

# ADDRESSING FOOD INSECURITY IN A HEALTH CARE SETTING

Katy Davis  
Community Health Initiatives Director  
Hunger Free Vermont  
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***“Please let us know if either of these statements is true for your family:”***

- *“Within the last 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 did not last and we did not have money to get more.”*

*Response options: OFTEN TRUE/ SOMETIMES TRUE/ NEVER TRUE*



# BARRIERS TO ADDRESSING FOOD INSECURITY IN A CLINICAL SETTING

- Personal assumptions about who is hungry / Perception of hunger & food insecurity
- Healthcare as a key driver of health
- Many competing priorities/Time during the intake process
- Knowledge of nutrition
- Documentation process & communication = complex
- Responding to a positive screen

# DESIGNING YOUR INTERVENTION

## Key Features:

- ✓ Practitioner buy in – Food insecurity impacts health, this is something we should work on!
- ✓ Sustainable process & work flow
- ✓ Screening & intervention documented in HER
- ✓ Sound referral process
- ✓ Stigma reduction

# DEVELOPING YOUR RESOURCE REFERRAL SYSTEM

## 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)

PASSIVE

ACTIVE

Adapted from: Centers for Medicare & Medicaid Services. Center for Medicare and Medicaid Innovation. Accountable Health Communities Model. [innovation.cms.gov/initiatives/ahcm/](https://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.

# FEDERAL NUTRITION PROGRAMS

*OUR FIRST LINE OF DEFENSE*

WIC

SNAP (3SquaresVT in Vermont)

Child Nutrition Programs

## Key Features –

- All who qualify can receive these benefits
- Leverages federal funds into our states
- Promotes personal choice & autonomy
- Extensive research - associating program use w/ improved outcomes