FOOD INSECURITY AND HEALTH PILOT COLLABORATIVE CHARTER

BACKGROUND & PROBLEM STATEMENTS

- In the US, 12.5 million (17%) children under 18 lived in food insecure families in 2017; [1] fifteen million (15.5%) U.S. households were food insecure at some time during 2017;[2] Wisconsin's child food insecurity rate was 15.4%.[2]
- In June 2020, 27.5% of US households with children were food insecure.[3]
- People who visit food pantries often live at or near the poverty level,[4,5,6] and if these populations are officially poor, then they do not consistently have the money to purchase nutritionally adequate foods which can support a healthy diet, prevent illness and/or manage chronic disease.[7]
- A 2009 feasibility study piloted a partnership between a community clinic and food pantry to conduct screenings in the food pantry and provide referrals to needed resources. Results indicated that there are opportunities for food pantries to partner with clinics to promote health.[11]
- Food pantries embedded within local communities are essential to the economic well-being of individuals and families whose circumstances make it difficult to access food [8] as evidenced by frequency of individual visits to food pantries (an average of 8.5x/year).[9,10]
- Community-based organizations may have trusting relationships with individuals who routinely walk through their doors. They may have the potential to promote and sustain health, prevent disease, and address health disparities. This relationship with community members can offer the potential to better identify risk factors contributing to poor health beyond the reach of clinicians who often do not go into the community.[6] However, food pantries do not routinely assess or screen for health and social needs.[5,12]

PILOT VISION AND GOAL

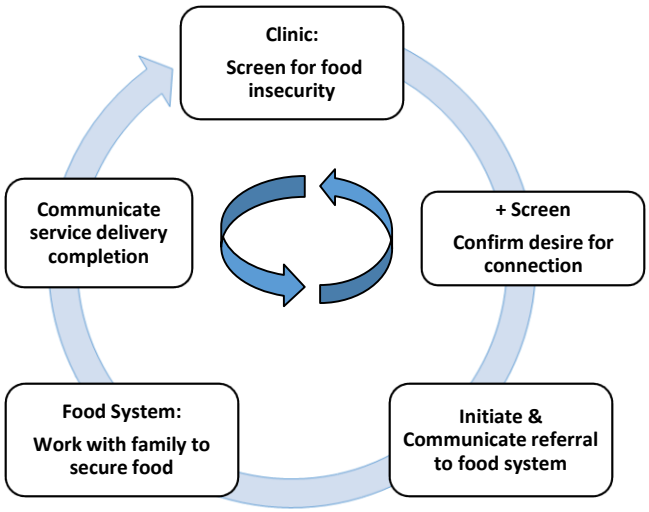
The Wisconsin Medical Home is working to advance system change across community-based organizations (CBOs) and health care systems to advance cross-sector coordination. Our **vision** is to support the development of **integrated systems of health and well-being for children and youth with special healthcare needs (CYSHCN).**

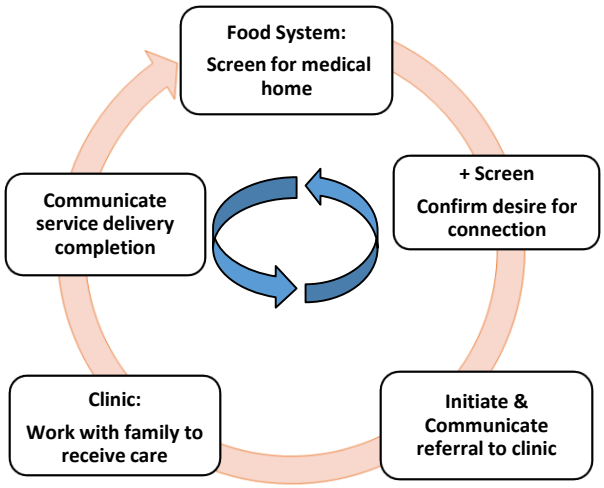
A medical home is about collaborating and good communication among providers, families and community organizations that serve families. These partnerships can ensure that connections are offered, referrals completed, and follow up results in families reporting needs met to their satisfaction.

The **goal** of the Wisconsin Medical Home 2021 food insecurity and health pilot is to strengthen communication between food pantries, food banks and primary care clinics to increase food security and the whole person health of CYSHCN. Engaging in dialogue across non-traditional partners is necessary to create a coordinated system of health for clinics and providers,

community systems and most importantly, kids and families. CBOs like food banks and food pantries have an important role in developing successful closed-loop processes with clinical partners who identify families experiencing hunger and food insecurity. All have a vital role in coordinating essential human needs and care.

CLOSED-LOOP PROCESSES ACROSS FAMILY SERVING ORGANIZATIONS

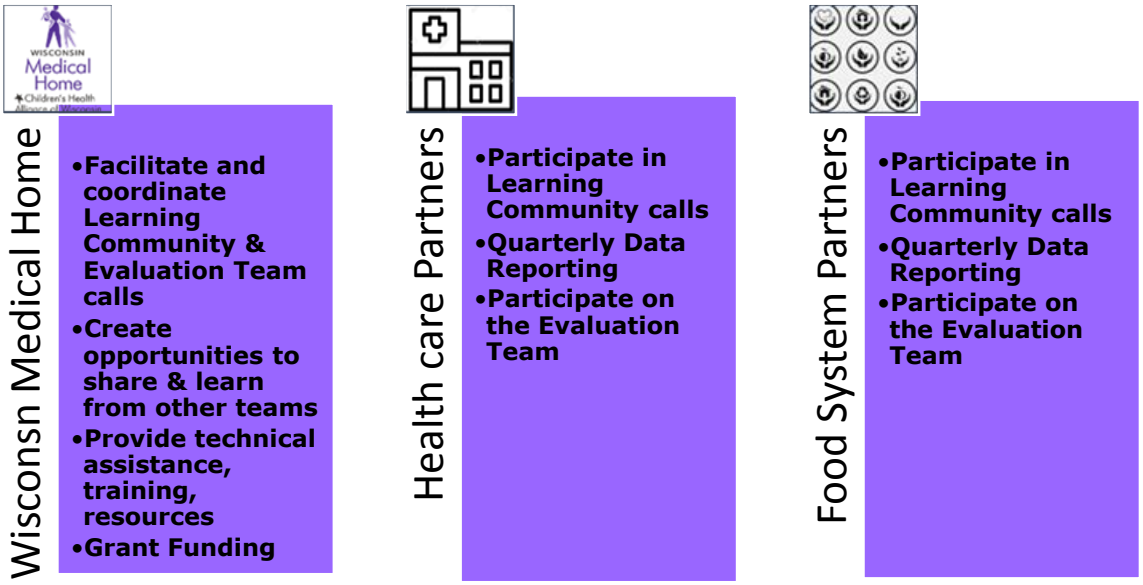




COLLABORATIVE GOAL

The Wisconsin Medical Home food insecurity and health collaborative goal is to test and develop a coordinated model across community and clinical systems that results in strengthened communication across sectors to ensure family's needs are met.

COLLABORATIVE TEAM ROLES



HEALTH SYSTEM & FOOD SYSTEM ACTIVE ENGAGEMENT AND SUPPORT

Learning Community Calls: During the pilot period, each participating organization will meet **every other month** with the WI Medical Home and food and clinic partners for 1-hour calls to advance the planning and implementation of the pilot. This will include a review of data, sharing of lessons learned and challenges in the screening, referral and closed-loop processes to determine shared progress and areas for improvement.

Data reporting: Quarterly survey completion

Evaluation Team: During the pilot period, a representative(s) from each team will participate in development of the evaluation. Meetings will include development of process and system level measures. Each team will contribute to an individual baseline assessment.

Financial support: Funding is available for enrolled teams who:

a) Participate in learning community calls every other month (1-hour)
b) Participate as a member of the evaluation team in 4 (1-hour) meetings
c) Participate in initial meeting with partners
d) Completion of quarterly surveys to track progress

LEARNING OPPORTUNITIES

Throughout the pilot period, learning opportunities will be offered where local & national experts highlight bright spots in their work.

REFERENCES

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