

FOOD SECURITY AND HEALTH PILOT STRUCTURE

BACKGROUND & PROBLEM STATEMENTS

- In the U.S., 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 U.S. 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

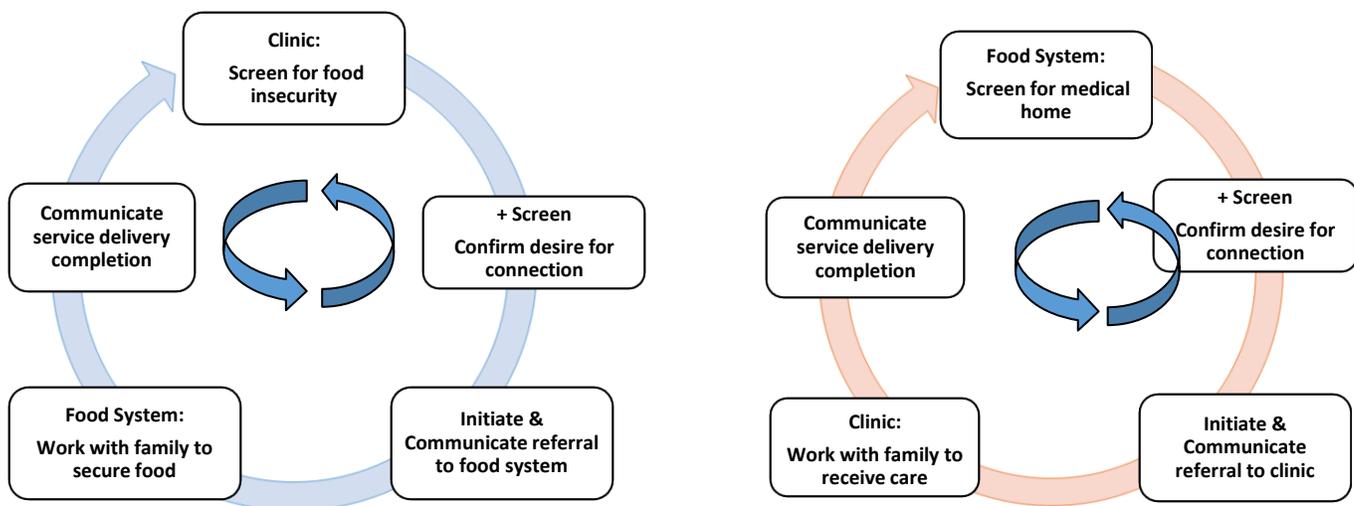
The food security initiative is working to advance system change across community-based organizations (CBOs) and health care systems to advance cross-sector coordination. Our **vision** is to support the development of **integrated systems of health and well-being for children and youth**.

It is about collaborating and good communication among providers, families and community organizations that serve families. These partnerships can ensure that connections are offered, referrals are completed, and follow up takes place – resulting in families reporting needs met to their satisfaction.

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The **goal** of the 2021 food security 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 children and youth. 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 play 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 food security 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.

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COLLABORATIVE TEAM ROLES

Food Security and Health

- Facilitate and coordinate Learning Community & Evaluation Team calls
- Create opportunities to share & learn from other teams
- Provide technical assistance, training, resources
- Grant Funding

Health care Partners

- Participate in Learning Community calls
- Quarterly Data Reporting
- Participate on the Evaluation Team

Food System Partners

- Participate in Learning Community calls
- Quarterly Data Reporting
- Participate on the Evaluation Team

HEALTH SYSTEM & FOOD SYSTEM ACTIVE ENGAGEMENT AND SUPPORT

Learning Community: During the pilot period, each participating organization will meet **every other month** with Children’s Health Alliance of Wisconsin’s (the Alliance) food security initiative, food system and clinic partners for one-hour long calls to advance the planning and implementation of the pilot. This will include structured sharing about your organization such as providing an overview of your organization, how you are staffed, funded, information you gather from patients/clients and associated processes, populations served.

Data Reporting: Annual 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 also contribute to an individual baseline assessment.

Financial Support: Funding is available for teams who:

- a) Participate in learning community every other month (one-hour).
- b) Participate as a member of the evaluation team in four (one-hour) meetings.
- c) Participate in initial meeting with partners.
- d) Completion of annual survey on collaboration.

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REFERENCES

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- ¹²Poppendieck, Janet. (1999) *Sweet Charity? Emergency Food and the End of Entitlement*. New York: Penguin Books.