Food Insecurity Screening: Next Steps

AAP Hot Topics, May 20, 2016

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Objectives

• Review the recommendations of the AAP policy statement “Promoting Food Security for All Children”

• Describe how various clinics are beginning to establish and enhance screening and streamlined referrals for food insecurity

• Discuss how SNAP-Ed and Second Harvest and serve as resources for food and nutrition-insecure families and how to refer patients to these organizations
AAP Policy Statement on Food Insecurity

- 2013: 21% of all children were in a food insecure household
- Food insecurity goes beyond poverty:
  - 60% of all food-insecure households had incomes below 185% of the federal poverty thresholds
  - 30% of all food-insecure household are above the poverty threshold
Health Effects in Food Insecure Households

• Children who are in households that are food insecure are more likely to:
  – Poorer overall health
  – More hospitalizations
  – Poorer performance in school; behavior dysregulation
AAP Statement on Food Insecurity: Call to Action

- Screen for food insecurity in clinic
- Be familiar with and refer to appropriate community resources
- Continue to advocate for refunding and expansion of nutrition support programs
- Continue to advocate for optimal nutritional standards in nutrition support programs
- Engage with communities to collaborate with local resources on food insecurity
- Teach the concept of food insecurity and associated resources to medical students and residents
- Support research on food insecurity/related health issues and strategies to improve access to quality nutrition resources for families.
Screening Questions for Food Insecurity

1. Within the past 12 months, we worried whether our food would run out before we got money to buy more.
2. Within the past 12 months, the food we bought just didn’t last and we didn’t have money to get more.

- Answering affirmatively (“often true” or “sometimes true” versus “never true”) to both questions increases the likelihood that the family is food insecure.
- The two screening questions have a sensitivity of 97% and a specificity of 83%.

Minnesota and SNAP-ED Learning Collaborative Grant

Goals:

1. Establish or improve food insecurity screening and referrals
2. Sustain changes through policy, system and environmental (PSE) changes
3. Share ideas and serve as a resource for other clinics interested in doing the same
Grantees

• Park Nicollet Clinic – St. Louis Park
  – Team lead: Melanie Lind-Ayres, MD
• Creekside Clinic – St. Louis Park, Methodist Hospital Family Medicine Residency/Park Nicollet
  – Team lead: Alice Macdonald, MBChB
• Partners in Pediatrics – Brooklyn Park and Maple Grove
  – Team Lead: Rebecca Doege, MD
• Hennepin County Medical Center – Minneapolis
  – Team lead: Diana Cutts, MD
Grantee Approaches to Screening

• Park Nicollet Clinic – St. Louis Park
  – Screening all well visits with physician using a separate paper to ask screening questions yes/no
  – Developing a database and referring to a care coordinator; booklet on food resources

• Partners in Pediatrics
  – Screening all well visits by adding onto a paper well child questionnaire already in use
  – Using EMR to track responses and referring to social worker
Grantee Approaches to Screening

• Creekside Clinic – Park Nicollet/Family Practice
  – Screening all adults and children at the check in process
  – Coding food insecurity on problem list and referring to SW or HCH directly after the screen is positive

• Hennepin County Medical Center
  – Has a dot phrase for the questions and trying to embed in well visit template; referring all types of patients with nutritional needs
  – Electronic referral to cooking class and Second Harvest
  – Has completed first class with SNAP-ED
Lessons learned to date

• More than one way to implement screening
• Paper vs. electronic screening can lead to different results
• Physicians are willing to participate but need to have something “to do” if screen is positive
• Electronic record can be a barrier
Questions?

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Supplemental Nutrition Assistance Program Education (SNAP-Ed)

CECILIA DI CAPRIO, SNAP-ED EDUCATOR
What is snap-ed?

- Supplemental Nutrition Assistance Program Education
- USDA Funded program run through the University of Minnesota-Extension
- Help low-income families and individuals make, “the healthy choice the easy choice”
What do we do?

- Teach participants how to shop for healthy foods on a budget
- Demonstrate how to prepare quick, easy, and delicious meals
- Help communities create sustainable environments to support healthy and more active lifestyles
How do we reach our participants?

- We teach in a variety of community settings all across Minnesota
- Our classes are free to participants that meet income guidelines (50% of the class receives or qualifies for SNAP benefits)
- Classes can be taught in English, Spanish, Somali, Hmong, and Oromo
Our class offerings

- **Cooking Matters Minnesota**
  - 6 week cooking based nutrition program

- **I CAN Prevent Diabetes (ICPD)**
  - Year long class for individuals with prediabetes

- **SNAP-Ed Curriculum**
  - 6-8 week hands-on, evidence based nutrition class
Cooking matters at hcmc
How to partner with us

- Find an educator in your area at http://z.umn.edu/snapedmn
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Submit your completed form or letter to USDA by:

1. **Mail:**
   U.S. Department of Agriculture
   Office of the Assistant Secretary for Civil Rights
   1400 Independence Avenue, SW
   Washington, D.C. 20250-9410

2. **Fax:** 202-690-7442

3. **Email:** program.intake@usda.gov
This institution is an equal opportunity provider.

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at 1-800-221-5689, which is also in Spanish or call the MN Food HelpLine at 1-888-711-1151.

This resource was funded in part by USDA’s Supplemental Nutrition Program — SNAP — with funds received from and through the Minnesota Department of Human Services. SNAP provides nutrition assistance to people with low income.
Visit www.extension.umn.edu/family/health-and-nutrition/ for more information on other Health and Nutrition materials and trainings.

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Questions?

- Email: dicap002@umn.edu
- Phone: 651-263-7129
Thank you!
Hunger Relief in the Health Care System:
The Second Harvest Heartland and Hennepin County Medical Center Partnership
Second Harvest Heartland sources large quantities of food and delivers it to more than 1,000 agency partner programs (such as food shelves, shelters, senior centers) that in turn distribute this food to hundreds of thousands of families.
2015 Impact

Distributed more than 77 million meals!

53% of the food we distributed was fresh!

Recruited 30,500 volunteers who donated over 141,000 volunteer hours!
Health and Hunger in Minnesota

Second Harvest Heartland serves 59 counties in Minnesota and western Wisconsin.

We serve about 532,000 people each year. More than 33% are children 0-18 years old. 10% are seniors 60+. 

Food and Household Spending Decisions:

- 63% choose housing over food
- 81% chose inexpensive, unhealthy foods.
- 67% choose medical care/medicine over food
- 71% choose utilities over food
Proper nutrition and access to food play an important role in prevention, treatment and recovery for many health conditions, which can be challenging for high-need patients.

35% of client households have a member with diabetes.

44% of client households have a member with high blood pressure.

HCMC Patient Food Insecurity

36% of patients are food insecure

85% are on WIC

60% are eligible for SNAP
Pounds Distributed by HCMC Food Shelf

Food Distributed (lbs.)

Patient Visits (unduplicated)
Food Order Basics: Using EPIC Medical Records

- Allows providers to electronically and automatically fax a referral to Second Harvest Heartland’s outreach team via the patient’s medical records.

- Addresses patient’s long term food insecurity and seeks to stabilize their household.
How the Food Order Works

- This order can be produced by any level of HCMC staff.

- Once signed, it is automatically faxed to Second Harvest.
Food Insecurity Screening

**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).
How the Food Order Works

- Second Harvest staff and interns call referrals and screen for SNAP, WIC and NAPS, plus refer to nearest food shelves, produce distributions, community meals / SFSP sites and Fare for All

HCMC Dentistry Clinic
Hennepin County Medical Center
Minneapolis, MN  55415
612-873-6963

Visit Summary for Daffy Duck HCMCTEST (MR#3947121)

AMB100879  REFERRAL TO FOOD RESOURCES  Routine  Order#: 96705337
Order Specific Questions
Patient's preferred phone #/contact info: -> 612-555-5555
Patient would like food assistance and asks that a SNAP Outreach staff member call. -> Yes
Contact's preferred language: -> English

This order has been signed electronically in HCMC's Electronic Medical Record.
## Year One Referral Outcomes

<table>
<thead>
<tr>
<th>Total Referrals through Jan 1, 2016</th>
<th>1,003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contacted by Second Harvest Heartland Outreach <em>(after three attempts)</em></td>
<td>63%</td>
</tr>
<tr>
<td><strong>Referrals Connected to Food Assistance</strong></td>
<td><strong>629</strong></td>
</tr>
<tr>
<td>SNAP Assistance <em>(of those not on SNAP)</em></td>
<td>68%</td>
</tr>
<tr>
<td>Food Shelf</td>
<td>65%</td>
</tr>
<tr>
<td>Fare For All</td>
<td>61%</td>
</tr>
<tr>
<td>Community Meals</td>
<td>26%</td>
</tr>
<tr>
<td>NAPS / CSFP</td>
<td>10%</td>
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<tr>
<td>WIC</td>
<td>8%</td>
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</table>
Food Referrals From All HCMC Clinics by Month since December 2014

Number of Food Referrals sent to Second Harvest

Month of Calendar Year
Successes

• Majority of referrals have been connected to at least one new form of food assistance.

• Referral is electronically auto-faxed and fits into the provider’s workflow, creating a minimal time commitment.

• The Food Order connects

• Has received great support from wide range of stakeholders system.
Challenges

• The EPIC Referral Order is buried in the Discharge Navigator and does not show up automatically for HCMC staff.

• Food insecurity screening is not standardized and our attempts to have it standardized were rebuffed.

• Staff were not well informed as to where the screening questions and referral is located.

• Hospital’s administration is balancing increasing private insurance users and improving health outcomes of most vulnerable patients.
Lessons Learned for Replication

1) Building a referral does guarantee uptake. Be prepared for substantial outreach and promotion.

2) Campaign for standardized food insecurity screening at intake.

3) Invoke competition between clinics.

4) Monitor referral numbers from each clinic and communicate their progress and outcomes.

5) Interested clinics should contact the Feeding America network of food banks to find a partner in their service area:

http://www.feedingamerica.org/find-your-local-foodbank/
Due to stroke issues, it's hard to talk with others. I use a CAP phone.

I want to THANK you for the 2nd harvest program.

I go to the Community Church once a month for their food too.

The SNAP card helps in town to help with foods needed.

I'm so thankful and appreciate everyone!
Questions?

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