Why did Hennepin County Medical Center begin screening for food insecurity?

Dr. Diana Cutts is a pediatrician and child health research scientist. Her research on and clinical observation of food insecurity's harmful impacts on pediatric health outcomes spurred her to search for a way to help her young patients. She began forging a relationship between Hennepin County Medical Center (HCMC) and one of the largest food banks in the US, Second Harvest Heartland (SHH). Seven years later, HCMC and SHH continue to grow together, helping thousands of patients access the food they need to lead healthy, productive lives.

Quick Facts:

Hennepin County Medical Center (HCMC) in partnership with Second Harvest Heartland (SHH)

- Location: Minneapolis, MN
- HCMC and SHH have worked together to address food insecurity since 2009
- HCMC screens patients for food insecurity using the Hunger Vital Sign™
- Together, they provide up to 2,000 bags of food for patients visiting clinics weekly
- They have created a sophisticated referral system to help connect food insecure patients to community nutrition resources

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.”
Screening for Food Insecurity

Through the electronic health record system, clinicians at HCMC have access to the Hunger Vital Sign™, a 2-question validated food insecurity screening tool. This standardized pair of questions has helped clinicians know how to ask about this sensitive issue in a systematic way.

Intervening in Food Insecurity

The On-Site Food Shelf
For 7 years, SHH has provided bags of food for food-insecure patients visiting HCMC clinics. A large team of volunteers packs 1,000-2,000 bags of food every Saturday and helps distribute them to clinics throughout the hospital system.

Electronic Referrals
Continually striving to develop deeper solutions, HCMC and SHH worked together to create a comprehensive referral process. SHH staff help food-insecure patients identify and access food assistance resources. They work with people very closely, helping them fill out every question of nutrition assistance applications (i.e., SNAP, WIC), making sure documents are submitted and interviews are completed; they advocate on behalf of patient if necessary. HCMC has been referring patients to SHH for just 1.5 years and has made over 1,700 patient referrals.

"The food bag is a wonderful relief for the patient to take home that day, but it does not solve their long-term food insecurity."
– Kurt Hager, Second Harvest Heartland

Electronic Referral Steps:

1. Any HCMC health worker (i.e. doctors, nurses, social workers, financial counselors, navigators, etc.) may make a referral to SHH
2. In compliance with HIPAA, patients consent to share their contact information with SHH
3. SHH receives an auto-fax referral and calls the patient within 24-48 hours
4. SHH helps patients connect with local resources as well as enroll in federal nutrition assistance (Supplemental Nutrition Assistance, Women, Infants and Children)
Next steps…

*Standardized intake pilot*

Kurt Hager from SHH reflected, “When the referral went live, we waited for the referrals to flood in, and nothing happened.” He began a process of clinic outreach to increase awareness of this resource among HCMC departments. While this was successful, it was still not producing sustainable results; clinicians are busy with so many mandatory steps that supplementary ones often slip through the cracks. To address this challenge, HCMC has piloted a standardized intake process, screening all patients at their Senior Care Clinic. After standardizing the screening process, SHH saw a 1,460% increase in referrals at the clinic within the first month. Over time, they plan to implement the standardized screening process in every primary care clinic at HCMC.

*Community capacity for referrals*

If every clinic screened at intake, Second Harvest Heartland estimates they would receive 1,500 referrals monthly, compared to 150 currently. SHH is planning for increased staffing needs to match the number of clients seeking services. Concurrently, HCMC is currently working to identify funding to hire an outreach staff member solely dedicated to managing SHH referrals.

*Tailoring the Food Shelf*

The Food Shelf provides pre-packed bags of food for patients. Moving forward, they hope to develop a client-choice model, where food is tailored to patient needs and preferences. HCMC is launching a pilot study to determine the impact of home delivered food boxes tailored to patients with diabetes. HCMC is also in the process of building a new nutrition center that will include a food pantry and nutrition classes for patients.
Keys to success

- Strong partnership and communication:
  
  *HCMC and SHH have worked together closely over the years, adjusting their strategy and improving the process along the way*

- Track data and share it regularly:
  
  *SHH shares referral statistics and client stories with clinics every two months, helping clinicians to understand the impact of their referrals.*

- Standardize the screening process by using the Hunger Vital Sign™

- Standardize the community referral process

- Leverage all community resources to help clients obtain federal nutrition assistance and emergency food assistance