

Building Food Security: From the Hospital to the Community

Creating Health Virtual Learning Series

September 29, 2022





Champions for children's health.

Your national organization dedicated to helping children's hospitals improve performance in cost, quality and delivery of care.

Children's hospitals are stronger together



Learn

46,000 children's hospital employees connected.



Collaborate

Almost 2,000 early warning signs of patient harm.



Save

Collective negotiation for \$4.5B in supply chain, pharmacy and insurance services spend.



Benchmark

2,589 data points collected through analytics programs.

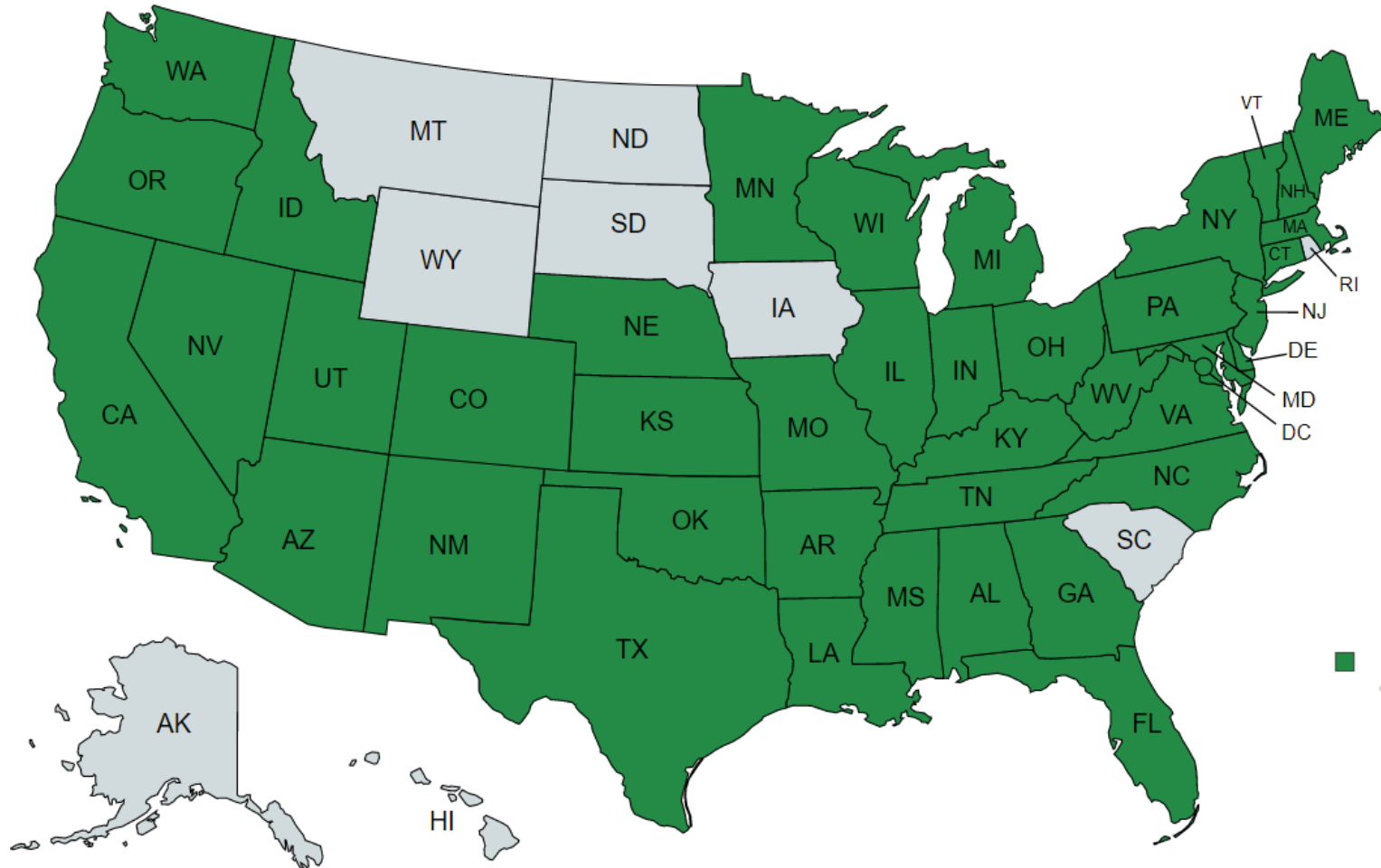


Influence

More than half of all kids rely on Medicaid and CHIP.

Registrants

Over 325 registrants **from more than 70 children's hospitals** in 41 states and the District of Columbia



Up Next: Creating Health Webinar Series

The Importance of Lived Experience in Achieving Health Equity

October 18, 2022

2 pm et

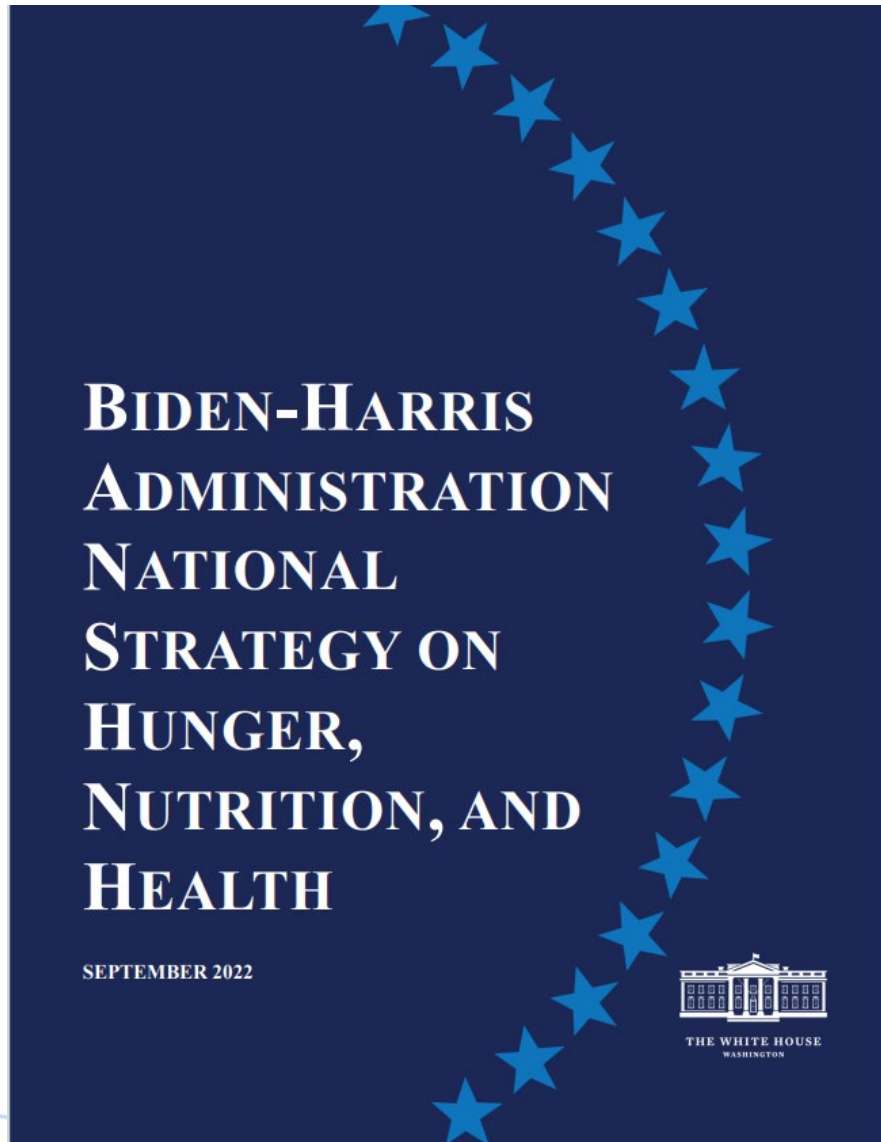
In 2021, Dayton Children's launched its new Center for Health Equity. Combined with a robust focus on health outcomes, the center aims to address health disparities through community partnerships and hospital investment.

Learning Objectives

- Explain why patient and community voice is an essential element to achieve health equity.
- Give examples of how to engage those with lived experiences in the co-design of solutions.

<https://www.childrenshospitals.org/education/events/the-importance-of-lived-experience-in-achieving-health-equity>

Addressing Hunger: A National Conversation



Dr. Ihuoma Eneli, Director, Center for Healthy Weight and Nutrition, Nationwide Children's Hospital and Mark Wietecha, CEO, Children's Hospital Association

Today's Presenters



**Jacqueline Whelan, M.N., RN,
CNL**

Director, Care Integration -
Health Management
Children's Wisconsin



**Marisha DiCarlo, Ph.D.,
M.P.H.**

Vice President, Community
Engagement, Advocacy and
Health
Arkansas Children's Hospital



Food insecurity and emergency medicine

*A transformative launching point for
social needs screening and family
support in pediatrics*

Jacqueline Whelan
Director, Care Integration
September 2022



Kids deserve the best.

HOSPITAL | COMMUNITY | HOME



Child Well Being

- Foster Care & Adoption
- Child Advocacy Centers
- Institute for Child & Family Well-Being

Care Closer to Home

- Primary Care
- Outpatient Clinics
- Urgent Care
- Surgery Center
- Dental
- Behavioral Health
- School Nurses

Care Management

- Children's Community Health Plan
- Clinical Navigators
- Data Management

Hospital

- Milwaukee & Fox Valley
- US News Ranked
- Level 1 Trauma & Surgical
- Emergency Department
- Critical & Specialty Care
- Research

Community Health & Education

- Injury Prevention
- Child Abuse Prevention
- e-Learning
- Targeted Neighborhoods
- Community Navigators
- Advocacy



The more you do something, the better you become at it.
Every year, Children's makes

1.3 million connections

with kids and families in Wisconsin and beyond.

134,100

Kids and adults enrolled in health plans

1.4 million+

Community health and safety program touchpoints

9,900

Children supported through family preservation, foster care and adoption programs

446,000

Specialty care visits

367,500

Primary care visits

71,800

Visits to our Emergency Room/Level 1 Trauma Center

26,600 Hospital visits

21,000 Surgeries



Milwaukee County

Brown
Deer

Fox
Point

Glendale

Wauwatosa

Shorewood

Milwaukee

West Allis

53217

(Whitefish Bay, Glendale, Fox Point, Bay Side, River Hills)

Life Expectancy: 83 YEARS

The 8 miles between these two zip codes equals a 12 year difference in life expectancy.

53206

(Milwaukee)

Life Expectancy: 71 YEARS

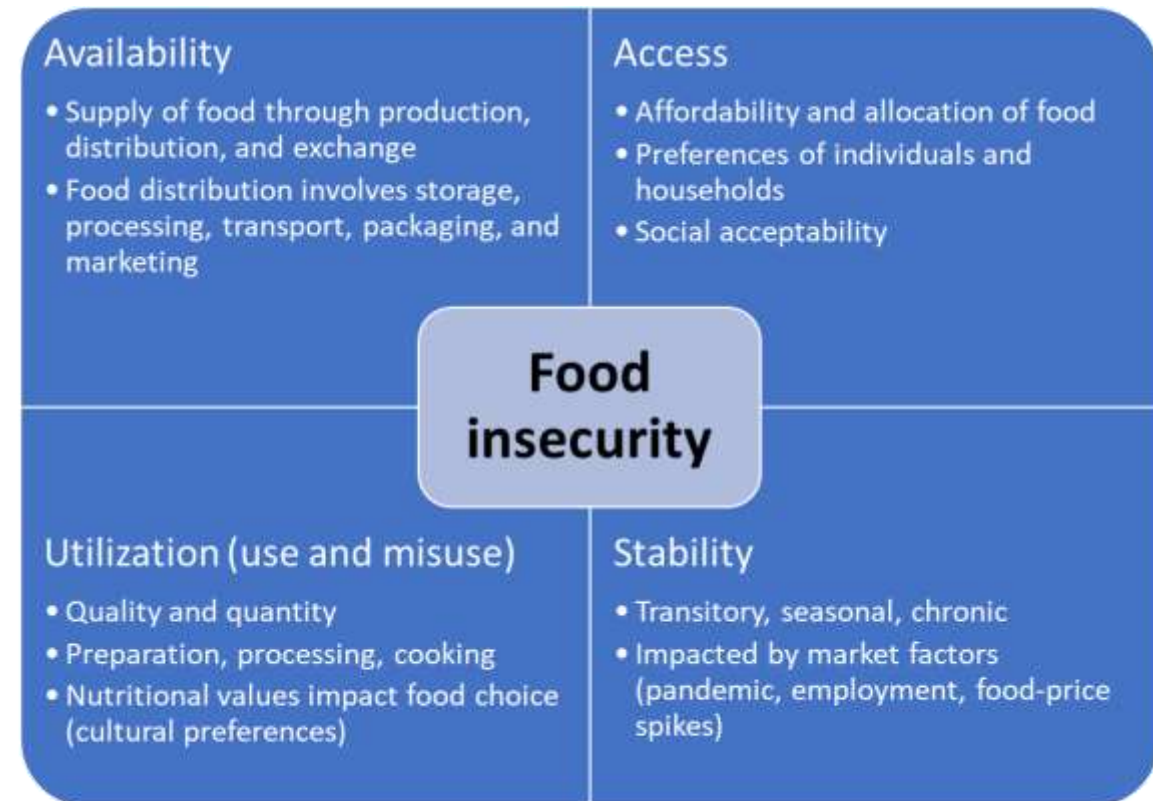
Median household
income \$24,000 (53206)
vs. \$107,000 (53217)

Source: LeCounte ES, Swain GR. Life expectancy at birth in Milwaukee County: a zip code-level analysis. J Patient Cent Res Rev. 2017; 4:213-20

Food insecurity defined



Adapted from San Diego Root Cause Coalition



Adapted from WHO and FAO pillars that determine food security

Awareness to action: grassroots operational advocacy and enablement support

Assessment of Food Insecurity in Children's Hospital of Wisconsin's Emergency Department

Laura Pabalan, MD; Rachel Dunn, MD; Kellen Gregori, MD; Emily Olson, MD; Lauren Thomas; Earnestine Willis, MD, MPH;
Pippa Simpson, PhD; David C. Brousseau, MD, MS

ABSTRACT

Importance: Food insecurity is associated with adverse health outcomes and the emergency department may be an ideal location to identify food insecure children and families.

Objective: To determine the prevalence of food insecurity in families with children that present to an urban pediatric emergency department (ED) in Milwaukee, Wisconsin.

Design: We conducted a cross-sectional survey of caregivers of children 0-18 years between June and August, 2013. The questionnaire included 2 validated statements about food insecurity and demographic and community resource questions. Participant rooms were approached during predefined shifts in an order determined by random number generation.

Outcomes: The primary outcome was the prevalence of caregivers who identified as food insecure. A secondary outcome was the percentage of food insecure caregivers who accessed community resources.

Results: We enrolled 309 caregivers; 141 (45.6%) reported food insecurity. Nearly 60% (56.8%) of nonwhite caregivers were food insecure compared to 27.4% of non-Hispanic white caregivers ($P < 0.0001$). Among caregivers who identified as food insecure, 82% reported using at least 1 community resource for food.

Conclusions: Almost half of caregivers presenting to the ED reported food insecurity. The ED is an excellent location for targeted intervention to identify and link food insecure families with community resources.

foods in socially acceptable ways.^{1,2} In 2011, 14.7% of households in the United States were considered food insecure.² Wisconsin was similar to the national average, with 13.2% of respondents reporting food insecurity between 2008 and 2012.³

Milwaukee County, the largest county in Wisconsin, contains 17% of the state's population; 46% of Milwaukee County's population is from communities of color.⁴ Between 2008 and 2012, 11.9% of households without children in Milwaukee County were food insecure. Among families with children, 19.3% of households in Milwaukee identified themselves as food insecure.⁵ Food insecurity in households with children is associated with numerous adverse outcomes, including poorer health and lower academic performance.^{6,7} These disadvantages are accentuated in families

2022 PRESIDENT'S COMMUNITY ENGAGEMENT STAFF AWARDEE

Madeline Winn, PA-C,
MPAS

Pediatrics Department, Emergency
Medicine, Children's Wisconsin

"Maddie's passion paired with her innate ability to drive action and outcomes, specifically around food insecurity, has been integral in supporting improved outcomes for patients, caregivers, and families."



Michael Levas, MD, MS

Associate Professor of Pediatrics, Director of Social Medicine,
Senior Associate Director, Comprehensive Injury Center

Locations

Children's Wisconsin, Emergency/Trauma
2003 W. Wisconsin Ave., Milwaukee, WI 53228

Education

MD, Medical College of Wisconsin, 2005
Residency, Pediatrics, University of Missouri-Kansas City
School of Medicine, 2000
Fellowship, Pediatric Emergency Medicine, University of
Missouri-Kansas City School of Medicine, 2011



Sarah Goldman MSW, APSW, CRS
Manager, Family Services,
Children and Youth with Special
Health Care Needs (CYSHCN)



28%

OF MILWAUKEE COUNTY
CHILDREN ARE FOOD
INSECURE



35,000

PEOPLE IN MILWAUKEE
COUNTY RECEIVE HELP
FROM LOCAL PANTRIES
EACH MONTH



2 OUT OF 3

CHILDREN IN MILWAUKEE
EXPERIENCE HUNGER AND
40% OF CHILDREN STATEWIDE
MEET LOW-INCOME
REQUIREMENTS FOR FREE OR
REDUCED-PRICE SCHOOL MEALS



60,000

MEALS ARE SERVED
AT MILWAUKEE SOUP
KITCHENS AND SHELTERS
EACH MONTH



Children's
Wisconsin



<https://wmjonline.org/wp-content/uploads/2015/114/4/148.pdf>

The emergency room visit iceberg

Hunger Vital Sign™

A validated tool to screen for food insecurity

Within the past 12 months, we worried whether our food would run out before we got money to buy more.

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true

Within the past 12 months, the food we bought just didn't last and we didn't have money to get more.

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true

A patient or family **screens positive** for food insecurity if the response is "often true" or "sometimes true" to either or both of these statements.

Asthma exacerbation

Food insecurity

Anxiety and depression

Language barriers

Multi-household family

Limited transportation to pharmacy

Smoke exposure

Mold in the home

No air conditioning

Behind on rent due to leaving job to support virtual schooling

The journey to sustainability

October 2020

Planning begins
Grant for cafeteria gift cards secured



Emergency Department grassroots food insecurity screening begins (12-15% of patients screened)



Children's ED team collaborates with Family Resource Center (FRC) leadership, follow-up outreach begins

iPad screening implemented



September 2022

New baseline screening 60%+ of ED patients

Medicaid HMOs and Children's Foundation support expansion of FRC follow-up team



Bed	A	Triage	Interp	SDOH
01 - RED	3	—	English	🍴
02 - RED	2	—	English	—
04 - BLU	2	—	English	—
05 - BLU	3	—	English	—
06 - GRN	2	—	English	🍴
07 - GRN	4	—	English	🍴
08 - BLU	4	—	English	—

Family and care team impact

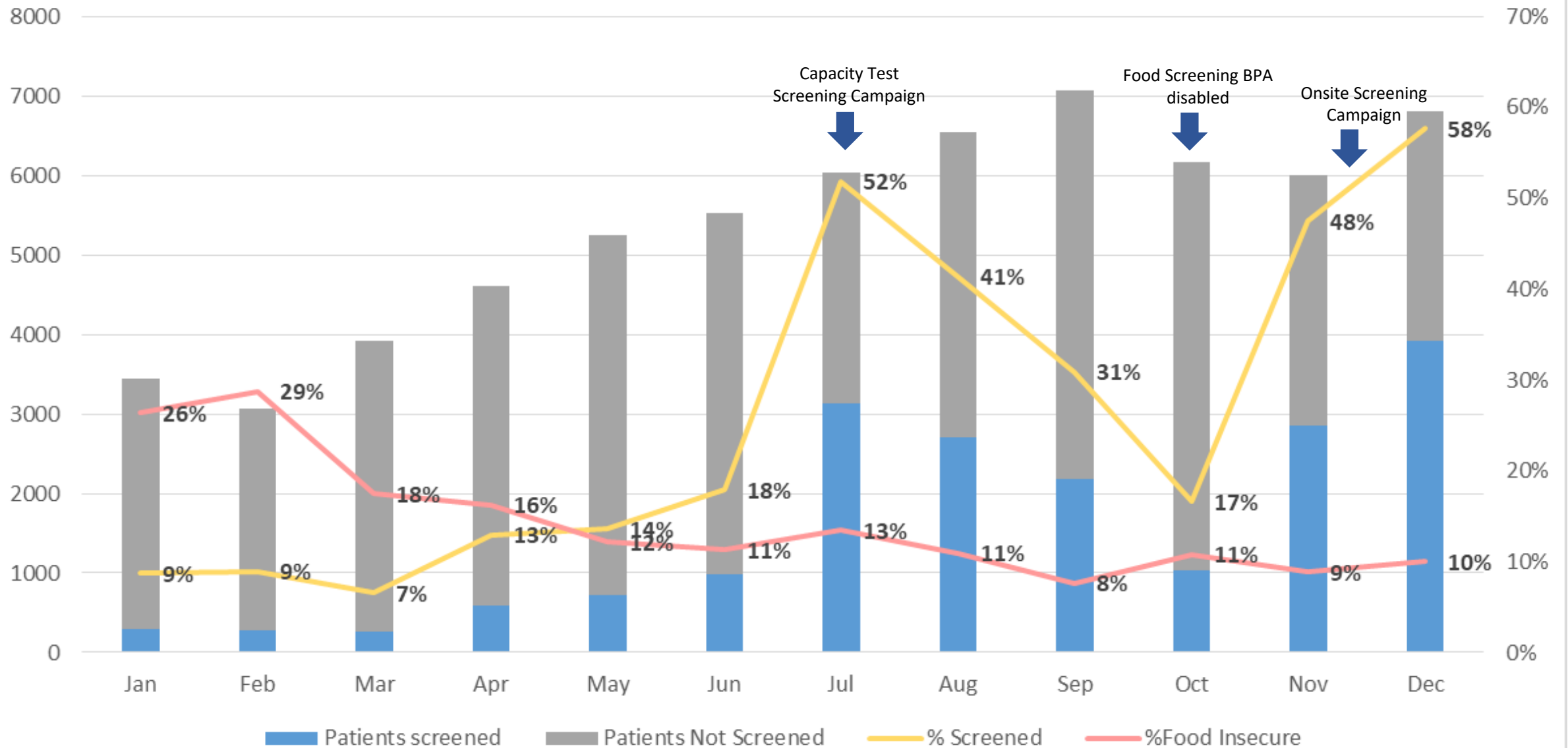
- Whole person care
- Feeling “heard”
- Building trust
- Teachable moments
- Big and small wins



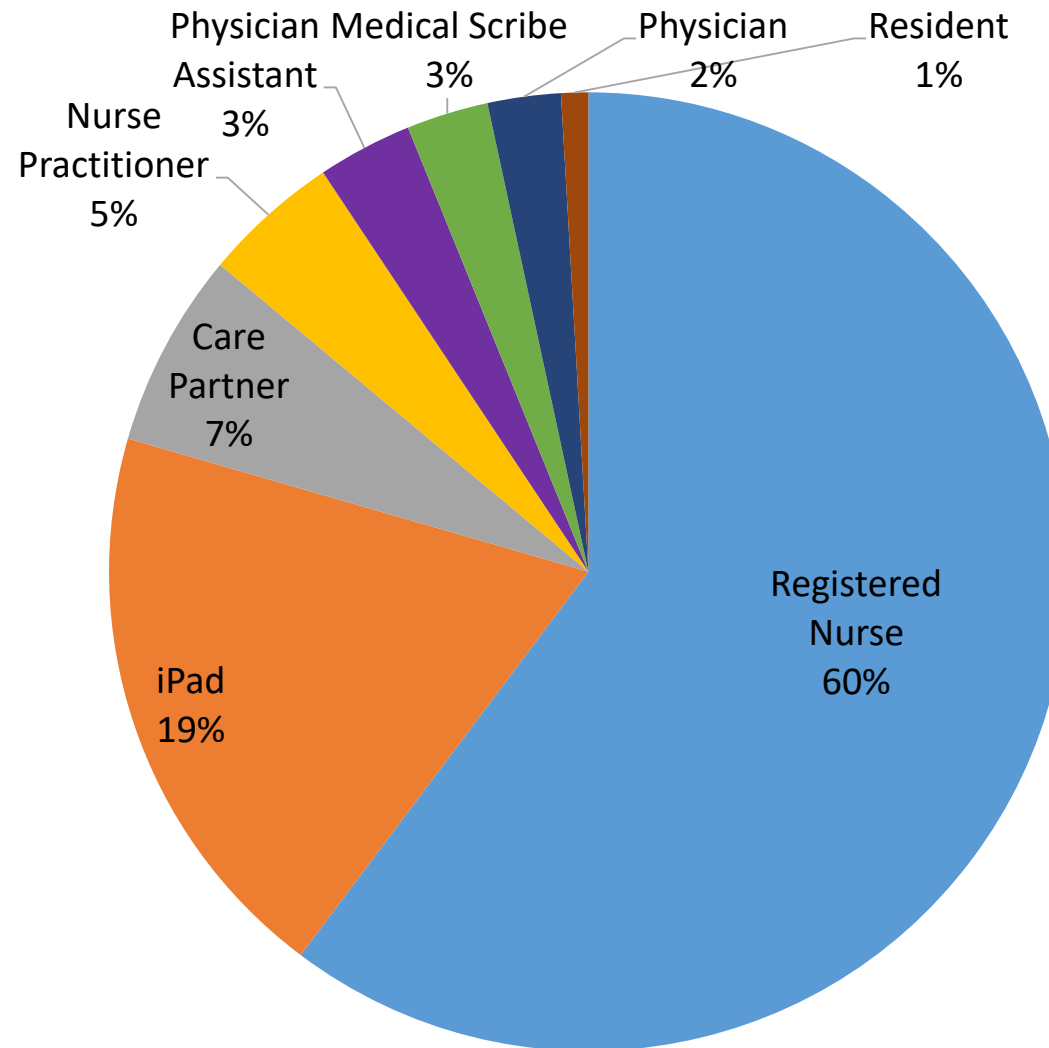
Moragne, Angela. ZipMKE 52306 Gallery.
<http://zipmke.com/>



2021 food insecurity screening and risk



Emergency room food insecurity screening by role 2021 – 2022 YTD



Information, referral and follow-up



The Daniel M. Soref
Family Resource Center



Listen

**80% outreach
success**



Connect

**900+
social health
referrals
and connections to
resources made for
families in 2021**



Close the Loop

**70% positive
outcomes**

The CYSHCN Program, Division of Public Health Wisconsin and Department of Health Services are federally funded through the Maternal & Child Health (MCH) Title V Services Block Grant, Health Services Resource Administration, and the US Department of Health and Human Services. Funding includes matching from Children's Wisconsin to support these services.

Health system, health plan, and community connections



Internal Resources



CHORUS
COMMUNITY HEALTH PLANS



Community Resources and Benefits

**The Daniel M. Soref
Family Resource Center**

Outcomes measurement and evaluation in progress

- Medical home attachment and preventive care
- Return low-acuity non-emergent (LANE) EDTC visits
- Closed loop referral rates to internal and community services
- Total cost of care
- Benefit changes and food insecurity trend impact



Nourishing Partners Program

Expansion of Children's Wisconsin's food insecurity efforts and community partnerships



Expansion of food insecurity screening and connection to resources



Primary care "take and heat" meal distribution

Community partners supporting benefits enrollment and navigation



Connecting to payer programs and services

Financial sustainability for CW and community partners via philanthropy and payer support



Food insecurity and health systems

Regulatory requirements, payer incentives and collaboration

- The Joint Commission - *The [organization] assesses the [patient's] health-related social needs and provides information about community resources and support services.*
- Medicaid MCO SDoH screening requirements
- Payers incentivizing ICD-10 Z-codes for food insecurity and housing instability
- Local MCOs making direct financial contributions to Children's food insecurity efforts

Cross-sector Partnerships and Community Information Exchanges (CIEs)

- Food banks and pantries, benefits navigation, schools, grocers, health plans, donors, etc.
- IMPACT Connect (Southeastern Wisconsin Community Information Exchange via UniteUs)



<https://impactconnectwi.org/>



Thank you!

Jacqueline Whelan MN, RN, CNL

Director, Care Integration

Children's Wisconsin

jwhelan@childrenswi.org





HOSPITALS • RESEARCH • FOUNDATION

Arkansas Children's

Marisha DiCarlo, PhD, MPH

Vice President

Community Engagement, Advocacy and Health

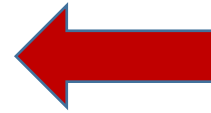




ACH 2022 CHNA Prioritized Health Needs

Primary Priorities

- Behavioral & Mental Health
- Immunizations
- Food Insecurity



Secondary Priorities

- Infant Health
- Child Abuse & Maltreatment



Sustaining Activities

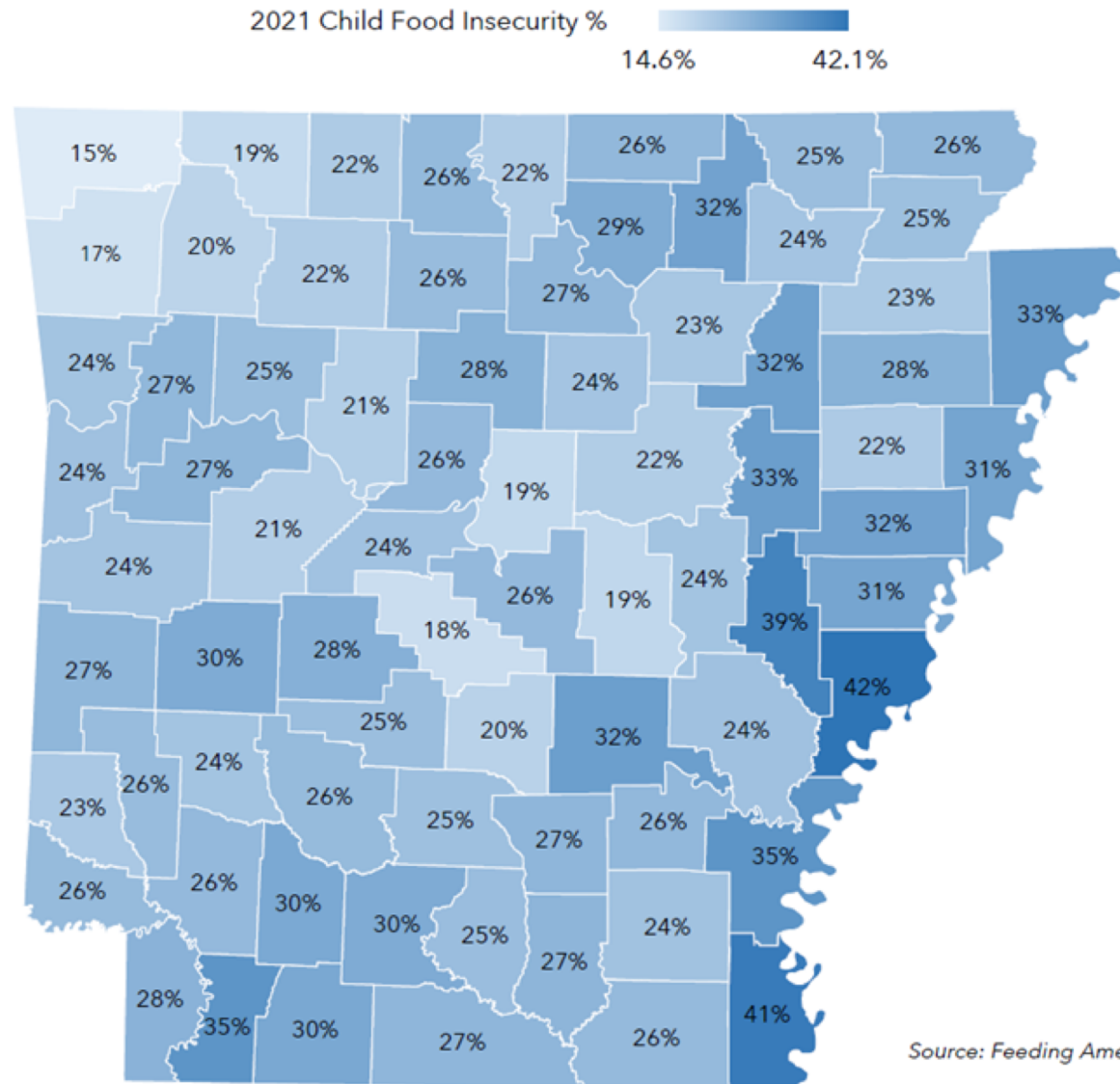
- Access to Care
- Childhood Obesity
- Injury Prevention

Intersecting Need
Poverty & Finances



Primary Priorities: Food Insecurity

Child Food Insecurity Rates



Source: Feeding America

“

*Healthy food access
and lack of nutrition
are the greatest
challenges in
improving children's
health.*

Key Informant

”

Health Disparities – Food Insecurity

Rural

6 of the 10 most rural counties have higher rate of food insecurity than the state rate (17.6%)

Racial

Two times greater in non-Hispanic Black and Hispanic households than non-Hispanic White households

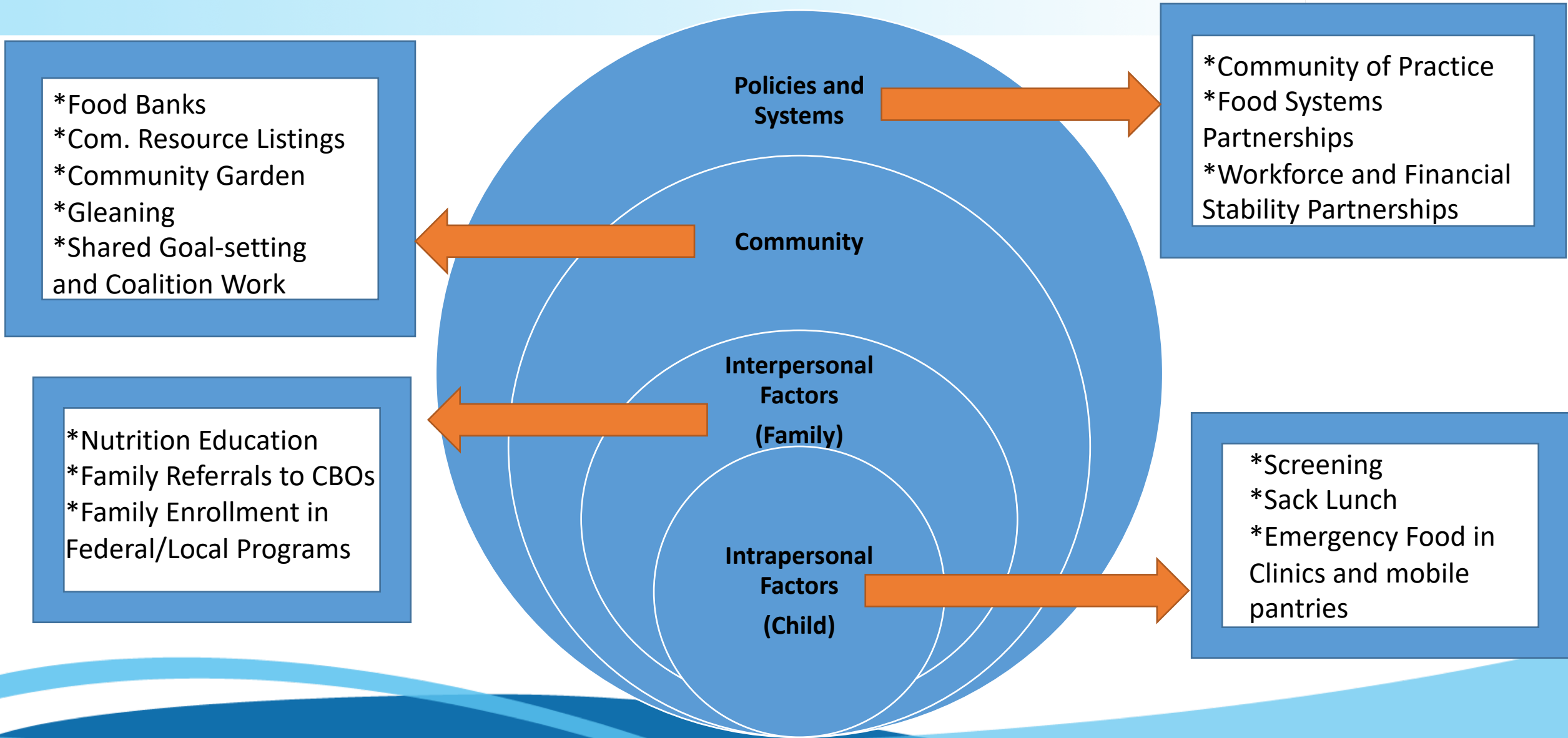
8 of the 10 counties with highest non-white population have higher rate of food insecurity than the state rate (17.6%)

Economic

Households living at less than 185% of FPL have higher rates of food insecurity than higher income households

All 10 counties with the greatest poverty rates also have higher food insecurity rates than the state (17.6%)

Socio-Ecological Interventions



Determining Interventions: Food Security Considerations

1. Does this intervention help address the Availability of food?
2. Does this intervention help address Accessibility of food?
3. Does this intervention help address the Affordability of food?
4. Does this intervention change the Acceptability of (nutritious) food?

And finally...what does success look like?

Example 1: Intra/Inter-Personal, Community, Food Systems: Centennial (Production) Garden



Photos: ACH Centennial Garden

Example 2: Community: Partnership with Apple Seeds, Inc.



GROWING
MY PLATE



Example 3: Systems: Participants in the Northwest Arkansas Food Insecurity Community of Practice

CoP uses planning, learning and evaluation to achieve a shared purpose aimed at four key goals:

- Increasing SNAP/WIC Access
- Improving equitable and inclusive healthy food access and availability
- Evaluating food recovery and distribution models
- Increasing the ability of organizations to consistently understand the system in which they operate, and to respond to rapidly changing contexts of food insecurity as a coordinated body

UAMS[®]

Community
Health & Research

The Walmart Foundation provided a grant to the UAMS Foundation Fund to establish the community of practice, which will place a strong emphasis on diversity, equity, inclusion and data-driven decision-making and evaluation.

Thank you!

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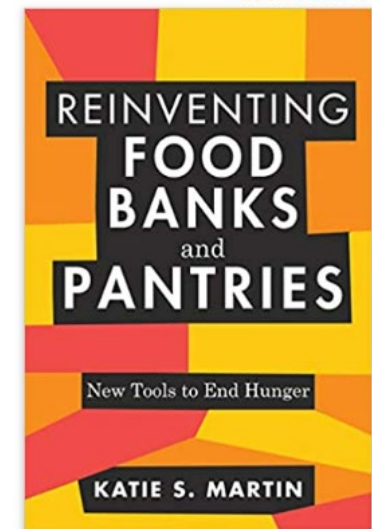


Resources

[National Strategy on Hunger, Nutrition and Health](#)

[Screen and Intervene: A Toolkit for Pediatricians to Address Food Insecurity](#)

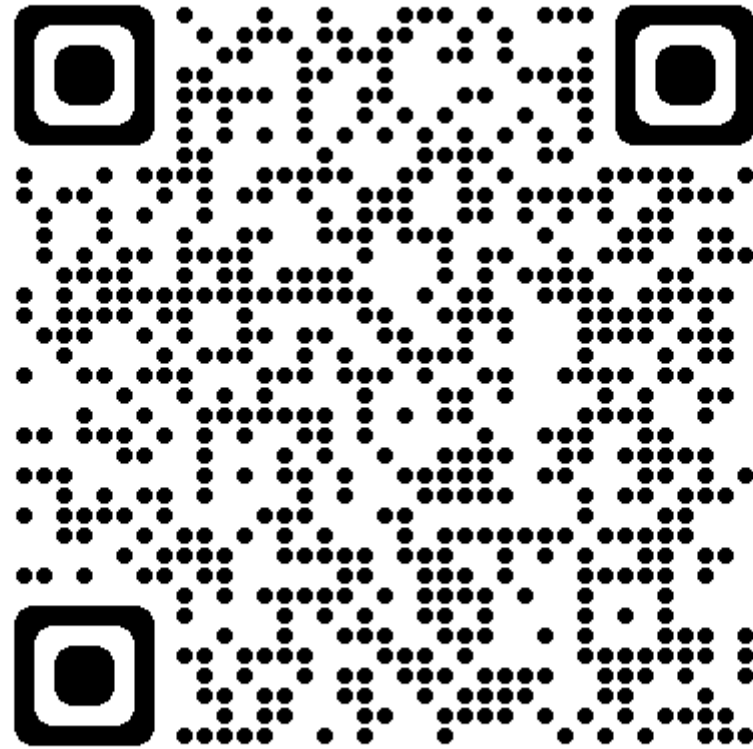
[Reinventing Food Banks and Pantries: New Tools to End Hunger](#)



What's to come?

- Nemours Children's Health will publish an SDOH *Implementation Guide* to help other health systems identify and address SDOH, such as food insecurity, and utilize SDOH data to enhance primary prevention efforts and policy work.
- CHA will be working with children's hospitals to increase the number screening for food insecurity and build the on the nutrition resources and education available.

Give us Your Feedback





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