

Cultivating Healthy Communities:

Lessons from the Field on Addressing Food Insecurity in Health Care Settings

Health care providers are becoming increasingly aware that the key to improving patients' health relies on addressing their social needs. Understanding that a large percentage of patient health outcomes are due to factors outside of clinical care¹, many clinics and hospitals around the country have taken a preventive approach by actively screening for health-related social needs, such as food insecurity, and offering services to address them. Acknowledging the central role pediatricians have in identifying risk factors for poor health among children, the American Academy of Pediatrics recommends screening families for food insecurity using the Children's HealthWatch Hunger Vital Sign™ and connecting those who are at risk of food insecurity to necessary resources.² The Hunger Vital Sign™ can be administered verbally by a clinician or as a paper survey given with check in materials. While this policy brief specifically focuses on addressing food insecurity in pediatric populations, screening for food insecurity and connecting patients with resources may be implemented across diverse patient populations.

A variety of health care-based approaches to addressing food insecurity – from easy-entry to more complex, resource-intensive – can be tailored for the needs of individual health care settings.^{3,4} With time and support, any setting can move toward providing greater assistance. Moreover an Internal Revenue Service (IRS) ruling has spurred additional conversation and innovation among non-profit health care facilities seeking ways to reduce patients' food insecurity. The IRS now allows non-profit health care facilities to claim an exemption on federal tax returns for services related to improving nutrition access.⁵



The Children's HealthWatch Hunger Vital Sign™

Children's HealthWatch validated the Hunger Vital Sign™, a 2-question screening tool based on the US Household Food Security Survey Module and suitable for clinical or community outreach use. The Hunger Vital Sign™ identifies households as 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 and responding to families at-risk are critical components of good health care. Physicians want to know that when they screen for a health risk, they are able to provide prompt referral and treatment."

Deborah A. Frank, Children's HealthWatch Principal Investigator and Pediatrician at Boston Medical Center

* More information on the Hunger Vital Sign™ and the variety of ways it has been implemented and paired with health care facilities across the country is available at <http://www.childrenshealthwatch.org/public-policy/hunger-vital-sign/>

Listed below are programs and policies health care facilities may implement to improve their patients' access to food after a family is identified as at risk of food insecurity using the Hunger Vital Sign™. These options are grouped by level of effort involved (Level 1 is most easily achieved and Level 3 is more involved) so any health care facility, regardless of size or resources, should be able to find a way to help connect vulnerable patients with food resources.

Level 1: Preparing the Ground

- Create handouts with information on how and where to apply for the Supplemental Nutrition Assistance Program (SNAP) and/or the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) as well as where to find emergency food assistance. Clinic/hospital staff can then direct families to food assistance services by distributing these handouts, as needed, to their patients. These handouts can be delivered as part of the After Visit Summary.
- Review resource list with patients in person at the end of their clinic visit is to optimize understanding of the resources. A community health worker, care coordinator, health navigator or other staff that can spend as little as 10 minutes working to connect the patient to at least one new resource as a way to help ensure success.
- Refer patients to a designated in-house outreach worker or partner organization.
- Provide information on hospital/clinic's website with links to instructions and applications for SNAP/WIC.

Level 2: Planting Seeds

- Include the Hunger Vital Sign™ in the hospital/clinic electronic medical record, simultaneously providing health care professionals with documentation of individual patient needs and the ability to track the level of need across the hospital/clinic population.
- Partner with a trusted, local non-profit organization for electronic or faxed referrals for assistance. Once families are identified as at risk for food insecurity, an electronic 'prescription' for outreach services can be sent to the partner organization, who then follows up with the family.
- Partner with a local food bank to provide prepared bags of food to patients and families.
- Establish an on-site food pantry or farmer's market.
- Host cooking classes on ways to prepare healthy meals.
- Partner with appropriate state-level departments and agencies to outstation a SNAP and/or WIC enrollment worker at the health care facility each week.

Level 3: Putting Down Roots

- Sponsor an on-site Summer Food Service Program and/or Child and Adult Care Food Program (CACFP)-funded meal to provide nutritious meals to children while visiting the health care facility.
- Raise philanthropic support to feed parents as well as children during visits.
- Train financial counselors or other relevant staff to act as SNAP/WIC application liaisons and/or establish a role for SNAP/WIC outreach workers to help enroll people at the hospital/clinic.

Pioneers in Health Care Based Nutrition Access:

Examples from Children's HealthWatch sites

Arkansas Children's Hospital

Since 2013, Arkansas Children's Hospital has provided lunches year-round to children as a sponsor site of the Summer Food Service Program and the Child and Adult Care Food Program and provides boxes of food provided by a local food pantry when significant problems in household food availability are recognized. The hospital also ensures that families access nutrition assistance programs by employing financial counselors trained to assist families with SNAP applications when applying for Medicaid, and by having a WIC office onsite open one day per week.

Boston Medical Center

Boston Medical Center was the first hospital in the country to open an onsite food pantry in partnership with The Greater Boston Food Bank in 2001. The hospital has also incorporated the Hunger Vital Sign™ into its electronic medical records system and has co-located a WIC office onsite.

Hennepin County Medical Center

Hennepin County Medical Center (HCMC) helps connect families with food resources through their new electronic referral system and their onsite food shelf and a SNAP application process. The Food Shelf at HCMC serves high-need patients, with food provided by Second Harvest Heartland. HCMC also provides meals to children in the summer through the Summer Food Service Program.

“Health professionals understand that poor nutrition is the root cause of much of the chronic disease that is lowering the health status of Americans, but they often feel helpless to do anything about it. If you can give health care organizations a simple process and tools to identify and address those most at risk, they are often eager to implement them. When they see the extent of the problem they ask, how can I do more?”

Lynn Knox, State Health Care Partnerships Coordinator, Oregon Food Bank

Best Practices to Ensure Success

Implementing tailored health care-based responses to food insecurity requires planning to ensure all stakeholders work toward success.

Below are proactive steps to take when implementing new programs or making changes to existing programs.

1. Reach out to hospital/clinic administrators to discuss potential ways to assist patients at various levels of effort and cost.
Non-profit health care facilities can report on tax returns many efforts to improve patient nutrition access.
2. Talk with other health care facilities that have undertaken similar efforts to learn how they implemented their nutrition access programs, garnered support from key stakeholders, and effectively reached out to families.
3. Engage medical staff early and provide them with information and evidence about poor health correlates across the lifespan, in addition to substantially increased costs for patients, the community and the state.^{6,7}
4. Be strategic – explore opportunities to present at departmental meetings, strategy/planning meetings, Grand Rounds, or other occasions when key decision-makers or opinion-influencers will be present.
5. Determine where nutrition access fits into the clinic/hospital's organizational structure and who will be responsible for implementation of new programs and their future sustainability.
6. Engage appropriate departments or agencies in your state in efforts to train the health care facility's financial staff (who already assist families with state health insurance applications) to assist caregivers through the SNAP, and/or WIC where appropriate, application processes.
7. Train all medical staff (physicians, nurses, social workers, community health workers, etc.) who interact with patients to approach patients' food security needs in culturally sensitive and appropriate ways. Discussing food insecurity with patients requires building trust and rapport. A one size approach is not as effective—a senior citizen, family with young or school-age children, single adults—each have their own needs and concerns.

Highlights from the Field: Innovations across health care networks

Kaiser Permanente and Hunger-Free Colorado

Kaiser Permanente in Colorado has incorporated food insecurity screening using the Hunger Vital Sign™ in the following work streams: new member onboarding, all first prenatal visits, registered dietitian visits, diabetes care management, asthma care management, pediatric and senior chronic care management, adolescent well visits, and cardiac rehabilitation visits. Patients with positive screens are referred electronically to a community specialist, who assesses for other social needs and also faxes a referral to Hunger Free Colorado. Staff from the Hunger Free Colorado Hotline reach out to the patient and facilitate enrollment in government food assistance as well as other food resources.

The Oregon Food Bank's Screen and Intervene Program

The Oregon Food Bank developed the Screen and Intervene Program in 2014. Screen and Intervene offers healthcare staff, dental and behavioral health workers two nationally used and validated screening questions and options for administering them. To date, family and patient screening is underway at roughly 200 locations across the state. Numerous clinics and hospitals have decided to go a step further and actually expand food access in their community by sponsoring and often funding such activities as: a health food pantry in their facility, on-site produce distribution with cooking demos, a “Veggie Rx” system providing coupons for local participating groceries for free fruits and vegetables, cooking and smart shopping classes, on-site gardens and gardening assistance.

Health facilities and networks across the country including ProMedica, Vermont Department of Public Health, community health clinics in California, and many others are using the Hunger Vital Sign™ and creating innovative programs to respond to food insecurity in their communities. For more information about these and other groups, visit <http://www.childrenshealthwatch.org/public-policy/hunger-vital-sign>.

8. Establish relationships with USDA regional offices to provide support when implementing federal nutrition assistance programs.
9. Partner with relevant departments or agencies in your state and solicit support from local stakeholders to increase the likelihood of approval from the US Department of Agriculture for implementing food assistance programs onsite.
10. Partner with local non-profit agencies, for example food banks, and individuals with an interest in addressing food insecurity at the neighborhood, county or state level.
11. Learn about the clinic or hospital's electronic health record system and design your proposed screening and intervention to fit into their unique workflow.

About Children's HealthWatch Children's HealthWatch is a nonpartisan network of pediatricians, public health researchers, and children's health and policy experts. Our network is committed to improving children's health in America. We do that by first collecting data in urban hospitals across the country on infants and toddlers from families facing economic hardship. We then analyze and share our findings with academics, legislators, and the public. These efforts help inform public policies and practices that can give all children equal opportunities for healthy, successful lives.



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