (the correspondence between the FI screen and theoretically related variables) was assessed with logistic regression, adjusted for covariates including study site; the caregivers' race/ethnicity, US-born versus immigrant status, marital status, education, and employment; history of breastfeeding; child's gender; and the child's low birth weight status.

RESULTS: The sample included 30 098 families, 23% of which were food insecure. HFSS questions 1 and 2 were most frequently endorsed among food-insecure families (92.5% and 81.9%, respectively). An affirmative response to either question 1 or 2 had a sensitivity of 97% and specificity of 83% and was associated with increased risk of reported poor/fair child health (adjusted odds ratio [aOR]: 1.56; $P < .001$), hospitalizations in their lifetime (aOR: 1.17; $P < .001$), and developmental risk (aOR: 1.60; $P < .001$).

CONCLUSIONS: A 2-item FI screen was sensitive, specific, and valid among low-income families with young children. The FI screen rapidly identifies households at risk for FI, enabling providers to target services that ameliorate the health and developmental consequences associated with FI. *Pediatrics* 2010;126:e26–e32

Complementary article: Are Food Insecurity's Health Impacts Underestimated in the U.S. Population? Marginal Food Security Also Predicts Adverse Health Outcomes in Young U.S. Children and Mothers. Cook, JT, Black, M, Chilton, M et al. Advances in Nutrition. *Advances in Nutrition*. 2013;4: 51-61.

http://bit.ly/marginalfoodsecurity

http://bit.ly/hungervitalsign

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

Hunger VitalSign™

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!

1. https://goo.gl/aVSWiS, https://goo.gl/SDr2fY
2. https://bit.ly/2CEqVxW
3. https://goo.gl/6LhYPL

A review and comparison of available HRSN screening tools

SIREN Screening Tools Comparison (https://bit.ly/2uBXB3P)

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)

SIREN Screening Tools Comparison (https://bit.ly/2uBXB3P)

From the American Academy of Pediatrics (AAP) Screening Technical Assistance & Resource (STAR) Center (https://goo.gl/gXdjgH):

Title/Link	Category	Topics Covered	No. of Items	Parent Completion Time	Cost	More Info
A Safe Environment for Every Kid (SEEK) Questionnaire	Maternal Depression, Social Determinants of Health	Domestic Violence, Food Insecurity, Maternal Depression, Parental Depression, Parental Stress, Parenting, Substance Abuse	15	2 min	Varies	View more
Accountable Health Communities Core Health-Related Social Needs Screening Questions	Social Determinants of Health	Food Insecurity, Housing, Safety, Transportation	10	Less than 5 min	Free	View more
Center for Youth Wellness ACE Questionnaire (CYW ACE-Q)	Social Determinants of Health	Bullying, Community Violence, Discrimination, Domestic Violence, Family Member Mental Illness, Incarceration, Parental Stress, Physical/Emotional Abuse, Physical/Emotional Neglect, Sexual Abuse, Substance Abuse	17	3-5 min	Free	View more
Health Leads Screening Tool	Social Determinants of Health	Exposure to Violence, Financial Security/Stress, Food Insecurity, Housing, Transportation	10	Less than 3 min	Free	View more
Hunger Vital Sign	Social Determinants of Health	Food Insecurity	2	Less than 1 min	Free	View more
Income, Transportation, Housing, Education, Legal Status, Literacy, and Personal Safety (IHELLP)	Social Determinants of Health	Education, Housing, Income, Legal Status/Immigration, Literacy, Safety, Transportation	11-24	5 min	Free	View more
Patient Health Questionnaire-2 (PHQ-2)	Maternal Depression, Social Determinants of Health	Depression, Maternal Depression	2	3 min or less	Free	View more
Patient Health Questionnaire-9 (PHQ-9)	Maternal Depression, Social Determinants of Health	Depression, Maternal Depression	9	5 min or less	Free	View more
Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE)	Social Determinants of Health	Domestic Violence, Education, Employment, Family Member Incarceration, Financial Security/Stress, Housing, Safety, Stress, Transportation	17-21	About 9 min	Free	View more
Strengths & Difficulties Questionnaire	Social-emotional Development, Social Determinants of Health	Social-emotional Development	25	About 10 min	Free	View more
Survey of Wellbeing of Young Children	Development, Autism, Social-emotional Development, Maternal Depression, Social Determinants of Health	Autism, Family Stress, Language Development, Maternal Depression, Motor, Social-emotional Development	10-17	5-10 min	Free	View more
Well Child Care, Evaluation, Community Resources, Advocacy, Referral, Education Survey Instrument (WE CARE)	Social Determinants of Health	Child Care, Education, Employment, Food Insecurity, Housing	10	Less than 5 min	Free	View more
Whole Child Assessment	Social Determinants of Health	Domestic Violence, Education, Family Member Incarceration, Family Member Mental Illness, Food Insecurity, Parental Stress, Safety, Substance Abuse	41-55	Not Available	Free	View more

A review and comparison of available HRSN screening tools

Emerging tools – Electronic Health Record (EHR) providers

Epic 2018 Base

- Education
- Financial Risk
- Stress
- Depression
- Physical Activity
- Social Connections
- Intimate Partner Violence
- Alcohol Use
- Food Insecurity
- Transportation Needs
- Housing

Ochin Epic

- Alcohol use
- Tobacco use and exposure
- Depression
- Education and learning
- Financial resource strain
- Intimate partner violence
- Physical activity
- Social connections & social isolation
- Stress
- Sexual orientation/gender identity
- Housing
- Food insecurity

Cerner

- Domains TBD

A review and comparison of available HRSN screening tools

Emerging tools – Hospitals and Accountable Care Organizations

Boston Medical Center

Partners Healthcare Accountable Care Organization

BOSTON MEDICAL CENTER

Thrive Screening

Place Patient Sticker Here

		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.

Housing / Shelter	Food	Paying for Medicines	Transportation to medical appointments	Utilities	Child care / Daycare	Care for Elder or disabled	Job Search / Training	Education

☐ I do not want to answer these questions

PARTNERS HEALTHCARE

Patient Information

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 *(staying 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
☐ Paying utility bills	☐ Paying for medications	☐ Job search or training
☐ Education	☐ Childcare	☐ 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
☐ Paying utility bills	☐ Paying for medications	☐ Job search or training
☐ Education	☐ Childcare	☐ 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

- 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.

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

- 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

HUNGER Vital Sign™
NATIONAL COMMUNITY OF PRACTICE

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/)

Course Overview

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

FRAC Food Research & Action Center

AARP Foundation

HUNGER Vital Sign™ National Community of Practice

Richard

X CLOSE

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.

Health Care Provider

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

HUNGER Vital Sign™
NATIONAL COMMUNITY OF PRACTICE

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.

Hennepin County Medical Center

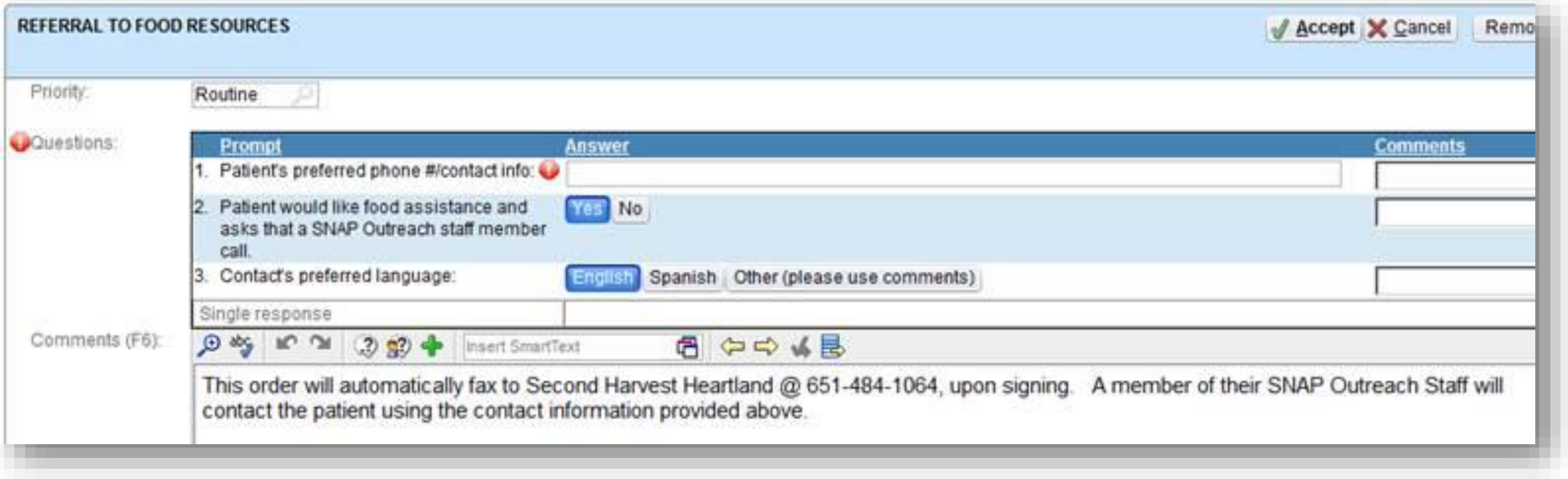
second harvest HEARTLAND

HUNGER Vital Sign™ NATIONAL COMMUNITY OF PRACTICE

Hennepin County **Medical Center**

second harvest HEARTLAND

HUNGER Vital Sign™ NATIONAL COMMUNITY OF PRACTICE



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

Food Banks as Partners in Health Promotion:
How HIPAA and Concerns about Protecting Patient Information Affect Your Partnership

March 2017

CENTER FOR HEALTH LAW & POLICY INNOVATION
Harvard Law School

FEEDING AMERICA

FOOD BANKS AS PARTNERS IN HEALTH PROMOTION: AN OVERVIEW

Food banks and food pantries[1] are a critical part of the response to food insecurity and hunger in the United States. They also have a role to play in supporting the health of people who are food insecure and who have, or are at risk for, certain health conditions.

Food insecurity is the lack of sufficient food to live an active, healthy life.[i]

Food insecurity has a negative impact on health outcomes and interferes with management of illness or other health concerns that are common among food bank clients.[2] In 2014, 47% of food bank clients reported "fair" or "poor" health.[3] In the same year, 33% of food bank client households reported having at least one member with diabetes, and 58% reported having at least one member with hypertension.[4]

Nutrition affects the onset, management, and outcome of many health conditions, including but not limited to: [ii]

- Diabetes
- Kidney Disease
- Certain Cancers
- HIV
- Stroke
- Heart Disease
- Obesity

Food banks can work with local health care providers (e.g. doctors, nurses, and hospitals) and health care payers (e.g., health insurers, including private health insurance companies, Medicaid, and Medicare) to ensure that clients and patients with health concerns have access to healthy, nutritious foods.

Health care providers and payers are increasingly looking outside of the clinical setting at factors that impact the health of their patients. These factors—which include economic stability, education, social and community environment, safe and affordable housing, immigration status, public safety, and availability of healthy foods—are called social determinants of health.[5] New payment models for health care services seek to reward better clinical outcomes for patients, giving health care providers a financial incentive to find new approaches to address social determinants of health in their patient populations.[6]

Social determinants of health are the conditions in the places where people live, work, and learn that affect their overall health. According to the Centers for Disease Control and Prevention, these conditions include economic stability, education, social and community environment, safe and affordable housing, public safety, and availability of healthy foods.[iii]

Food insecurity is a key social determinant of health. Children in households that are food insecure fall ill more frequently, are hospitalized more often, and take longer to recover after getting sick.[7] Individuals who are food insecure are also twice as likely to have type 2 diabetes.[8] Due to these and other effects of food insecurity on health, the American Academy for Pediatrics and the American Diabetes Association, among others, have recommended that health care providers screen for food insecurity in clinical care settings.[9] Increased screening for food insecurity means increased awareness among providers about the challenges their patients face in accessing food.

The American Academy of Pediatrics, Children's Health Watch, and others recommend that health care providers ask patients the following two questions in order to screen for food insecurity:

1. **Within the past 12 mo, we worried whether our food would run out before we got money to buy more. Was that often, sometimes, or never true?**
2. **Within the past 12 mo, the food we bought just didn't last and we didn't have money to get more. Was that often, sometimes, or never true?**

An answer to either question of often true or sometimes true indicates food insecurity.[iv]

Health care providers and payers are increasingly seeking to collaborate with food banks to ensure that food insecure patients receive nutrition assistance. Active partnerships between food banks and health care providers have tangible benefits for patients. Research shows that proactive outreach from a community food resource provider that receives a food insecure patient's name and contact information is significantly more likely to result in the patient receiving food assistance.[10] However, these collaborations between food banks and health care providers often require

HUNGER Vital Sign™
NATIONAL COMMUNITY OF PRACTICE

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

http://healthaffairs.org/blog/2015/07/13/linking-the-clinical-experience-to-community-resources-to-address-hun

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

KAISER PERMANENTE®

For more information, contact Sandy Stenmark Kaiser Permanent Colorado Sandra.H.Stenmark@kp.org

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

HUNGER Vital Sign™
NATIONAL COMMUNITY OF PRACTICE

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?

HUNGER Vital Sign™ NATIONAL COMMUNITY OF PRACTICE

SDH DATA...

1 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.

BENEFITS

TRIPLE AIM

- Improve patient experience
- Improve care quality for patients served

BUSINESS CASE

- Patient recruitment
- Patient retention

2 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.

TRIPLE AIM

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

BUSINESS CASE

- Efficiently staffed care teams
- Quality bonuses
- Shared savings

3 Across health centers

- Apply predictive analytics for care management
- Negotiate for SDH-risk-adjusted payment
- Research what works for whom
- Push for policy change

Data require translating social screening across organizations into a common code set. Standardized medical vocabulary like ICD-10 z-codes or LOINC could offer a way to aggregate and analyze SDH data across health centers, providers, and payers.

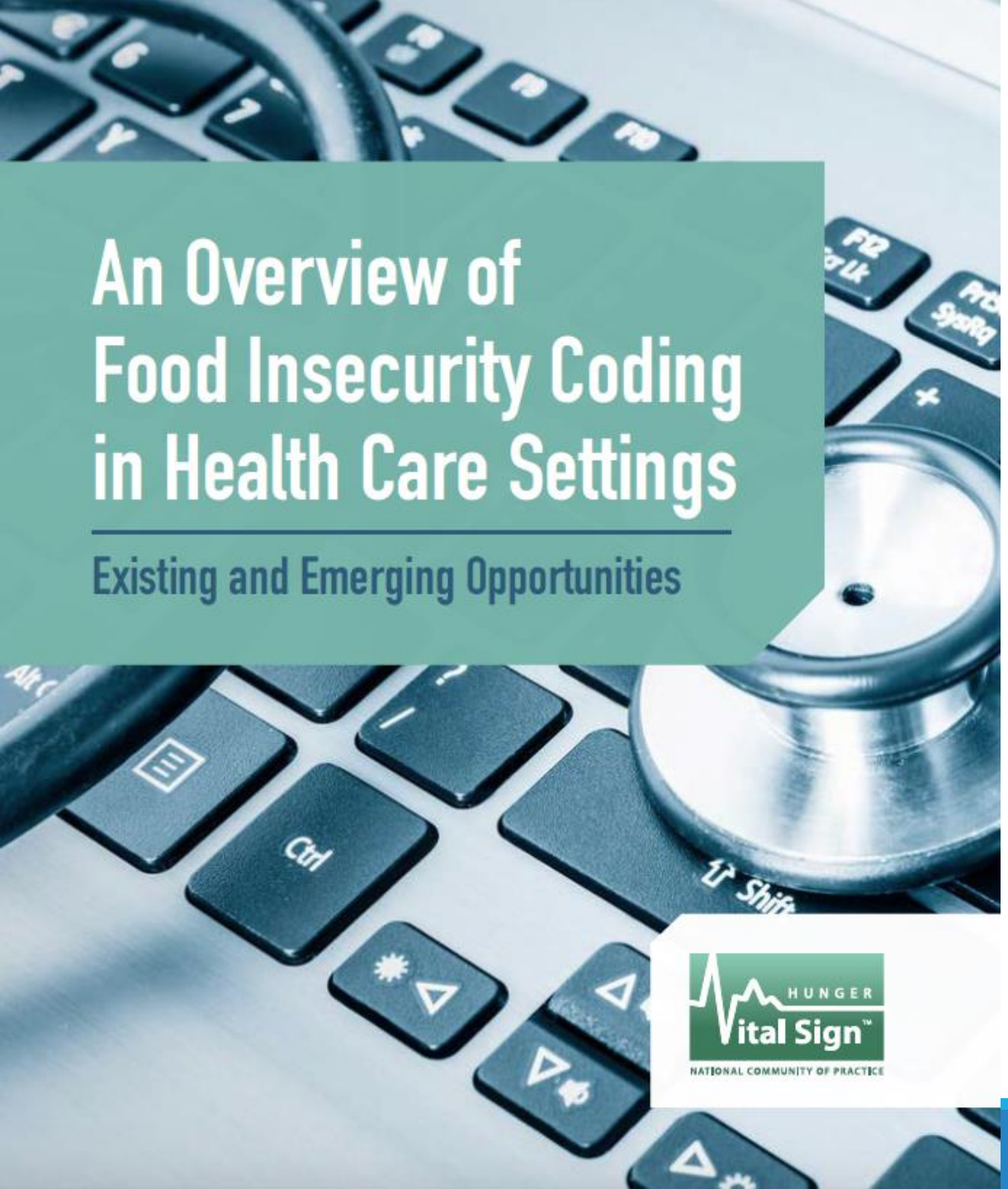
TRIPLE AIM

- Improve quality outcomes for a community population
- Slow increasing healthcare costs
- Improve health equity

BUSINESS CASE

- 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)

http://bit.ly/collectSDOHdata



An Overview of Food Insecurity Coding in Health Care Settings

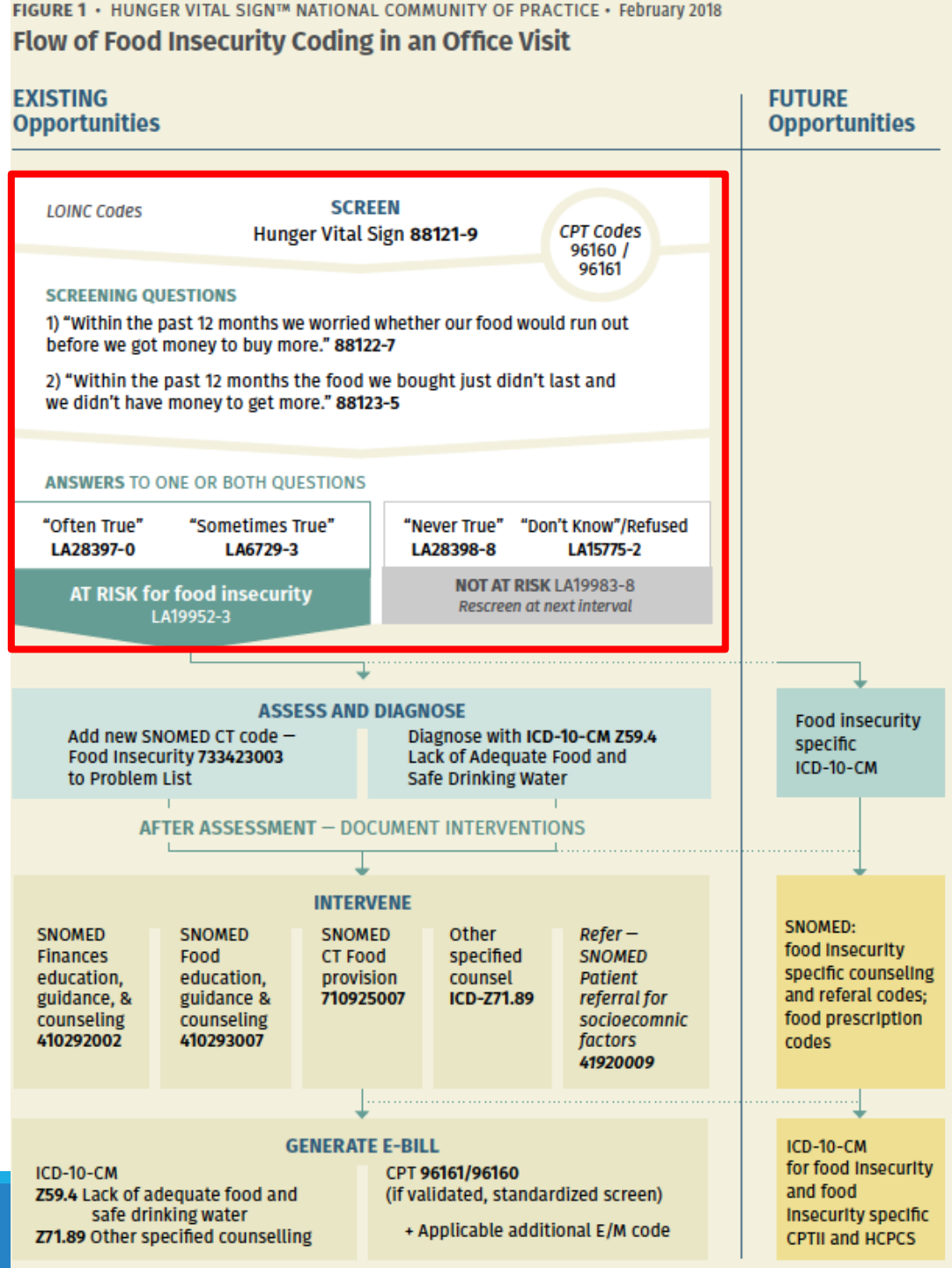
Existing and Emerging Opportunities

HUNGER Vital Sign™ NATIONAL COMMUNITY OF PRACTICE

HUNGER Vital Sign™ NATIONAL COMMUNITY OF PRACTICE

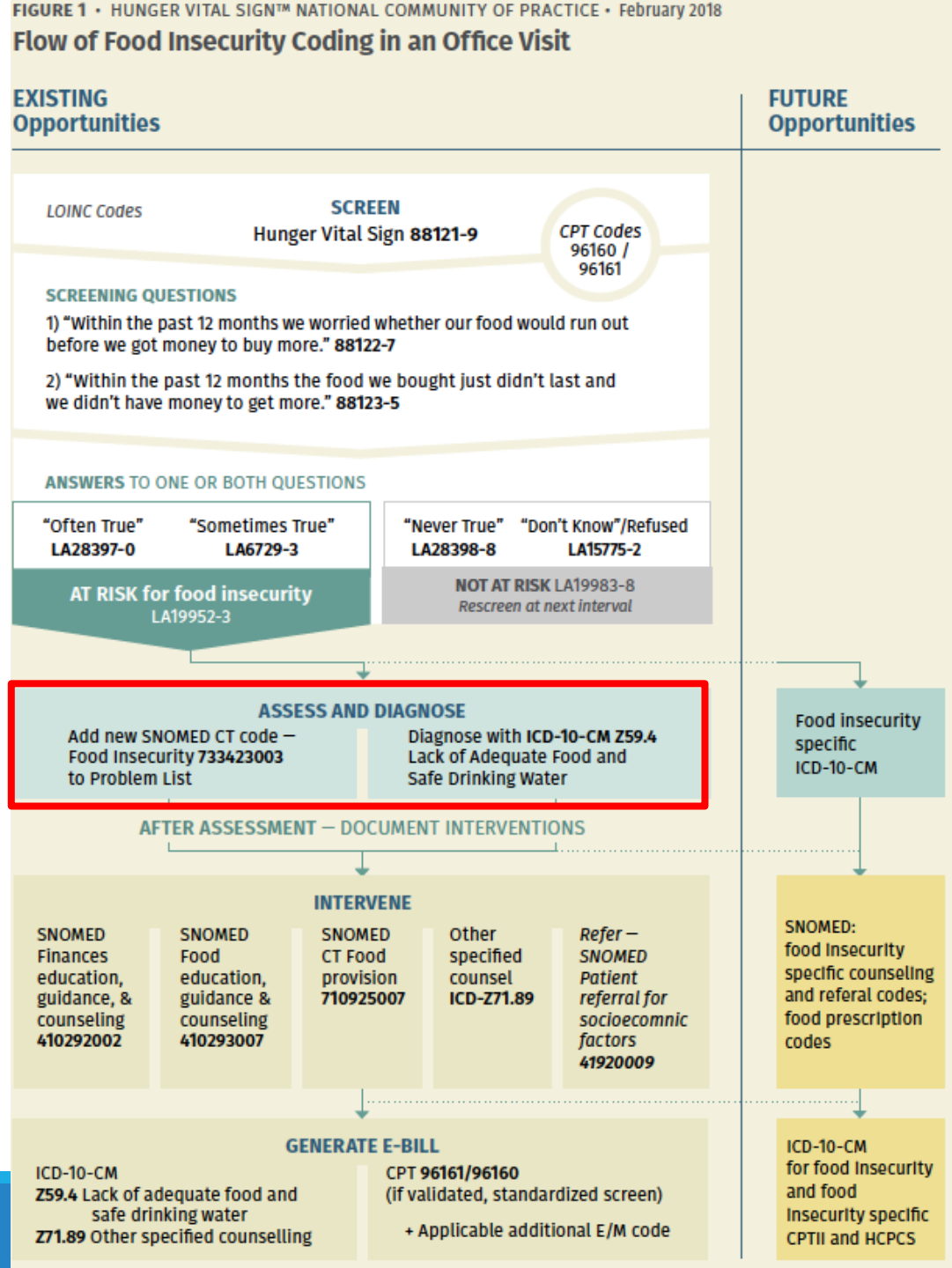
This issue brief reviews existing and emerging opportunities to document food insecurity screening, assessment, intervention, and billing for each part of a patient visit using discrete codes and language from standardized EHR medical vocabularies.

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



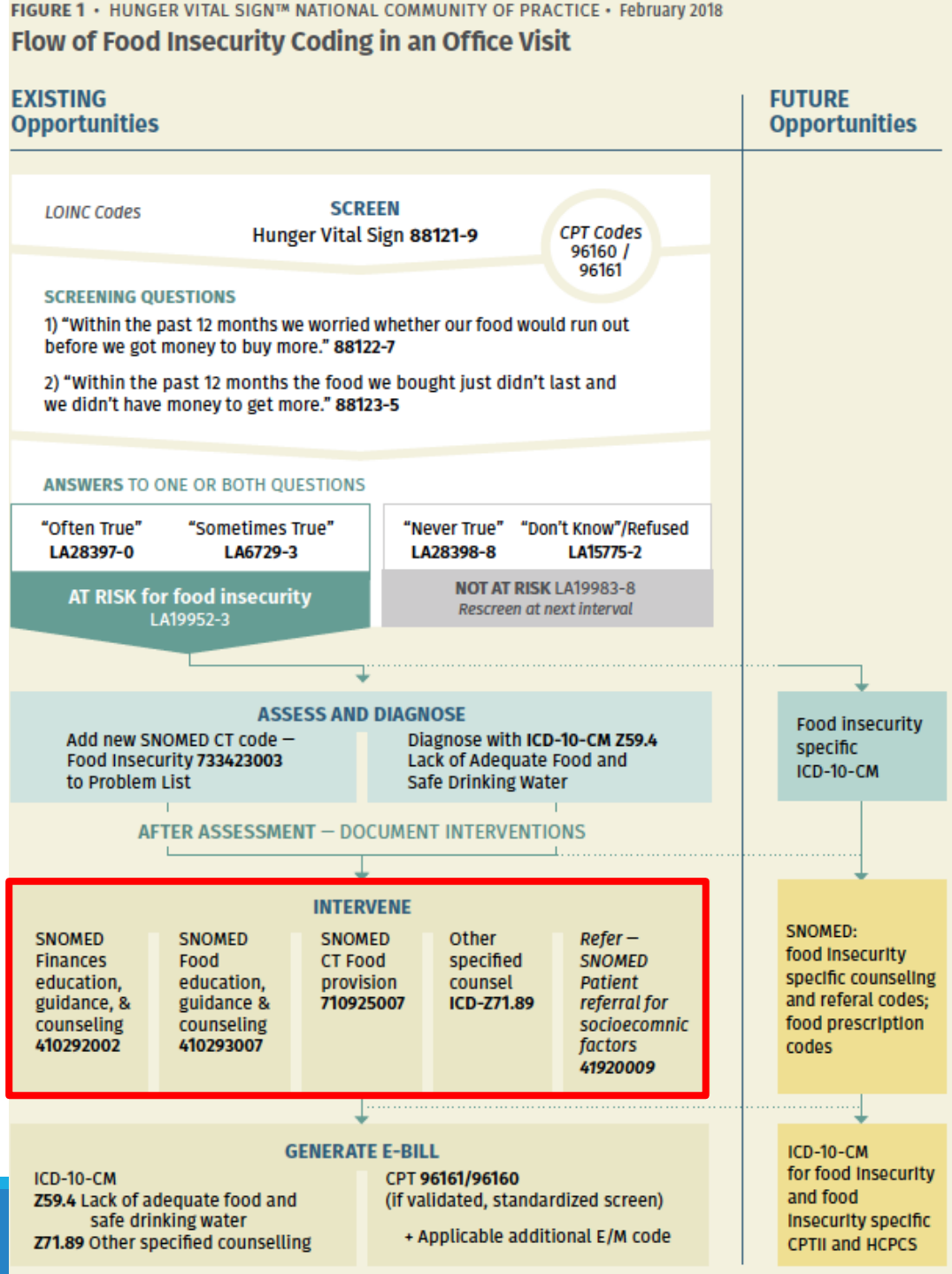
FOOD INSECURITY SCREENING

- 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 ASSESSMENT & DIAGNOSIS

- 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.



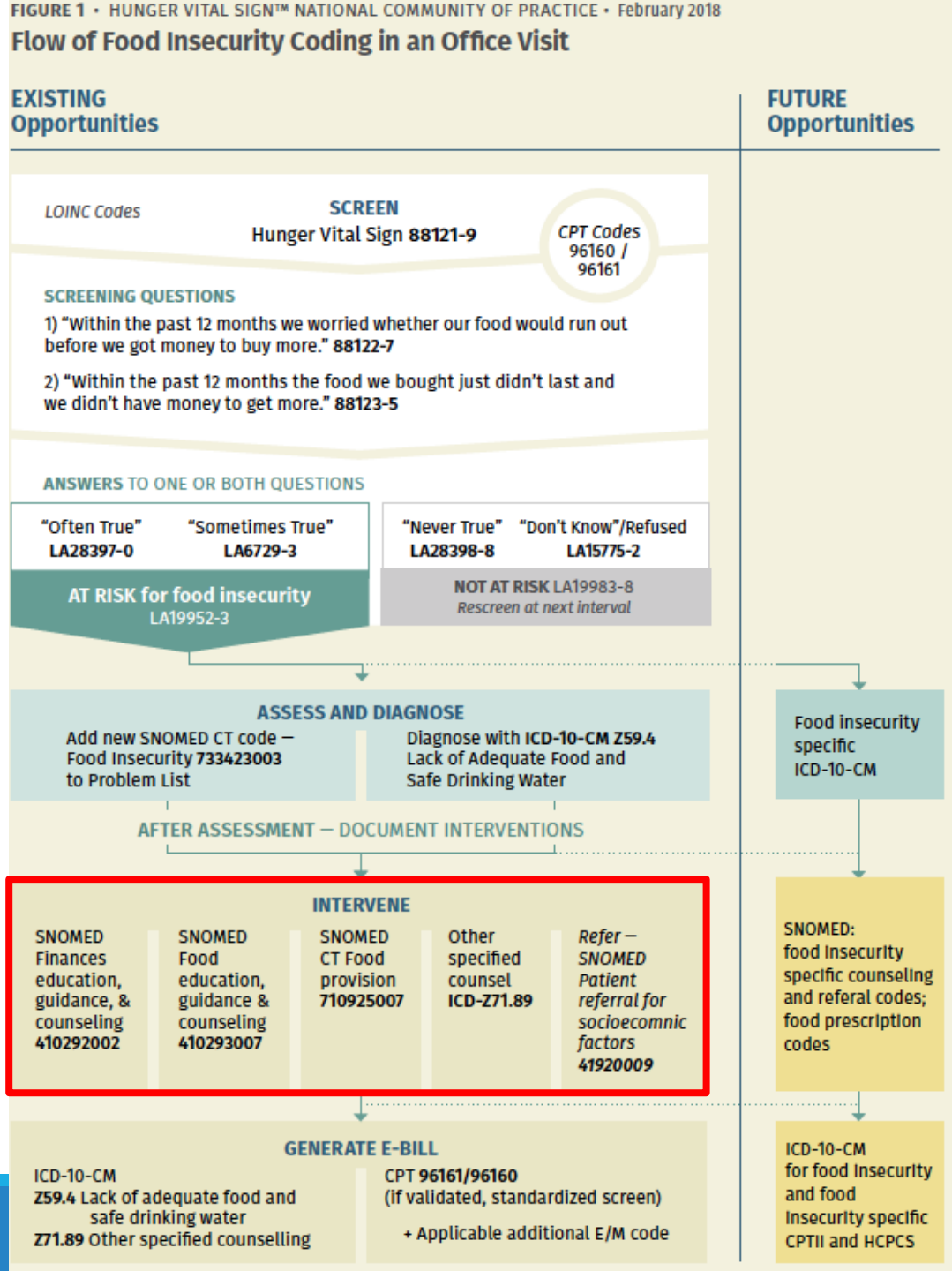
FOOD INSECURITY COUNSELING

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

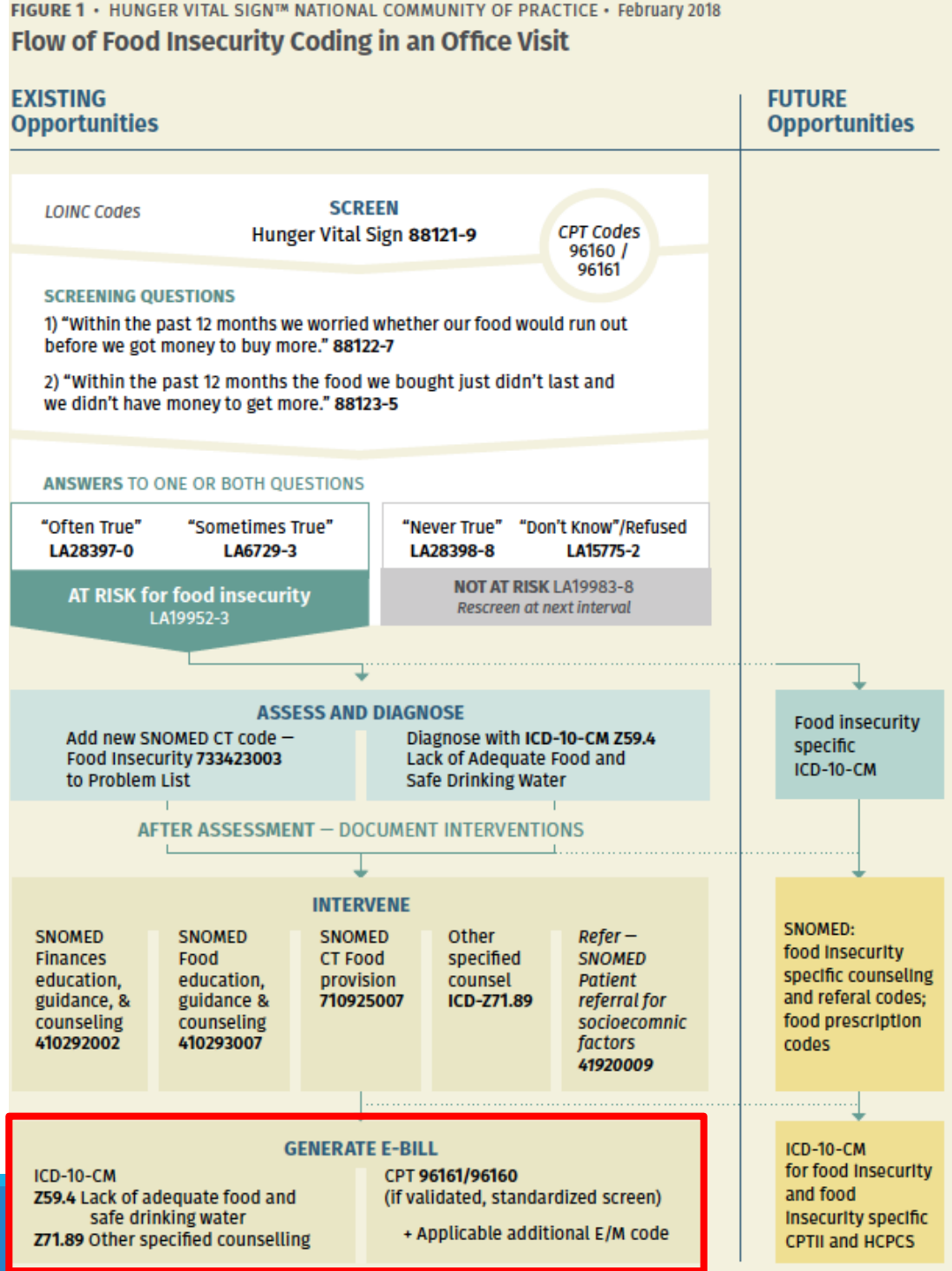
ICD-10-CM includes code Z71.89, "other specified counseling" which can apply generally to counseling on nutrition, safety, and health



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.



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.

Addressing Food Insecurity in Healthcare and Community Settings

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

HUNGER Vital Sign™
NATIONAL COMMUNITY OF PRACTICE

CHILDREN'S HealthWatch

FEEDING AMERICA

FRAC Food Research & Action Center



ADDRESSING FOOD INSECURITY IN HEALTH CARE SETTINGS: KEY ACTIONS & TOOLS FOR SUCCESS

http://bit.ly/HVSkeyactions

HUNGER Vital Sign™
NATIONAL COMMUNITY OF PRACTICE

Action 1

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.,[5] 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.

Action 2

Incorporate Food Insecurity Screening into the Institutional Workflow

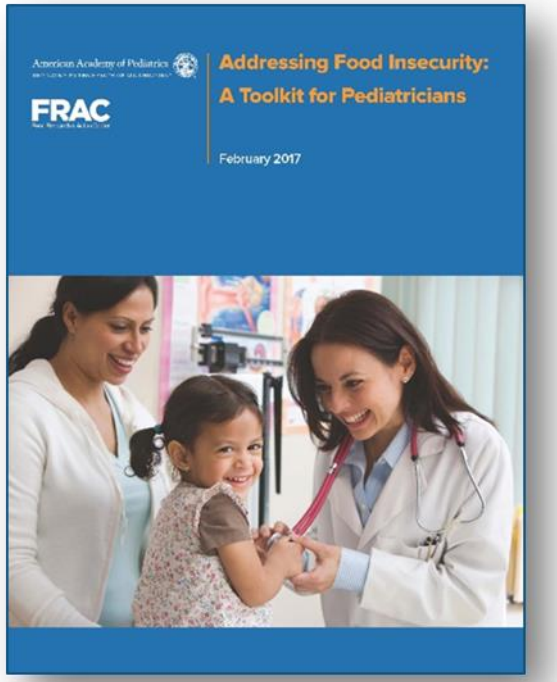
Equip health care providers in your community to use the Hunger Vital Sign™ to screen patients for food insecurity. This includes developing a clear, sustainable plan for incorporating screening into the existing workflow.

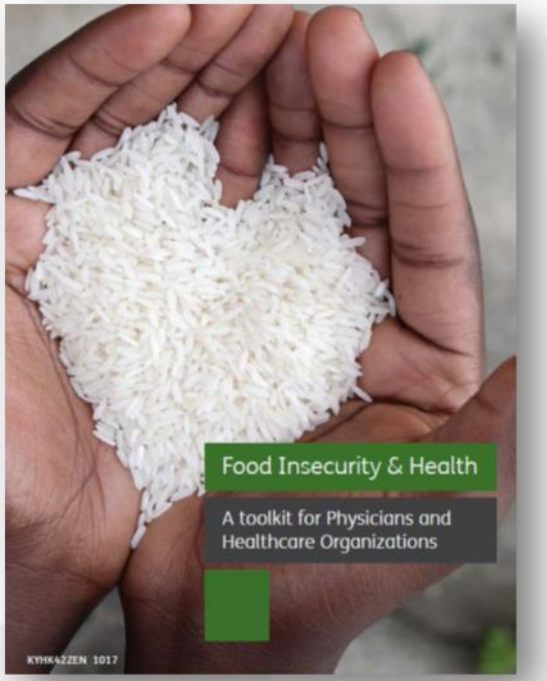
Action 3

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.





Action 4

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.

HUNGER Vital Sign™
NATIONAL COMMUNITY OF PRACTICE

http://bit.ly/HVSkeyactions

HUNGER Vital Sign™
NATIONAL COMMUNITY OF PRACTICE

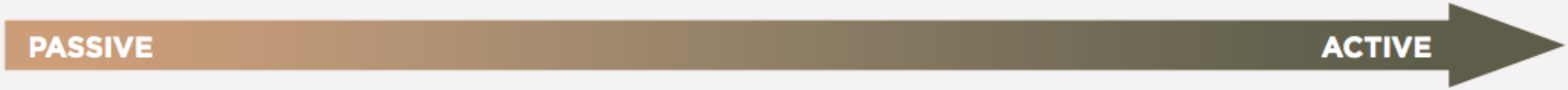
Important Features of Successful Health Care & Anti-Hunger Community Partnerships

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.

Awareness
Patients are made aware of available community services through information dissemination and referrals (i.e., handouts, 211)

Assistance
Health care partner provides community service navigation services to assist patients with accessing anti-hunger partner services (i.e., electronic referrals, case management)

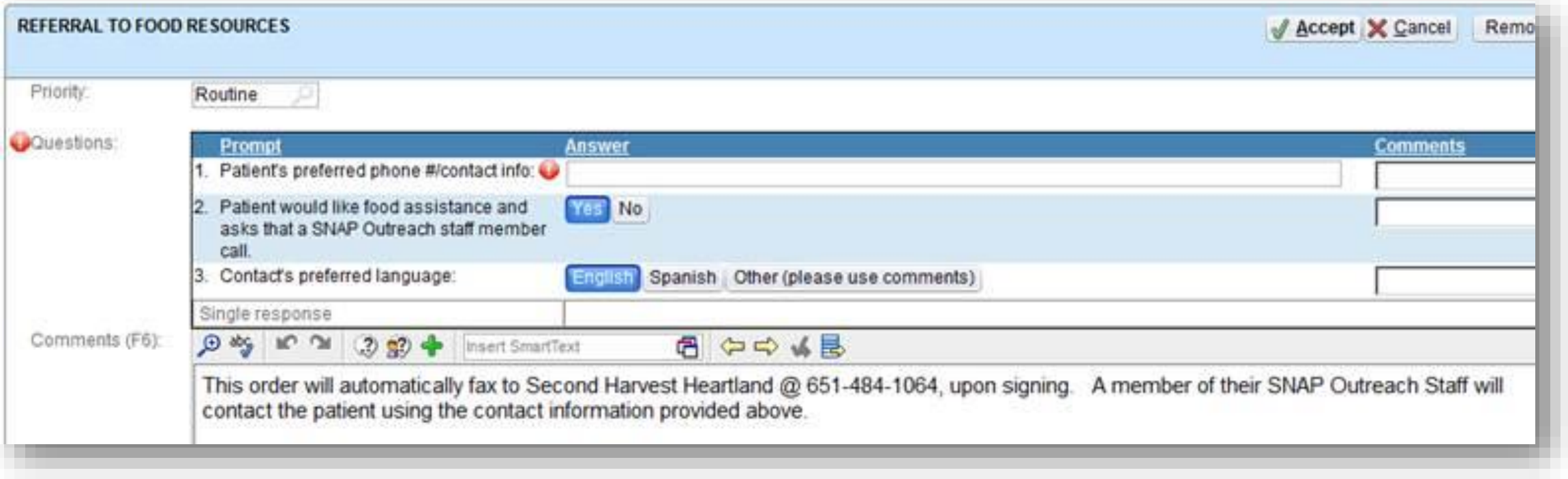
Alignment
Total partner alignment to ensure that health care and anti-hunger community services are available and responsive to the needs of the patient. (i.e., two-way communication on referral outcomes and follow up)



Adapted from: Centers for Medicare & Medicaid Services. Center for Medicare and Medicaid Innovation. Accountable Health Communities Model. innovation.cms.gov/initiatives/ahcm/; and Billioux A, Conway PH, Alley DE. Addressing population health: Integrators in the Accountable Health Communities model. *JAMA*. 2017;318(19):1865-1866.

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



Linking food insecure patients at Hennepin County Medical Center with SNAP application assistance, and food resources from Second Harvest Heartland

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

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
- Defining The Health Care System's Role In Addressing Social Determinants And Population Health -- https://bit.ly/2ObJKtx
- 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

- H. B. Kersten et al. (eds.), *Identifying and Addressing Childhood Food Insecurity in Healthcare and Community Settings*, SpringerBriefs in Public Health, 2018. Available at: (https://bit.ly/2MVtDUA)
- Ashbrook, A. and Hartline-Grafton, H. Addressing Food Insecurity: A Toolkit for Pediatricians. Food Research and Action Center, 2017. Available at: (https://bit.ly/2PHySUy)
- Feeding America. Food Insecurity: and Health A Tool Kit for Physicians and Health Care Organizations, 2017. Available at: (https://bit.ly/2J86FU0)
- Correa, N. and the ACE Coalition Food Insecurity Workgroup. *Food insecurity screening in Houston and Harris County: A Guide for Healthcare Professionals.* Houston, TX: Baylor College of Medicine and Texas Children's Hospital, 2017. Available at: (https://bit.ly/2oMxQLE)
- Social Interventions Research and Evaluation Network. Tools and Resources, 2018. Available at: (https://bit.ly/2M3GrCU)
- Additional resource materials developed specifically for Policy Learning Lab teams can be accessed at 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

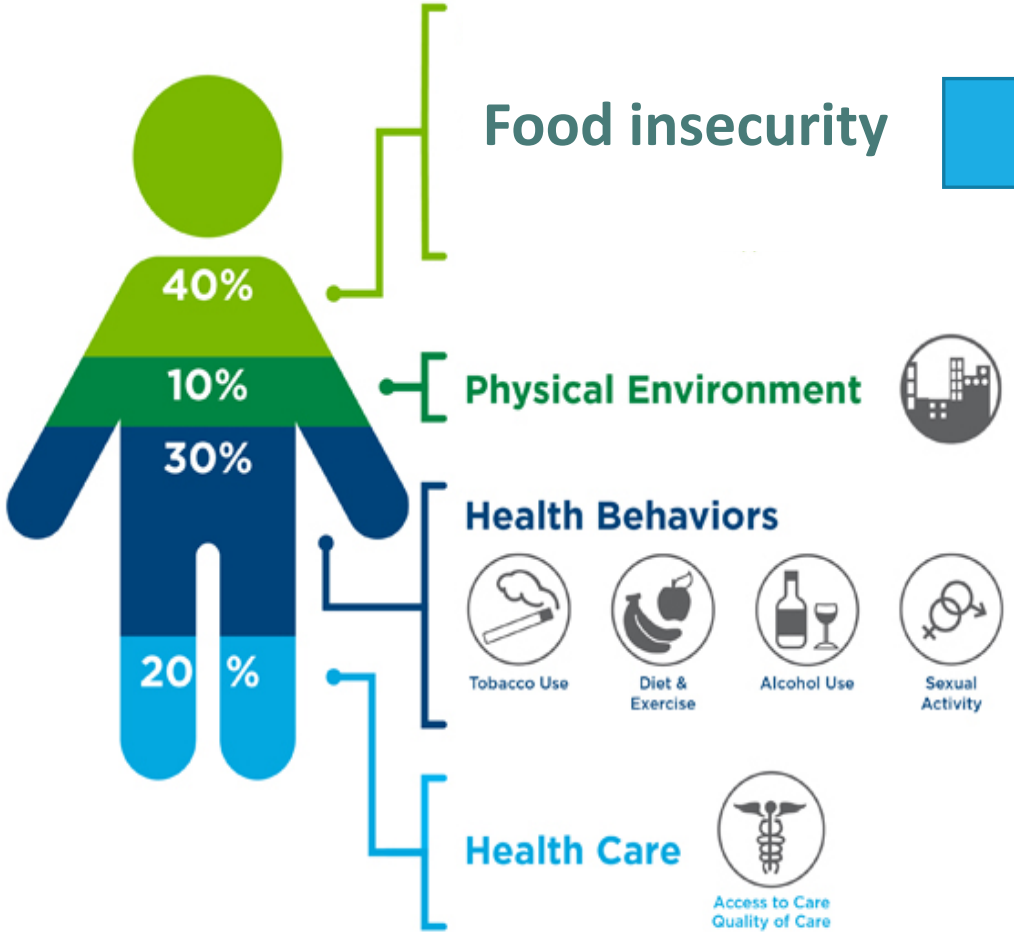
- Patient community and sensitivity
- Documentation

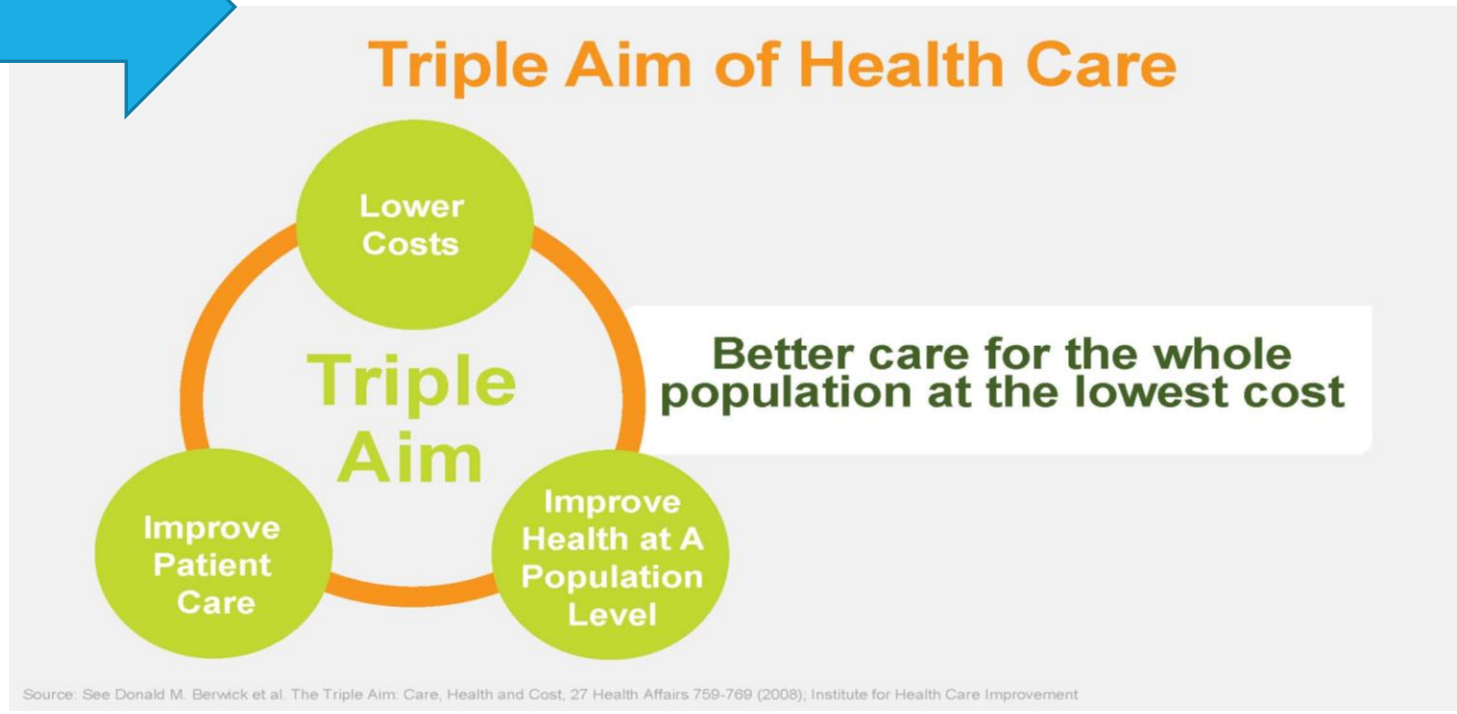
- Forming community partnerships
- Responding to a positive screen
- Fostering cross-sector partnerships

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

HUNGER Vital Sign™
NATIONAL COMMUNITY OF PRACTICE

Improving population health, patient care, *and* reducing cost





Rishi Manchanda Health Begins rishi@healthbegins.org Emily McGrath Humana emcgrath1@humana.com

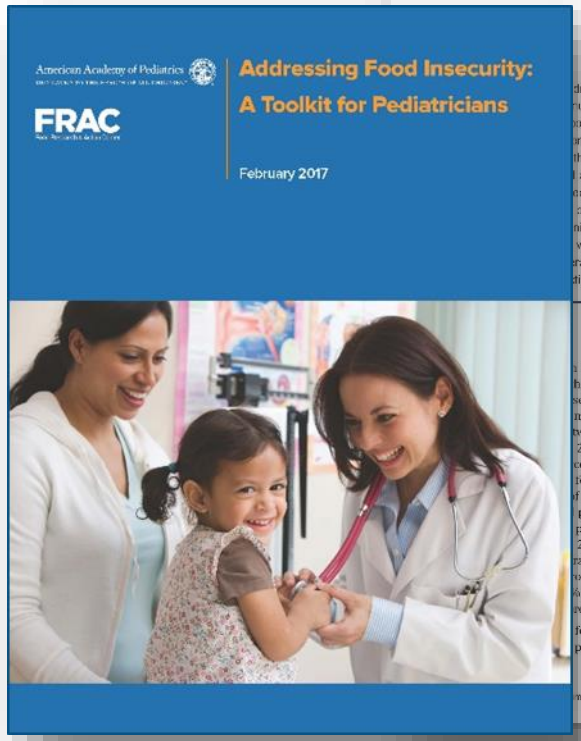
American Academy of Pediatrics

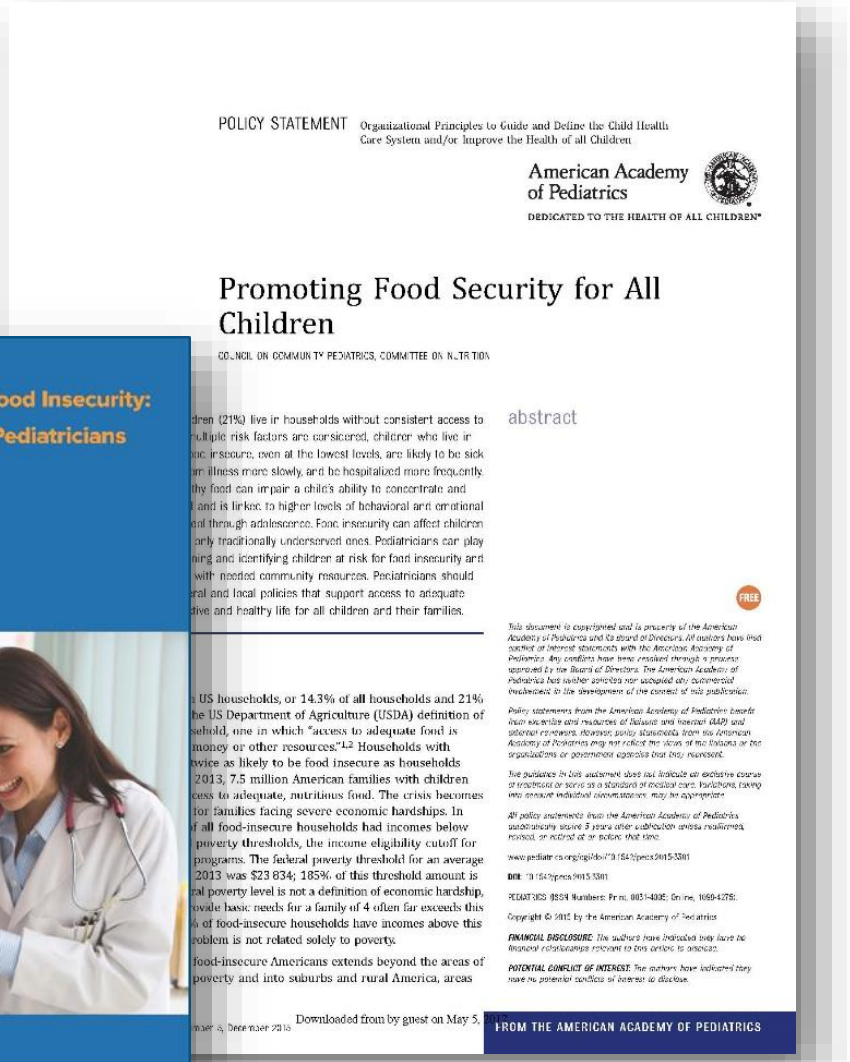
DEDICATED TO THE HEALTH OF ALL CHILDREN™

HUNGER Vital Sign™ NATIONAL COMMUNITY OF PRACTICE

"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"




POLICY STATEMENT Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Promoting Food Security for All Children

COUNCIL ON COMMUNITY PEDIATRICS, COMMITTEE ON NUTRITION

abstract

FREE

FROM THE AMERICAN ACADEMY OF PEDIATRICS

http://bit.ly/AAPFRACtoolkit

http://bit.ly/AAPfoodsecurity

The EveryONE Project™

Advancing health equity in every community

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.

The EveryONE Project Toolkit

Part I: Screening Your Patients
(screening tools)

Part II: Assessing Your Practice
(implementation guide)

Social Needs Resources for Physicians

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.

Julie 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

CHILDREN'S HealthWatch

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.

http://bit.ly/doctorsrecommendsnap

What are the health benefits of SNAP?

HUNGER Vital Sign™ — National Community of Practice

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.

Improves 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.

http://bit.ly/doctorsrecommendsnap

FEDERAL CHILD NUTRITION PROGRAMS

Reduce food insecurity

Alleviate poverty

Improve nutrition & health outcomes

Protect against obesity

Boost learning and development

Support economic stability

FRAC
Food Research & Action Center

Learn more about the benefits of these programs at www.frac.org

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)

HUNGER Vital Sign™
NATIONAL COMMUNITY OF PRACTICE

Age of Patient	Name of Program	How It Works	Who Can Apply	Learn More
All ages 	Supplemental Nutrition Assistance Program (Also known as SNAP, formerly known as Food Stamps) Note: Program may be called something else in your state	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 $1.47 per person, per meal	Gross income typically at 130% of the federal poverty level but can be higher in some states[1] Asset tests may apply in some states[2] Many low-income employed individuals	National resources: Call the SNAP information line at 1-800-221-5689 for information on how to apply in your state Online application for SNAP available for residents in 42 states: http://www.fns.usda.gov/snap/apply Local resources:
Pregnant, postpartum, and breastfeeding women; infants; children up to age five 	The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	Nutritionally tailored monthly food packages (worth approximately $50/month) that families redeem in grocery and food stores that accept WIC Breastfeeding support, nutrition services, screening, immunization, and health referrals	Low-income pregnant, breastfeeding, and postpartum women, and infants and children up to age five deemed nutritionally at risk by a health care professional Income eligibility typically at or below 185% of the federal poverty level[3] Families on Medicaid	State resources: Contact your state's WIC agency (http://www.fns.usda.gov/wic/wic-contacts) for information on local WIC service sites Screen patients for WIC eligibility with a customized state tool: http://wic.fns.usda.gov/wps/pages/start.jsf Local resources:
Typically, children up to age five 	Child and Adult Care Food Program (CACFP)	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 means healthier meals	Children attending eligible child care centers and homes; Head Start; and Early Head Start	State resources: Contact the state Department of Education for participating child care centers and homes Contact child's day care provider to see availability of free meals through CACFP Local resources:
Children K-12 	National School Lunch Program and School Breakfast Program	Free, reduced-priced, or paid school meals in participating schools Updated meal patterns feature more whole grains, 0 grams of trans fat per portion, appropriate calories by age, more fruit, and reduction of sodium	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 children to offer free breakfast and lunch to all students without collecting school meal applications	Contact child's school to see availability of free breakfast and lunch and application process, if any Contact the state Department of Education for a list of participating schools Local resources:

Thank You!


HUNGER
NATIONAL
COMMUNITY
OF PRACTICE
Vital Sign™


CHILDREN'S
HealthWatch
20
YEARS


FRAC
Food Research & Action Center