Building Capacity for Food and Health Systems to Partner
(The Why)

Piloting an approach to strengthen communication across food systems and medical home providers to address food insecurity and health of children and youth with special health care needs

Background:

Food insecurity is the limited or uncertain availability of nutritionally adequate and safe foods, and limited or uncertain ability to obtain acceptable foods in socially acceptable ways. Insufficient or uncertain access to food is both an acute need and a chronic issue that can negatively influence the health of children. In 2017, the rate of food insecurity for all populations in Wisconsin was 10%, and the 2018 rate in Milwaukee County was 18.7%.1 In June 2020, around 16% of households with children reported that their children were not eating enough over the last week due to a lack of resources.

Approximately 20.7% of Wisconsin children are food insecure and nearly one in five or 19.1% of Wisconsin children have a special health care need.[2,3] Children and youth with special healthcare needs (CYSHCN) are at high risk of experiencing food insecurity, and food insecurity places children at risk for adverse health conditions.

Partnerships between clinics and food pantries may support children and families connection to nutrition and a supply of food as well as to other benefits (e.g., TANF, Foodshare, utility assistance) and services (e.g., housing, legal assistance). While organizations like food pantries are important community asset, national reports and local stories indicate variation and limitations in how these organizations are engaged by local clinics and health systems.

Across Wisconsin and nationally, heath care systems are investing in technology to create a bi-directional closed-loop referral process with community based organizations. This will connect families with identified social needs to community organizations through electronic referrals. Participating community organizations will collaborate to 'close the loop' by providing an electronic verification that referred individuals have been connected to the community organization. Supports include emergency food supplies, housing and transportation, among others.

Community based organizations are well positioned to identify and connect children and youth to a primary care provider and other needed supports and services. Later phases of the pilot will test building connections from community organizations to primary care.

The food security initiative at Children's Health Alliance of Wisconsin (the Alliance) will develop and test a pilot in two communities across Wisconsin to learn how to work effectively with community-based organizations (CBOs) and the families they serve. In addition, we will test ways to bridge health care and food systems to coordinate clinical and social health services. Following the 2020-2022 pilot phase, future work may expand to address transportation, housing and others social influencers of health.

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Overview of Pilot

This pilot program will support the growing intersection of community-based organizations (CBOs) and primary care clinics. The aim is to build bridges across non-traditional partners to address food insecurity and promote the whole health of children and youth. The first site will include Children's Wisconsin primary care clinics (medical home), local food banks, and two food pantries in Milwaukee.

A second community in Wisconsin will be recruited for participation in the 2020-2022 pilot.

This pilot will begin working with food pantries and food banks to develop their capacity to respond to referrals from clinical partners, with plans to convene the clinical and food system partners. We will also consider how to work with the Regional Centers, food pantries and food banks to connect children and youth with special health care needs to primary care and other needed social health services.

Goals and Objectives:

Goal 1: Strengthen communication between food pantries, food banks and primary care clinics to increase food security and health of children

Objective 1: Develop and/or support a system of bidirectional referrals and information sharing between food pantries, food banks and medical homes by building capacity

Objective 2: Assist with relationship-building between food pantries, food banks and clinic staff members, with emphasis on understanding one another's priorities, areas of focus in working with children, youth and their families, and identifying opportunities for improvement

Operational Plan

The first several months will be important for planning and capacity building for this non-traditional type of approach. The capacity-building period will focus on build relationships and open communication between the Alliance team, food pantries and food bank partners. This may include hosting joint meetings to discuss shared priorities and opportunities for improvement; assess current work processes in the pantry, identifying champion(s) at the food pantry and food bank, education of staff (clinical and food pantry), and development of workflows in the food pantry to respond to clinical referrals of children and youth. Elements of focus may include:

- Create a process for referrals and bidirectional communication
- Data sharing & review process across food and clinical settings to determine if the screening and referral process is working for families, clinics and food pantries
- Create a process for identification of children/youth with chronic conditions, either by the medical home or CBO staff
    - Explore current processes in food pantries and food banks
- Create a process with food pantries and food banks for referral of children and youth with special health needs to Regional Centers for additional relevant supports (including connections to a primary care provider)

A quality improvement approach will be used to accelerate shared learning at pilot sites, including regular reporting on identified measures and conducting small tests of change.

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Deliverables:

- Development of work flow/work processes within food pantries to respond to clinical referrals, bidirectional communication, and referral to Regional Centers
- Increase in knowledge as reported by clinical, food system, and Regional Center staff regarding the role of health and food insecurity, and particular impact upon population of children and youth with chronic health conditions
- Development of relationships between food pantry staff and clinicians to develop successful closed-loop referral processes

References

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[3]Feeding America. Hunger in Wisconsin. Accessed on April 6, 2020 from https://www.feedingwi.org/hunger/

[4]Mattson G, Kuo DZ, AAP COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH, AAP COUNCIL ON CHILDREN WITH DISABILITIES. Psychosocial Factors in Children and Youth With Special Health Care Needs and Their Families. *Pediatrics.* 2019;143(1):e20183171

[5]Brookings Institute. Accessed on December 10, 2020 from https://www.brookings.edu/blog/up-front/2020/07/09/about-14-million-children-in-the-us-are-not-getting-enough-to-eat/