Guide

SAN DIEGO HUNGER COALITION

Addressing Food Insecurity in Your Healthcare Setting: Where to Start

Your health care setting has begun screening for food insecurity and would like to connect patients who screen positive with easily accessible food resources. Where do you start? We've broken down addressing food insecurity into three easy steps. These recommendations can be applied to a variety of settings and patient populations.

1. ASSESS AVAILABLE RESOURCES:

Start at Home: Determine what, if any, food resources your organization currently provides onsite and your organization's capacity to host food resources. Why start onsite? Studies show that patients are significantly more likely to follow through on a referral to onsite services compared with services provided through another organization offsite.

Many health care providers may be surprised to learn that the majority of hospitals and federally qualified health centers in San Diego County already offer CalFresh application assistance onsite. If you work within one of these systems, it is likely that some level of food resource is currently being provided, and it's a matter of identifying or developing internal referral pathways. **In addition to CalFresh, your health care setting may also be offering any of the following services onsite:**

- Standing or mobile food pantries
- Pop up, subsidized farmer's markets
- Home meal delivery services
- Emergency food bags
- WIC enrollment
- Onsite congregate meal services
- Youth summer meal sites
- Nutrition education or chronic disease self-management classes paired with food distribution

Staff at your health care organization that may have insight into the availability of these services could be: Patient Financial Services, Population Health, Case Management, Social Work, Primary Care, Educators and/or Patient Navigators in specific services lines (e.g., Diabetes, Cardiovascular Health, Cancer, etc.) and others. Even if current programs to address food insecurity do not exist, these members of your workforce may have a vested interest in providing such resources, given their area of focus. **See where these conversations take you!**

Look nearby: Determine what, if any food resources are being offered in your neighboring community and how your health center can partner. To get a general sense of the food assistance partners in your geographic vicinity, a great place to start is 2-1-1 San Diego's community resource locator tool which maps up-to-date information on food security resources by zip code.

While you're at it, think broader: Consider ways to connect food insecure patients to additional, comprehensive resources. The majority of patients experiencing food insecurity will likely be facing additional challenges related to meeting other basic needs, including housing, utility assistance, employment and may benefit from longer term, supportive case management services that address a larger spectrum of social determinants of health.

2. IDENTIFY YOUR POPULATION AND THEIR NEEDS

Health care settings often serve a wide array of community members. Just as your organization has tailored medical delivery to populations with unique health care needs to increase efficacy and compliance, tailoring your organization's social service delivery and referral models will result in higher utilization and increased impact on health outcomes.

Things to consider when connecting food insecure patients to resources for food:

Access to transportation: Patients' access to transportation may limit their ability to visit offsite food resources and or transport large amounts of food.

Physical mobility: Patients with limited mobility due to age or physical incapacity may benefit from home delivered meal services and food resources that do not require significant preparation.

Access to a kitchen to prepare and/or store food: Patients without a kitchen (homeless or living in Single Room Occupancy units) may benefit from fresh produce and shelf stable items that do not require significant cooking/processing. Individuals who face housing insecurity may not be able to take full advantage of infrequent, large quantity food distributions and would benefit more from frequent, smaller quantity food distributions.

Dietary requirements and cultural preferences: Providing or connecting patients to food resources that do not meet their dietary or cultural needs can unfortunately result in waste, continued food insecurity, and/or poor health outcomes related to consuming foods that do not support their dietary requirements. Connecting patients to CalFresh empowers patients to purchase the foods that are right for them. Nutritionally tailored food boxes or meal services have also become best practices across health care settings.

Presence and food needs of additional household members: If a patient screens positive for food insecurity, it is likely that other members of the household are also struggling, and that any food resources provided will be used to support the entire household. Programs like CalFresh, WIC and food pantries provide resources for all individuals in a particular household.

Knowledge about how to prepare food: Nutrition education classes can provide participants with additional information about how to shop for and prepare healthy meals.

3. DEVELOP AND PILOT A PATIENT CONNECTION/REFERRAL MODEL

Partner with local hunger relief or food security partners: There are likely a number of food security partners in your area that can assist in developing and providing food resource referral/delivery models for patients that have been identified as food insecure. These partners include anti-hunger coalitions, food banks, and food policy councils. These partners will have in-depth knowledge regarding food resource program eligibility, sector capacity, potential providers and key considerations for the development of referral and delivery models.

Determine which (if any) services your setting can provide onsite and which need to be provided through offsite referrals. The easier your setting can make it for patients to access and utilize food resources, the more likely patients are to improve their food security. While many healthcare settings don't have the space, staff or resources to provide comprehensive resources in house, hybrid models that provide basic resources onsite along with a referral for additional food assistance can be a great fit.

> *Providing onsite CalFresh application assistance and connecting patients to 2-1-1 for additional food resources in the patient's neighborhood is an ideal hybrid of maximizing immediate support paired with expanded access!*

Hunger relief organizations, like the San Diego Hunger Coalition, can help your organization think through the best patient connection and referral models and identify the specific partners.

Evaluate: Continuous evaluation is critical to any new intervention. Consider meeting with either your internal evaluation/clinical effectiveness teams or a local evaluator to develop both process and outcome measures that will guide your organization's future efforts. Evaluation metrics could include those required by program funders but should also focus on ensuring that the process is effective for both staff implementing and patients receiving the intervention. Integration of screening questions and resource referrals into electronic records will strengthen settings' evaluation capacity.

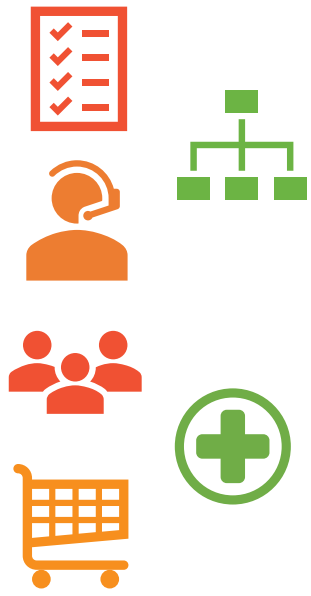
Key Evaluation Measures to Consider:

Process Indicators:

- % of target population screened and frequency
- Impact of additional screening questions and referrals on workflow
- % of food insecure patients referred to food resources (by resource category)
- % of food insecure patients that followed up on a food resource referral

Impact Indicators:

- % of target patient population with a positive screen for food insecurity
- Change in patient food security status over time (after multiple visits/screenings)
- % of patients successfully accessing food resources (by resource category)
- Change in health outcomes associated with food security over time (e.g., blood sugar levels, cholesterol levels, etc.)
- Change in both positive health care utilization (e.g., increased preventive care/follow-up visit compliance) as well as negative health care utilization (e.g., decreased ED visits, hospital readmissions, etc.)



CONCLUSION

Every health care setting is different, and as a result, each setting will find methods that work best for them. By first starting with a close look at your organization's current processes and resources that may already be addressing food insecurity, and then working closely with food security partners and conducting on-going evaluation, your organization will be able to find screening and referral/delivery models that work best for your health care setting(s) and your patients.

For additional information about connecting patients to food assistance resources, visit sdhunger.org/healthcare