

Addressing Food Insecurity: Three Healthcare Systems' Approach

CENTRACARE Health
Long Prairie

 CHI St. Gabriel's
Health

Imagine better health.SM

 Lakewood
HEALTH SYSTEM

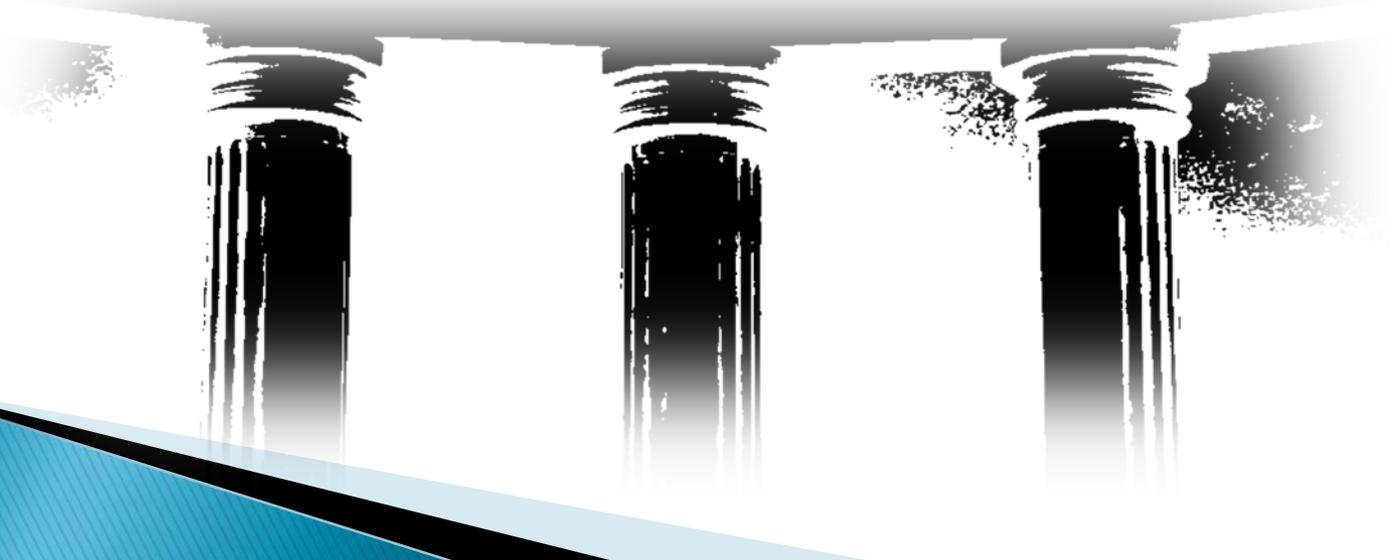
COMMUNITY HEALTH BOARD OF
MORRISON | TODD | WADENA

Health**4**Life

SHIP Statewide Meeting
July 26, 2016

Three Pillars of Food Security

- ▶ Food availability – sufficient quantities of food available on a consistent basis.
- ▶ Food access – sufficient resources to obtain appropriate foods for a nutritious diet.
- ▶ Food use – appropriate use based on knowledge of basic nutrition as well as preparation



Food Insecurity in Morrison–Todd–Wadena Counties

- ▶ 16% worried about food running out at some point in the past year
- ▶ Only 4.9% have used a community food shelf in the past year
- ▶ Even temporary food insecurity for a young child can negatively affect a child's future physical and mental health, academic achievement, behavior, social skills, and economic productivity.
- ▶ Food security is defined as, “When all people at all times have access to sufficient, safe, nutritious food to maintain a healthy and active life”

MN Food Charter

WHY WE'RE CONCERNED

The cost of obesity and related chronic diseases is worrisome.

HUNGER

35M VISITS TO FOOD SHELVES

More than twice the number of Minnesotans visited food shelves in 2013 than 13 years ago.



20% OF FAMILIES WITH CHILDREN

in Minnesota face hunger or food insecurity.

ECONOMIC IMPACT

\$2.8B OBESITY-RELATED HEALTHCARE COSTS PER YEAR

\$17B LOST PRODUCTIVITY

Lost productivity and absenteeism due to unhealthy workers/year.

HEALTH

60% OF DEATHS IN MINNESOTA ARE DIET-RELATED

The majority of deaths are from diet-related illness, like stroke, cancer, diabetes, and heart disease.



2:3 MINNESOTANS ARE OVERWEIGHT OR OBESE

Many low-income Minnesotans are obese with other diet-related problems, including 1 out of 3 young children.

HEALTHY FOOD ACCESS



MINNESOTA HAS FEWER SUPERMARKETS per capita than most states, ranking in the bottom third of states nationwide.

NEARLY 900K MN RESIDENTS including over 200,000 children, live in lower-income communities with insufficient grocery store access.

Choose Health Pilot



- ▶ Despite the strong link between food and health, hunger is rarely discussed when parents and children visit their doctor
- ▶ In February 2014, Lakewood Health System piloted a new program called Choose Health
- ▶ Funding through Hunger-Free Minnesota
- ▶ Partners included: City of Staples, Region Five Development Commission, UMN-Extension, SPROUT MN, Todd County, Central Lakes College, and the Staples Area Farmer's Market

Goals and Benefits



- ▶ Utilize food insecurity screening questions throughout Lakewood Health System
- ▶ Create a more comprehensive community referral process for food insecure individuals
- ▶ Identify the most effective referrals, both clinical and community-based, to reduce food insecurity
- ▶ Increase access to fresh, locally-grown foods
- ▶ Positively impact the overall health and well-being of participants

Screening



- ▶ Screening Questions:
 - “Within the past 12 months we worried about 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 seem to last and we didn’t have enough money to get more.”
- ▶ Families who answer "yes" to either of the questions were referred to the program.
 - 65 out of the 339 families (19%) screened responded “yes” to one of the screening questions

The Program



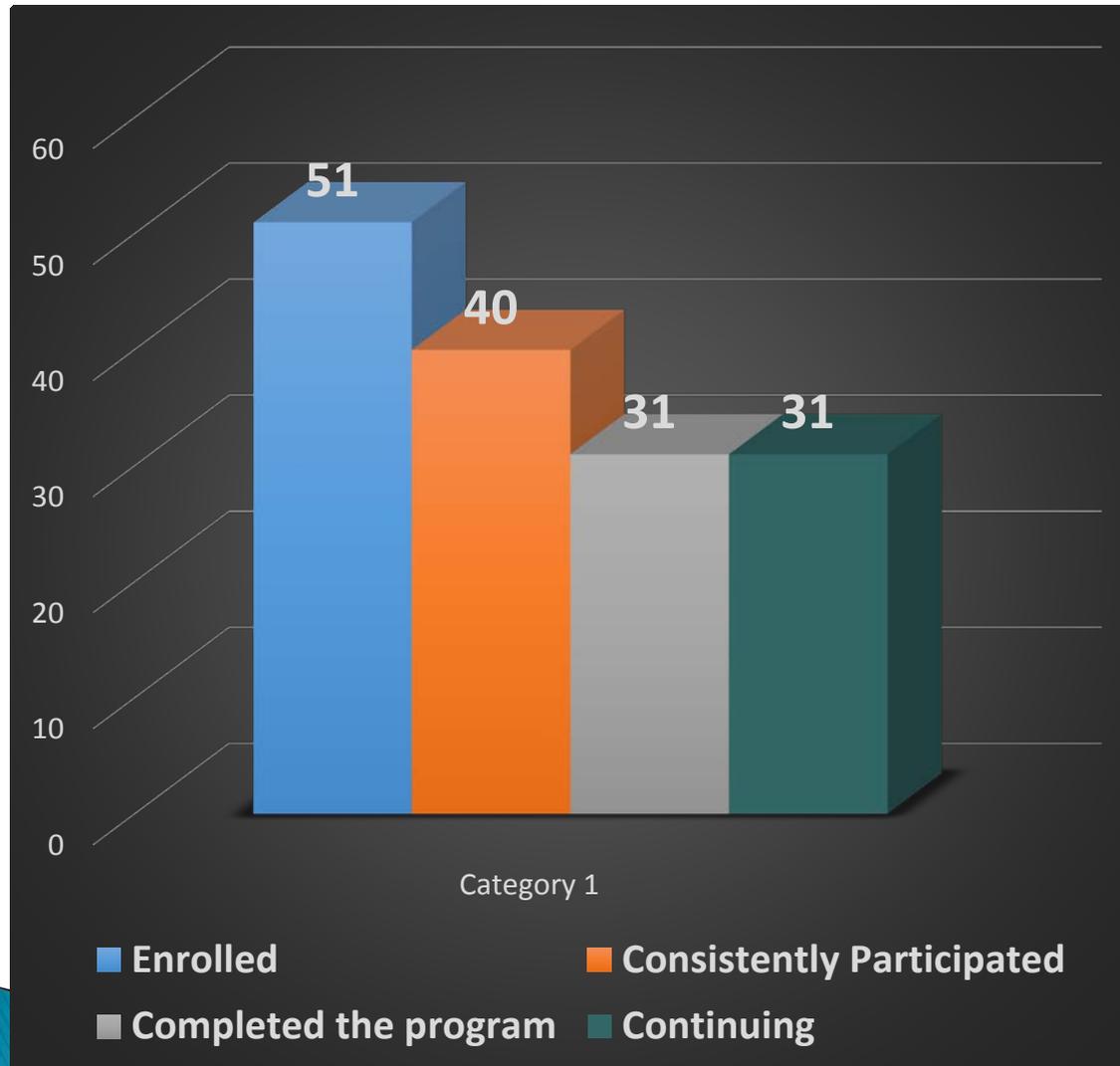
- ▶ 51 participants recruited for pilot program
- ▶ Participants received one free Community Supported Agriculture (CSA) share bi-monthly through SPROUT MN from June–October, 2014.
- ▶ Participants received pantry staples and kitchen tools.
- ▶ Cooking demonstrations were offered by UMN Extension educators and local chefs on how to prepare meals from locally grown commodities.
- ▶ Additional classes such as Simply Good Cooking and I CAN Prevent Diabetes were offered by UMN SNAP–ED Educators.

Evaluation



- ▶ Pre/Post Assessment:
 - Prior to the start of the program participants met with the program coordinator and completed a pre-survey
 - Participants' blood pressure, height, weight, and diabetes risk were screened.
- ▶ Additionally the program coordinator contacted participants weekly to remind them of the food pick-ups and completed a monthly check-in to assess barriers or issues

Participation



- 78% consistently participated
- 61% completed and continued into winter program.
- 28 completed both pre & post surveys

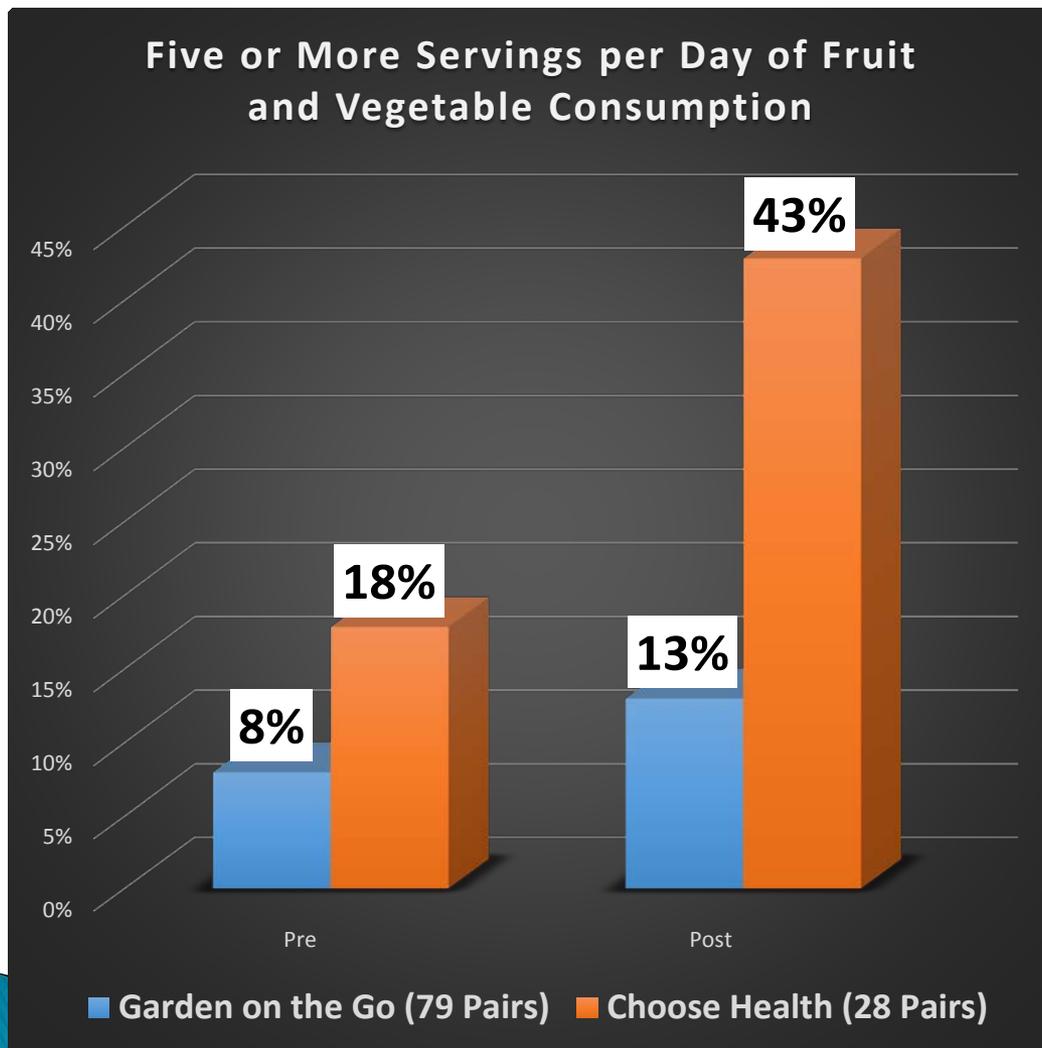
Choose Health Outcomes

(Paired Pre/Post Surveys)



- ▶ Increase in the percentage who rated their health as good or better (Pre = 57%, Post = 71%)
- ▶ Increase in fruit consumption from average of 1.6 servings to 2.6 servings.
- ▶ Increase in vegetable consumption from average of 1.4 servings to 2.0 servings.
- ▶ Decrease in average number of meals eaten while watching TV (Pre= 5.54 meals per week, Post=3.77)
- ▶ Increase in percentage eating dinner at a table with family & friends, 3 times or more per week, 53% to 68%.

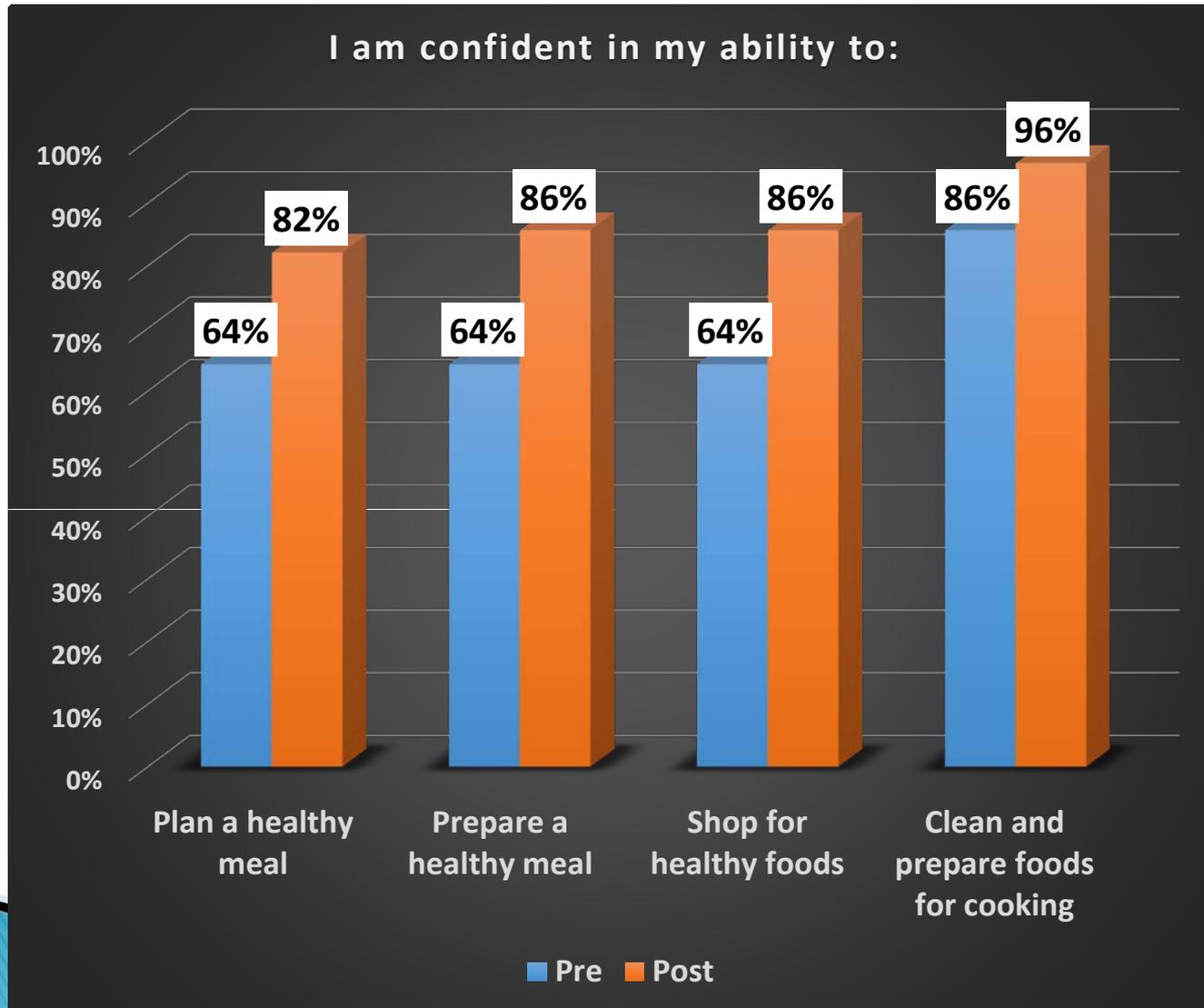
Choose Health Comparison to “Garden on the Go”



- **Hunger-Free Minnesota** requested that the results of Choose Health be compared with another program *Garden on the Go*.
- **Choose Health was nearly three times more likely to improve fruit and vegetable consumption.**

Choose Health Outcomes

(Paired Pre/Post Surveys)



Choose Health Outcomes

(Paired Pre/Post Surveys)



- Half (55%) of the participants either improved or maintained a healthy blood pressure (22% and 33%).
- 10 participants were identified through the Choose Health screening process as:
 - Pre-diabetic (7)
 - Diabetic (2)
 - Gestational diabetic (1)

Choose Health Recognition



2015 BUSH PRIZE WINNER
LAKEWOOD HEALTH SYSTEM
bfdn.org/LHS



Replication



- ▶ Choose Health program has been presented to several local, state and federal organizations
- ▶ Several health systems expressed interest in replicating the program
- ▶ Lakewood shared all program materials and met with several health care systems to outline the program and its intended impacts

St. Gabriel's Health– Little Falls

- ▶ Funding – CHI Mission & Ministries Grant
 - Received funding for 3 years
 - Created taskforce with provider champions
- ▶ Recruitment
 - 50 participants– initially well child & OB/GYN
 - EPIC build out
 - Referrals from 17 different providers; follow up when patients enrolled
 - Community referrals– school nurse, WIC
- ▶ Distribution
 - SPROUT Marketplace in Little Falls



St. Gabriel's Health– Little Falls

- ▶ Additional Strategies to Address Food Insecurity
 - Collaboration with SPROUT Marketplace
 - Community Gardens
 - Food shelf & pantry expansion



CentraCare Health– Long Prairie

- ▶ Funding – SNAP–Ed Community Partnership Grant
 - 1 year funding
 - CentraCare provided funding for CSA shares
- ▶ Recruitment
 - 25 participants– 22 Latino, Spanish–speaking
 - Community based recruitment– UMN Extension educator
- ▶ Distribution
 - New Farmers’ Market



CentraCare Health– Long Prairie

- ▶ Additional Strategies to Address Food Insecurity
 - Farmers' Market revitalization
 - Training youth leaders– Promotora model
 - Long Prairie Wellness Network



Choose Health 2016



- ▶ Funding
 - Lakewood Health System & Bush Prize

- ▶ Recruitment
 - 100 participants– families, seniors, behavioral health patients
 - 3 year commitment from participants
 - Clinic based – paper questionnaire
 - Family and friends referrals

- ▶ Distribution
 - Parking lot of Lakewood at existing Farmers' Market

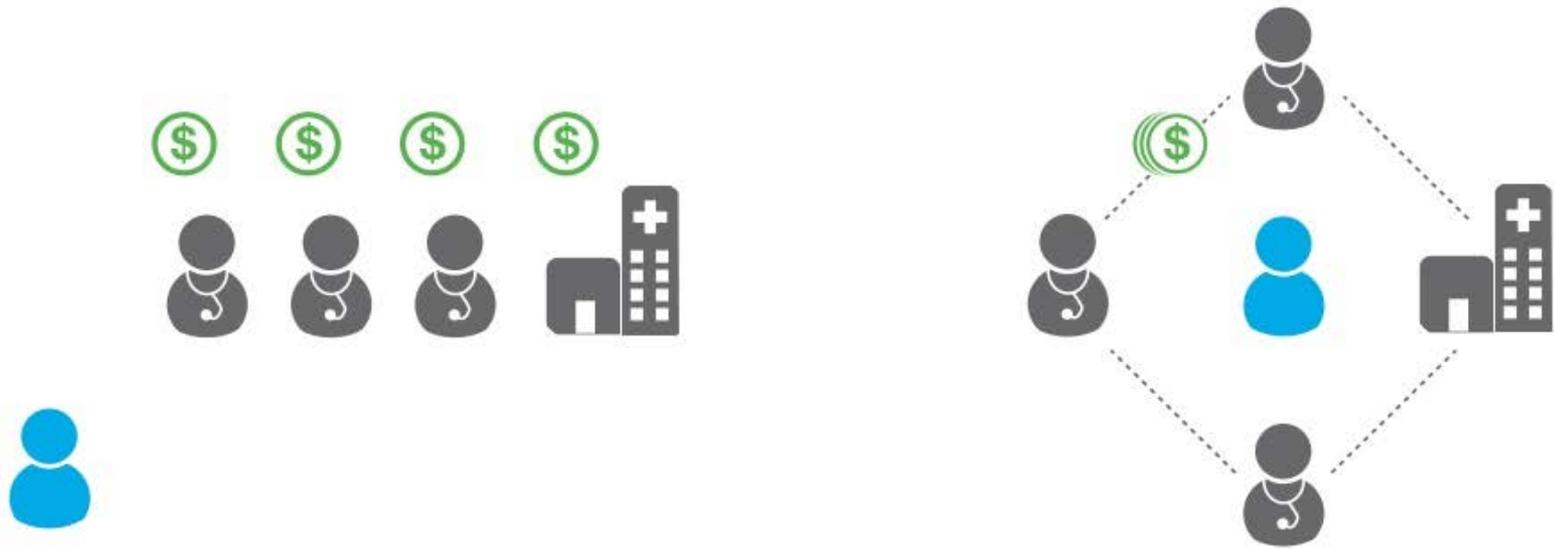
Why Should Healthcare Address Food Insecurity?

- ▶ Accountable Health Communities Model (CMS)
 - Addressing health-related social needs (i.e., food insecurity, housing) through enhanced clinical-community linkages can improve health outcomes and reduce costs.

Why Should Healthcare Address Food Insecurity?

SHIFT FROM VOLUME TO VALUE

1 2 3
VALUE



Fee-for-service

PAYMENT

Bundled, Shared Savings,
Capitated

Patient

FOCUS

Population

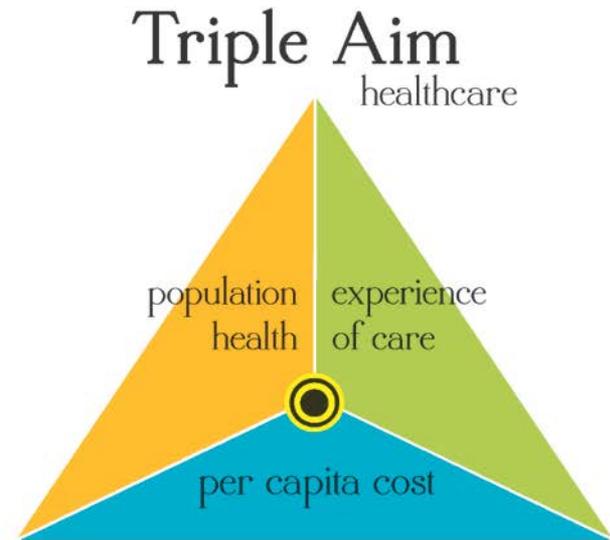
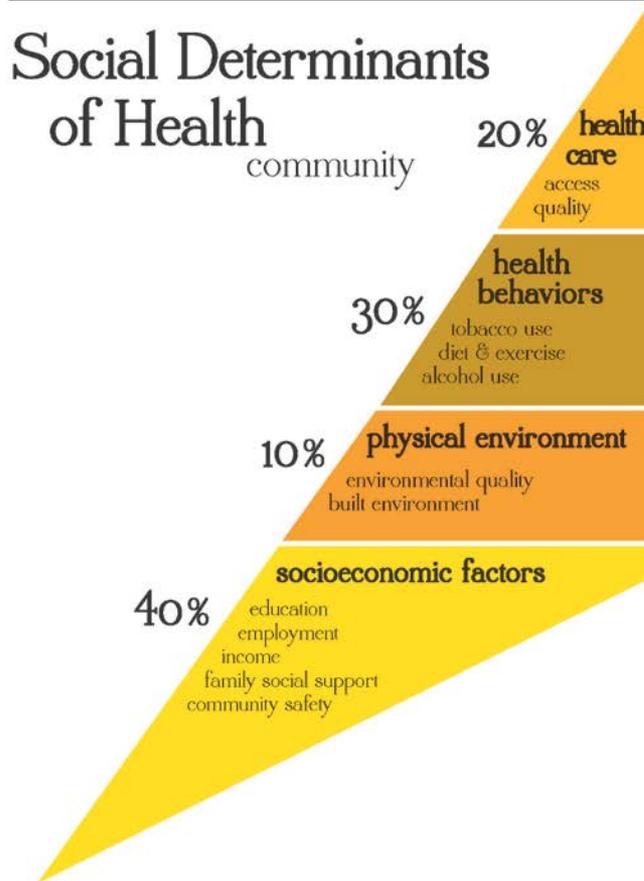
Treat

INCENTIVE

Prevent

Why Should Healthcare Address Food Insecurity?

Commons Health



— Commons Health

Questions?

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