

Santa Cruz County

Incorporating Food Insecurity Screenings
into the Safety Net Clinic Visit

Food is Health



Partners

- ◉ Second Harvest Food Bank
- ◉ Santa Cruz County Human Services Department
- ◉ Health Improvement Partnership of Santa Cruz County

Santa Cruz County Human Services Department

- Enrollment and eligibility into Medi-Cal, CalFresh, Welfare to Work
- Contracts with SHFB for outreach, education and enrollment assistance
- Benefits Collaborative

Second Harvest Food Bank

- ◉ Local food bank that feeds over 55,000 per month
- ◉ Outreach, education and enrollment assistance into CalFresh

Health Improvement Partnership of Santa Cruz County

- Promote collaboration between health care systems
- Strengthen safety net clinics
- Build systems of care

Objective

Incorporate 2 validated food insecurity questions into the clinic visit at all 13 safety net clinics and create a meaningful work-flow to link the patient to food resources

Validated Food Insecurity Questions

1. Within the past 12 months we worried whether our food would run out before we got money.
2. Within the past 12 months the food we bought just didn't last and we didn't have money to get more.

What is a meaningful referral?

- Results in a client receiving food: CalFresh, food bank, WIC
- Develop work flows with clinics that include warm hand-offs to food resources
- Providing nutrition resources to clinics to facilitate referrals: CalFresh, SHFB and WIC

Nutrition Resources in Santa Cruz County



CalFresh (formerly Food Stamps)

The CalFresh Program provides \$30 million/year in benefits to assist low-income individuals and households to purchase nutritional food. You do not have to be on welfare to get CalFresh benefits. Eligibility for CalFresh assistance, as well as the benefit amount, is based on your household's size and income level.

To apply: www.MyBenefitsCalWIN.org or GetCalFresh.org (on your smartphone)

1-888-421-8080 (7:30-5:30 Monday-Friday)

1020 Emeline Ave., Santa Cruz, CA 95060 (8-5 Monday-Friday)

18 W. Beach St., Watsonville, CA 95076 (8-5 Monday-Friday)

If you qualify for CalFresh assistance, you will receive a plastic card called an Electronic Benefit Transfer (EBT) card like a bank debit card to access your CalFresh benefits to purchase food items at most grocery and convenience stores, and local markets, as well as some co-ops and farmer's markets.

Community Bridges WIC (Women, Infants, and Children) Program

The WIC program provides checks to buy nutritious foods like fruits, vegetables, and whole grains, as well as personalized nutrition education for low-income women, infants, and children up to age 5. WIC also provides breastfeeding information and support, individualized peer counseling and referral to lactation consultants. In addition, WIC offers breast pump loans, healthy cooking demonstrations, online classes.

To apply: Santa Cruz WIC Office -1105 Water St., Santa Cruz, CA 95062 - Phone: 426-3911

Watsonville WIC Office – 18 W. Lake Ave. Suite A, Watsonville, CA 95076 - Phone: 722-7121

Second Harvest Nutrition Programs

Second Harvest supports a county-wide network of nutrition classes and food distributions that provide a safety net to people not eligible for CalFresh and WIC benefits, or who run out of food before the end of the month.

Call the Community Food Hotline to sign up: 662-0991.

1. Sign up for Passion For Produce and Food For Children which distributes healthy food and teaches nutrition once or twice per month in 67 locations county-wide.
2. The Community Food Hotline also helps families sign up for CalFresh and WIC.
3. The Community Food Hotline refers people to food distributions for seniors, families, children, homeless and disabled individuals at over 100 locations county-wide.

First Step

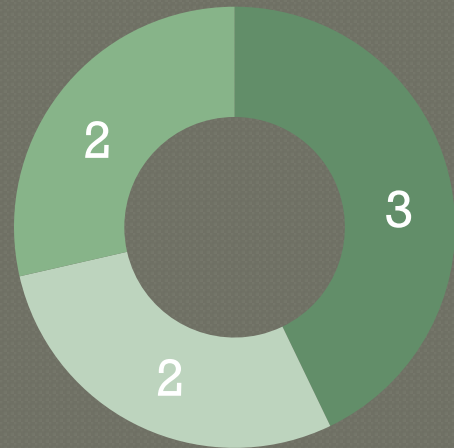
- Thirteen clinics throughout the county different work flows different client populations not all clinics have enrollment counselors
- Assess current practices
- Surveyed 13 safety net clinics

Survey Results

Of 13 Safety Net Clinics...

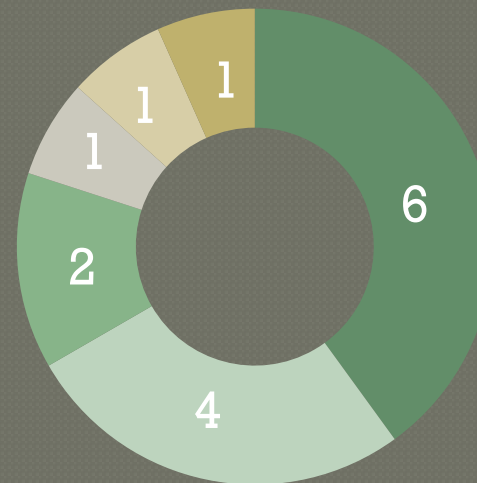
54% Screen for food insecurity

Screening takes place...



- When deemed medically necessary
- Every patient, every visit
- Annually for every patient

Screening completed by...

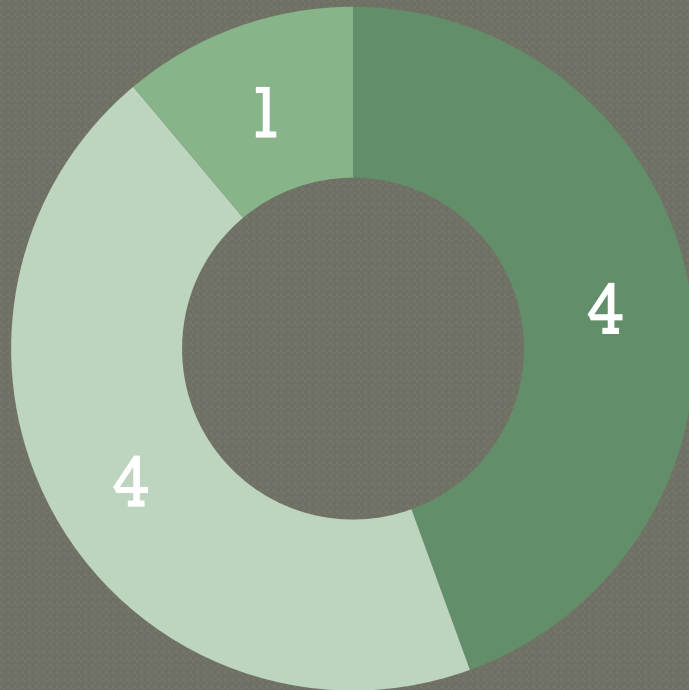


- Medical assistants
- Primary care providers
- Outreach and enrollment specialists
- Behavioral health providers
- Public health nurse
- Front office

* Of 7 respondents

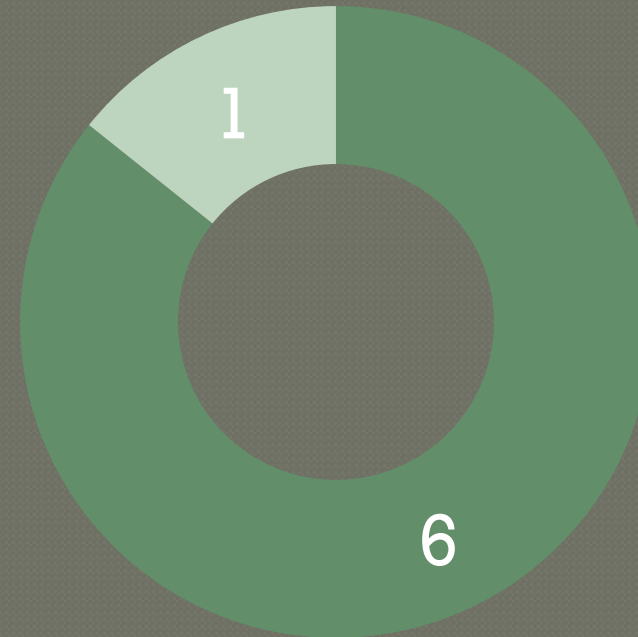
Survey Results Continued

Screening performed during...



■ Medical history update ■ Initial intake ■ The visit

Screening conducted via...



■ Verbal informal conversation
■ Consistent screening tool

* Of 7 respondents

Survey Results Continued

In a verbal conversation, what questions are asked?

- ✓ Questions about nutrition and physical activity
- ✓ Are you eating regularly? Have you skipped a meal?
- ✓ Do you have access to food/meals?
- ✓ Have you been eating well lately?
- ✓ How would you describe your meals?
- ✓ What did you eat today?
- ✓ Is there an adult in the house who isn't eating so that children can eat?
- ✓ Are you eligible to apply for Calfresh?

Survey Results Continued

Do you record the food insecurity responses in the EHR? (3 Yes, 4 No)

Those who do not record responses in the EHR, record them in the:

- Medical history form
- Progress note
- Scanned assessment
- CalFresh enrollment reports

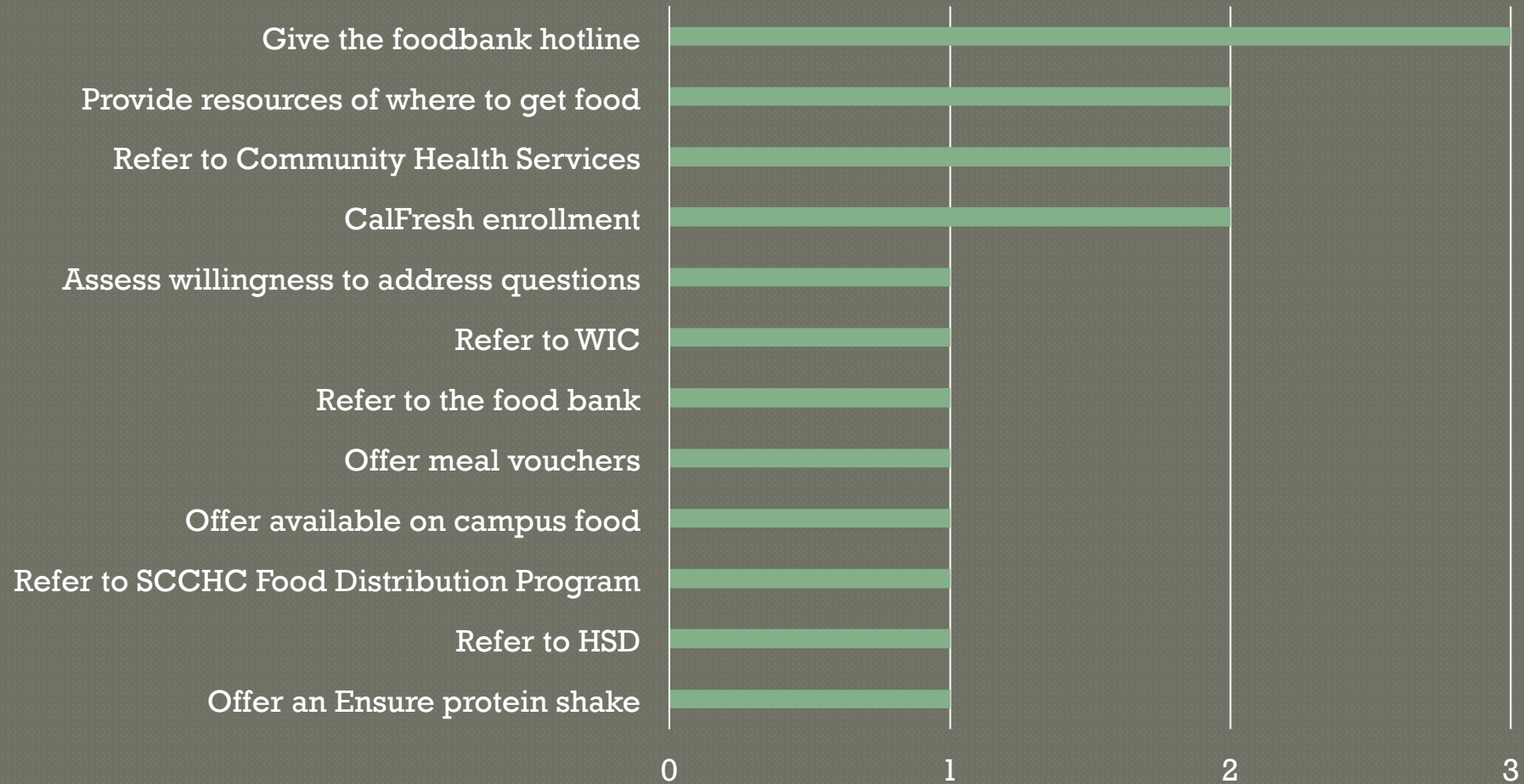
Those who do record responses in the EHR, record them equally in the:

- Progress note
- Social history section
- Free text history

* Of 7 respondents

Survey Results Continued

Actions taken in response to screening results...



* Of 7 respondents

of affirmative responses

Survey Results Continued

What barriers are there for screening for food insecurity?

- It is not consistently done
- There are many required health topics to cover in each visit
- There are no specific questions in the EHR to prompt the conversation

Survey Results Continued

Suggestions to improve screening for food insecurity and referrals for assistance...

- Create a field to capture food insecurity on a regular basis through patient registration and forms
- Have a written screening where patients don't feel embarrassed to answer "yes"
- Form a screening tool that can be digitized and integrated into patient care templates, is simple, uses less questions to achieve accuracy, and requires more frequent check-ins
- Don't be afraid to ask about food insecurity and nutrition

Second Step

○ Safety Net Clinic Coalition

- Set the stage: Hilary Seligman, MD data, SHFB services
- Review aggregate survey results
- Discussion
 1. Challenges to implementing standard screening and linking patients to resources
 2. Readiness to incorporate validated food insecurity questions and implement work-flow to connect clients to food resources

Safety Net Clinic Coalition :

Follow up

○ Challenges:

- Competing priorities (SBIRT, housing assessment, other SDOH)
- Current national political backdrop

○ Assets:

- Active MediCal Health Plan: Central CA Alliance for Health
- One clinic implementing SDOH assessment tool
- Clinics exploring alternate tools with food security questions

Strategy

- **Nutrition Plan with 3 key resources**
 - Translate into Spanish
 - Distribute to clinics to upload into EHR
 - Offer clinic staff in-service on food resources and CalFresh talking points

Focus initial efforts on:

- Central CA Alliance for Health
 - Care Management Team
- Clinic implementing SDOH screening tool
 - Understand work flows in EHR
 - Understand how data is collected in EHR

Thank You

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