Sharing Health Information to Address Food Insecurity

August 31st, 2021
9:30am to 11:00am
## Agenda

<table>
<thead>
<tr>
<th>ATTACHMENTS &amp; RECOMMENDATIONS</th>
<th>REPORTING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Webinar Logistics</td>
<td>Charlotte Reische</td>
</tr>
<tr>
<td>Setting the Stage</td>
<td>Melissa Cannon, Nourish CA</td>
</tr>
<tr>
<td>Overview/Examples</td>
<td>Jennifer Schwartz, Cal OHI</td>
</tr>
<tr>
<td>Examples from the Health Center</td>
<td>Cathryn Couch, Ceres Community Project</td>
</tr>
<tr>
<td></td>
<td>Beth Dadko, Santa Rosa Community Health</td>
</tr>
<tr>
<td>Examples from the Health Center</td>
<td></td>
</tr>
<tr>
<td>Q &amp; A</td>
<td></td>
</tr>
</tbody>
</table>
Sharing Health Information to Address Food Insecurity

New state guidance on health information sharing and steps health centers are taking to coordinate care

MELISSA CANNON, SENIOR ADVOCATE
AUGUST 31, 2021
Our Work

Nourish California helps shape the policies and programs that should connect—but sometimes stand between—people and the food they need to thrive.
In early August, more than 1 in 5 California adults living with children experienced household food insecurity.

SOURCE

www.ipr.northwestern.edu/state-food-insecurity
Addressing food insecurity with health care

Two key features of the CalAIM Initiative launching in January, 2022:

• **In Lieu of Services:** Cost-effective alternatives to covered Medi-Cal services, including medically tailored meals and medically supportive foods.

• **Enhanced Care Management:** An approach to care that addresses clinical and non-clinical needs of high-cost and/or high-need Medi-Cal members.

Learn more: [www.dhcs.ca.gov/enhancedcaremanagementandinlieuofservices](http://www.dhcs.ca.gov/enhancedcaremanagementandinlieuofservices)
A new resource to support health information sharing

The **SHIG 2.0** provides general guidance and real-life scenarios to clarify federal and state laws related to sharing of health and social services information for the purpose of coordinating care to improve health outcomes.

Today, you will hear from CalOHII how to use the new guidance and from health and social service partners who are actively sharing information to address food insecurity.
Thank You!

SUBSCRIBE TO UPDATES AT: WWW.NOURISHCA.ORG

CONTACT ME AT:
MELISSA@NOURISHCA.ORG
Thank you to our Funders and Partners!
What is the SHIG?
State Health Information Guidance

Guiding
State Health Information Guidance for California

Authoritative
Authoritative but non-binding guidance from the State of California

Clarifying
Clarification of state and federal law for non-state entities

Explanatory
When, where and why health and social services information can be exchanged

Generalized
Widely-applicable document in plain language for a general audience

Assistive
The Known Path to YES

The Known Path to YES
11/27
How Was the SHIG Created?

A Collaborative Product

**Solicitation**
Stakeholders solicited about existing obstacles

**Research**
User stories generated by Advisory Group reflect cross-industry insights and experience

**Clarification**
Clarification built around scenario-based illustrations along with general guidance

**Advisement**
Advisory Group formed to provide broad community input

**Consultation**
Patient and privacy advocacy organizations and state oversight entities (CDPH, CDSS, CDA) consulted
Why CalOHII?  
Authority and Expertise

**Authority**  
California Office of Health Information Integrity has statutory authority to interpret and clarify state law

**Experience**  
Created similar guidance for California State departments

**Relationships**  
Strong working relationships with stakeholders across healthcare industry
Who Can Use the SHIG?

Broad in Scope

Key Users

Healthcare Providers

Payers

Eligibility, Enrollment, and Program Services

Social Services

Nutrition Educators

Community Based Organizations

Food Provisioners such as Food Banks, Meals on Wheels

Caregivers and Care Coordinators

Key Users
How It Works
Authoritative Scenario-Based Guidance

- SIMPLE, STRAIGHT-FORWARD, & ILLUSTRATED
- REAL-WORLD SCENARIOS
- RELEVANT TO A WIDE RANGE OF PROVIDER SECTORS
- PLAIN LANGUAGE FOR A LAY AUDIENCE
- ALL GUIDANCE TIED TO RELEVANT STATUTES, REGULATIONS AND LAWS
General Guidance

- Food and Nutrition Insecurity Overview
- Generally Applicable Guidance
- Summary of Privacy Laws
- Who is Considered a Business Associate under HIPAA?
A business associate is a person or entity, not part of the workforce of a HIPAA covered entity, who performs certain functions or activities on behalf of, or provides certain services to, a HIPAA covered entity or another business associate. A business associate needs access to health information to perform the function or service.

The key thing to note is a business associate is a person or entity that:

- Is performing a service or activity on behalf of the HIPAA covered entity or another business associate;
- AND
- Needs health information from the HIPAA covered entity in order to perform that function or service.

Therefore, access to health information is not enough – a business associate must have a business relationship with the HIPAA covered entity.
# Table of Terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
<th>Role</th>
<th>Examples of Participants/Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Providers</td>
<td>An array of clinicians, licensed health organizations, and entities (including healthcare settings) legally defined by the Health Insurance Portability and Accountability Act (HIPAA) and the California Confidentiality of Medical Information Act (CMIA).</td>
<td>Conduct food and nutrition insecurity screening, initiate referral for nutrition programs, assist with finding appropriate services</td>
<td>Clinicians, Licensed healthcare clinics/facilities, Registered Dietitian Nutritionists, Clinical Social Workers, Nurse Case Manager, Hospitals, Community health organizations, Health clinics, Accountable Care Organizations, Long-term and post-acute care, Medical homes, Refer to Appendix 4 – Provider Definitions for a full list of professionals defined by HIPAA and CMIA as health providers.</td>
</tr>
<tr>
<td>Nutrition Educators (not health providers)</td>
<td>Non-clinical staff supporting the education of patients/people to make healthy food choices - from education to coaching.</td>
<td>Educate about general food and nutrition guidance, counsel/coach regarding ongoing nutritional needs</td>
<td>Nutrition educators, Degreed nutritionists, Health coaches – such as promotores, Health educators, Lactation specialists, Breastfeeding specialists, Comprehensive Perinatal Health Worker, Patient community education specialists, Outreach workers</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
<th>Role</th>
<th>Examples of Participants/Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligibility, Enrollment, and Program Services</td>
<td>An array of community, county, state, and federal organizations that help a person find appropriate food and nutrition services, apply for nutrition programs, determine eligibility, and enroll people into programs.</td>
<td>Assist with application process, evaluate and determine nutrition program eligibility, enroll into nutrition program, assist with nutrition program enrollment, confirm eligibility</td>
<td>Federal nutrition programs – such as Special Supplemental Nutrition Program for Women, Infants and Children (WIC), Older Americans Act Nutrition Program, and CalFresh, WIC Local Agencies, Community-based organizations, County social services departments administering CalFresh, Care Coordinators (non-clinician), Social Workers, Case managers, Navigators, Community health workers – such as promotores</td>
</tr>
<tr>
<td>Food Provisioners</td>
<td>Local organizations preparing, distributing, and delivering food products.</td>
<td>Prepare food, distribute food, deliver food</td>
<td>Food banks, Food pantries, Farms, Older Americans Act nutrition services provider, Home-delivered meals programs – such as Meals on Wheels, Food Distribution Program on Indian Reservations, Medically tailored meals programs – such as California Food as Medicine Coalition member agencies, Medically supportive food programs, Congregate meal programs, Food pharmacies, Food hubs</td>
</tr>
</tbody>
</table>
Guidance for Specific Scenarios

General Information Sharing
(Name and Contact Information)

Health Provider to Health Provider

Program Scenarios
(CalFresh, Medically Tailored Meals/Special Medical Diets, OAA, WIC)
Scenario 1 – Health Provider to Food Provisioner

Description

The health provider determines a patient is food or nutrition insecure or at risk for food and nutrition insecurity and wants to share a patient’s general information with the local food provisioner to assist the patient in accessing a nutrition program for coordination of care.

What general information can a health provider share with a food provisioner for coordination of care?

Important Scenario Guidance Assumptions:

- There is only name and contact information being shared by the health provider
- Information being shared is not covered by the Lanterman-Petris-Short (LPS) Act and is not Substance Use Disorder (SUD) treatment information
- Organizations participating in this information exchange are not subject to California Consumer Privacy Act (CCPA)
- There is no patient or patient’s representative authorization

An overview of what the information being shared by who to whom

The specific question to be answered by this scenario

A list of all assumptions being made for this scenario

Hyperlinks to definitions or other sections of the document

Scenario Title
Scenario Description: Breakdown

Scenario 1 – Health Provider to Food Provisioner

Description
The health provider determines a patient is food or nutrition insecure or at risk for food and nutrition insecurity and wants to share a patient’s general information with the local food provisioner to assist the patient in accessing a nutrition program for coordination of care.

What general information can a health provider share with a food provisioner for coordination of care?

Important Scenario Guidance Assumptions:
- There is only name and contact information being shared by the health provider
- Information being shared is not covered by the Lanterman-Petris-Short and is not Substance Use Disorder treatment information
- Organizations participating in this information exchange are not subject to California Consumer Privacy Act
- There is no patient or patient’s representative authorization
Scenario Description: Breakdown

Scenario 1 – Health Provider to Food Provisioner

Description
The health provider determines a patient is food or nutrition insecure or at risk for food and nutrition insecurity and wants to share a patient’s general information with the local food provisioner to assist the patient in accessing a nutrition program for coordination of care.

What general information can a health provider share with a food provisioner for coordination of care?

Important Scenario Guidance Assumptions:
- There is only name and contact information being shared by the health provider
- Information being shared is not covered by the Lanterman-Petris-Short and is not Substance Use Disorder treatment information
- Organizations participating in this information exchange are not subject to California Consumer Privacy Act
- There is no patient or patient’s representative authorization
## What is General Information?

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
</table>
| General Information| Refers to information about a person that is limited to the name and contact information of the person. Examples of contact information include but are not limited to:  
  - Phone number  
  - Address  
  - Email address  
  This information does not include demographic or health related information originating from a health provider.  
  [source: California Office of Health Information Integrity.] |
How to Read:
Scenario Graphic

The graphic guides the reader through the various considerations regarding information sharing.

Who are the “players” in this scenario – arrow indicates the flow of information.
Scenario Graphic: Breakdown

Graphic – Health Provider to Food Provisioner

Health Provider

Food Provisioner

Start

Health provider wants to share a patient’s general information with food provisioner

Information may be shared
How to Read: Scenario Guidance

Scenario Guidance – Health Provider to Food Provisioner

Health providers must protect all information collected from a patient regarding a patient’s medical history, mental or physical condition, treatment, or payment.

Because of the difference in how the Health Insurance Portability and Accountability Act (HIPAA) and the California Medical Information Act (CMIA) define health information, contact information alone (such as name and address) is not protected by CMIA but may be protected by HIPAA. HIPAA allows disclosure to a third party who is not a health provider for continuity of care and treatment purposes. As such, health providers are generally permitted to disclose general information with food provisioner to coordinate patient care to address food and nutrition insecurity.

[Citations: 45 C.F.R. §§ 160.103, 164.506; Eisenhower Medical Center v. Superior Court (2014) 226 Cal.App.4th 430, 436-437; HHS Guidance – “Does HIPAA permit health care providers to share protected health information (PHI) about an individual with mental health with a third party that is not a health care provider for continuity of care purposes?” (Published January 3, 2018).]

Caution! Health providers should be careful not to inadvertently disclose a patient’s health information, including that a patient is food or nutrition insecure. When general information (such as contact information) is combined with any health information (specifically related to the patient’s medical history, mental or physical condition, payment history, or treatment), it is

Citations and Related Guidance

- 45 C.F.R. § 160.103.
- 45 C.F.R. § 164.506.
- 45 C.F.R. § 164.508(a)(1).
- Cal. Civ. Code § 56.05.
- Cal. Civ. Code § 56.05(m).
Scenario Guidance – Health Provider to Food Provisioner

Health providers must protect all information collected from a patient regarding a patient’s medical history, mental or physical condition, treatment, or payment.

Because of the difference in how the Health Insurance Portability and Accountability Act (HIPAA) and the California Medical Information Act (CMIA) define health information, contact information alone (such as name and address) is not protected by CMIA but may be protected by HIPAA. HIPAA allows disclosure to a third party who is not a health provider for continuity of care and treatment purposes. As such, health providers are generally permitted to disclose general information with food provisioner to coordinate patient care to address food and nutrition insecurity.

[45 C.F.R. §§ 160.103, 164.506; Eisenhower Medical Center v. Superior Court (2014) 226 Cal.App.4th 430, 436-437; HHS Guidance – “Does HIPAA permit health care providers to share protected health information (PHI) about an individual with mental health with a third party that is not a health care provider for continuity of care purposes?” (Published January 3, 2018).]
**Caution!** Health providers should be careful not to inadvertently disclose a patient's **health information**, including that a patient is food or nutrition insecure. When general information (such as contact information) is combined with any health information (specifically related to the patient’s medical history, mental or physical condition, payment history, or treatment), it is now covered by CMIA.

*[Cal. Civ. Code §§ 56.05, 56.10(a).]*

Specialty care health providers (such as an oncologist, AIDS clinic) must consider if their specialty in combination with the patient’s general information could be considered health information under CMIA and therefore should only be disclosed with a patient or patient’s representative **authorization**. This is because the sharing of information from a specialty provider indirectly discloses information about the patient’s medical condition.

*[45 C.F.R. §§ 160.103, 164.508(a)(1); Cal. Civ. Code §§ 56.05, 56.10(a); Eisenhower Medical Center v. Superior Court (2014) 226 Cal.App.4th 430, 436-437 (in addition, refer to footnote 4).]*

If the health provider is disclosing information specific to the patient’s food needs based on a health condition, such as a heart healthy diet or low-sugar foods – this is no longer general information, it is now health information (protected by both HIPAA and CMIA) and should only be disclosed with a valid patient or patient’s representative authorization. While HIPAA allows health information to be shared for treatment with a third party who is not a health provider, CMIA does not.

*[45 C.F.R. § 164.506; Cal. Civ. Code §§ 56.05(m), 56.10(a); HHS Guidance – “Does HIPAA permit health care providers to share protected health information (PHI) about an individual with mental health with a third party that is not a health care provider for continuity of care purposes?” (Published January 3, 2018).]*
Scenario Guidance: Breakdown

Citations and Related Guidance

- 45 C.F.R. § 160.103.
- 45 C.F.R. § 164.506.
- 45 C.F.R. § 164.508(a)(1).
- Cal. Civ. Code § 56.05.
- Cal. Civ. Code § 56.05(m).
- HHS Guidance, “Does HIPAA permit health care providers to share protected health information (PHI) about an individual with mental illness with a third party that is not a health care provider for continuity of care purposes?” (Published January 3, 2018).
- Appendix 2 - Signed Release Form Requirements.
Other Resources

- Signed Release Form Requirements
- Personally Identifiable Information (PII) versus Protected Health Information (PHI)
- Provider Definitions (who is considered a health provider under HIPAA and CMIA?)
- Summary of Privacy Laws
- Definitions
- Additional Resources
Types of Information:
Personally Identifiable Information (PII) refers to information that can be used to distinguish or trace an individual’s identity, either alone or when combined with other personal or identifying information that is linked or linkable to a specific individual.

Protected Health Information (PHI) is individually identifiable health information related to a patient’s medical history, mental or physical condition, treatment, or payment.

<table>
<thead>
<tr>
<th>Data Element</th>
<th>PII</th>
<th>PHI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Past, present, future health conditions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medi-Cal enrollment status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicare enrollment status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food and nutrition insecurity screening information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WIC Referral form information – such as breastfeeding status, height/weight, etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Record Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicare Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medi-Cal Number</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Summary of Privacy Laws

## Federal

### Health Insurance Portability and Accountability Act (HIPAA)

HIPAA describes privacy, security, patient rights, and healthcare transactions requirements for healthcare entities. HIPAA sets restrictions on access, use, and disclosure.

<table>
<thead>
<tr>
<th>Item</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Citation(s)</td>
<td>45 C.F.R. Parts 160 and 164</td>
</tr>
<tr>
<td>Who is Covered?</td>
<td><em>Covered Entities: 1) health plans; 2) healthcare clearinghouses; and 3) health providers that conduct certain healthcare transactions electronically.</em> Business Associates of a HIPAA covered entity.</td>
</tr>
<tr>
<td>What information is covered?</td>
<td><em>Protected Health Information (PHI)</em>: all &quot;individually identifiable health information&quot; held or transmitted by a HIPAA covered entity or its business associate, in any form or media, whether electronic, paper, or oral. <em>Exempts educational records covered by Family Educational Rights and Privacy Act (FERPA).</em></td>
</tr>
<tr>
<td>Patient breach notification requirement?</td>
<td>YES</td>
</tr>
<tr>
<td>Patient access requirement?</td>
<td>YES</td>
</tr>
<tr>
<td>Patient amend/correct requirement?</td>
<td>YES</td>
</tr>
<tr>
<td>Limitations on disclosure?</td>
<td>YES</td>
</tr>
<tr>
<td>Respond to a subpoena?</td>
<td>YES</td>
</tr>
<tr>
<td>Private right of action?</td>
<td>NO</td>
</tr>
<tr>
<td>Liability for violation</td>
<td>Fines levied by federal oversight (U.S. Health and Human Services, Office of Civil Rights)</td>
</tr>
</tbody>
</table>

## Confidentiality of Medical Information Act (CMIA)

The CMIA sets restrictions on access, use, and disclosure.

<table>
<thead>
<tr>
<th>Item</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Citation(s)</td>
<td>Cal. Civ. Code § 56 et seq.</td>
</tr>
<tr>
<td>Who is Covered?</td>
<td>Health providers, health plans, and their contractors.</td>
</tr>
<tr>
<td>What information is covered?</td>
<td>Medical information³</td>
</tr>
<tr>
<td>Patient breach notification requirement?</td>
<td>Refer to Health Facilities and Data Breach</td>
</tr>
<tr>
<td>Patient access requirement?</td>
<td>YES</td>
</tr>
<tr>
<td>Patient amend/correct requirement?</td>
<td>NO</td>
</tr>
<tr>
<td>Limitations on disclosure?</td>
<td>YES</td>
</tr>
<tr>
<td>Respond to a subpoena?</td>
<td>YES</td>
</tr>
<tr>
<td>Private right of action?</td>
<td>YES</td>
</tr>
<tr>
<td>Liability for violation</td>
<td>Entity liability</td>
</tr>
</tbody>
</table>
A Great Beginning

The SHIG is a first step.

Ongoing dialogue will continue to improve appropriate sharing of health information.
The SHIG is for YOU!

Where you can find the SHIG:  https://www.chhs.ca.gov/ohii/shig/

Questions or Comments:  email shiginformation@ohi.ca.gov
Improving Health Outcomes with Medically Tailored Meals
Goals for Meal Pilots

- Improve health and quality of life for patients
- Develop workflows to support referrals between community health centers and CBOs
- Demonstrate value of medically tailored meals for specific target populations
- Build capacity to leverage CalAIM ILOS benefit for sustainable solutions
Pilots & Populations

- Medicaid Members with Congestive Heart Failure
  - DHCS pilot in 7 counties, ends 12/2021
  - 21 meals/week for 12 weeks + RDN visits
  - Reduce ED visits and hospitalizations

- Patients with Uncontrolled Hypertension and/or Diabetes
  - 200+ patients plus family members (Santa Rosa Community Health)
  - 7 meals/week for 12 weeks + CHW support
  - Improve control

- Perinatal Pilot
  - 60 pregnant and new moms (SRCH + West County Health Centers)
  - 4 weeks of meals, then weekly produce until birth, 4 week of meals post-partum
  - Improve birth weight and reduce pre-term labor
### Consent to Release Information

I authorize my medical providers and referring party to release information about my medical condition to Ceres Community Project and/or Food For Thought as a necessary part of medical treatment and prevention of complications.

<table>
<thead>
<tr>
<th>Patient Name:</th>
<th>Date of Birth:</th>
<th>Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Address:</td>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Patient: has stable housing:</td>
<td></td>
<td>is able to refrigerate and freeze food:</td>
</tr>
</tbody>
</table>

### Healthcare Provider only below this line

### PHYSICAL DATA:

- How many times has patient been in a hospital/ER/SHIF in last 12 months?
- Height: __ ft. __ in.
- Weight: __ lbs
- BP: __/__
- Therapeutic Diet Order (if known):
- Primary Condition: CHF (See qualifying ICD-10 codes in back): __/
- Comorbidities: Cancer: ☐
- Diabetes: ☐
- Renal Disease: ☐
- COPD: ☐
- Other: __

Please attach DC Summary or list labs and medications:

<table>
<thead>
<tr>
<th>Signature of Referrer</th>
<th>Printed Name of Referrer</th>
<th>Office Stamp</th>
</tr>
</thead>
</table>

Santa Rosa Community Health (707) 303-3600
Dr. Krumland, I believe this patient is eligible for the Medically Tailored Meal Program for Patients with CHF. If the patient qualifies and is interested, please complete the attached referral form, sign, and get patient signature. Then, create a referral in eCW. Specialty is nutrition. Select "Nutrition, CHF Medically Tailored Meals" from drop-down menu. Reason: CHF Medically Tailored Meals Nutrition. Add CHF diagnosis. Attach most recent progress note pertaining to CHF diagnosis. Provider assigns referral in eCW to MA buddy.

Action Taken: 08/25/2021 08:24:17 AM > Sent to provider with referral form attached.
CHF Medically Tailored Meals Referral
HIPAA Compliant Fax: 707-387-0898
Questions: 707-861-0602
Medical Referral Form

Ceres provides up to 24 weeks of beautiful, delicious and nourishing medically tailored organic meals to people who are medically fragile, living with acute or chronic illnesses, and lack family support to prepare meals that meet their nutritional requirements. Meals can be provided to everyone in the family.

More information can be found at www.CeresProject.org/BecomingClient.html

To Request Service

1. The referring provider meets with the potential client to discuss the program. If the patient is interested, the referrer completes this referral form and sends it to Ceres Community Project via email clientcareteam@ceresproject.org or via fax at 707-324-3825.

2. The Client Team reviews the patient information and contacts the referrer with any questions, then contacts the patient to initiate setting up service.

3. A volunteer Delivery Angel will deliver the meals to the patient's home once or twice each week.

Referral Information

PATIENT NAME (PRINT) ____________________________ DATE (month/day) ______

PATIENT PHONE (123-456-7890) ____________________________ SECONDARY CONTACT PHONE (abcefg10) ____________________________ PATIENT EMAIL ____________________________

Information About Diagnosis/Condition

Please mark or写下 any medical terms. Primary Other

CANCER .......................................................... .......................................................... ..........................................................

COPD .......................................................... ..........................................................

HEART DISEASE .......................................................... ..........................................................

CHF .......................................................... ..........................................................

DIABETES ..........................................................

OTHER. Please explain any other health issues. Please write in Hypertension if applicable.

Referrer ____________________________

Santa Rosa Community Health

NAME ____________________________

PHONE (123-456-7890) ____________________________ EMAIL ____________________________

MEDI-CAL? (If applicable)
<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
<th>I</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>PARTICIPANT INFORMATION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>enter</td>
<td>enter</td>
<td>enter</td>
<td>drop down</td>
<td>enter</td>
<td>enter</td>
<td>enter</td>
<td>enter</td>
</tr>
<tr>
<td>3</td>
<td>Date</td>
<td>First Name</td>
<td>Last Name</td>
<td>Gender</td>
<td>Pronoun</td>
<td>Birthdate</td>
<td>Home Phone</td>
<td>Cell Phone</td>
</tr>
</tbody>
</table>
Challenges & Lessons Learned

Ceres Community Project

• Managing the flow of referrals – being clear about how many you can take per week
• Funding – who pays for the services
• Lead for each agency – who to contact with questions or missing information
• Weekly check in meetings to start – what’s working and what needs to be adjusted

Santa Rosa Community Health

• Build a system to identify patients- don’t trust lists from partner organizations
• Make the referral process as easy as possible for Providers
  • Prefill out forms
  • Align the process with already familiar processes
  • Provide instructions in messages
• Build on momentum
Food as Medicine – Universal
Food Insecurity Screenings &
Referrals in Contra Costa County

August 31, 2021

LaLisha Norton
Food Bank of Contra Costa
Food as Medicine program GOALS

1. Improve Food Security & Access to Healthy foods
2. Improve Nutrition Education
3. Improve Health Outcomes of chronic diseases
WHO is the Food as Medicine Collaborative in Contra Costa (started Jan 2017)

Public Health
Health Centers & Clinics
Nursing
PRIME (Diabetes)
Group Medical Visits
CCHP
Reducing Health Disparities
Health Leads
PLUS….. Community Partners!
WHY Universal Food insecurity Screening & Referrals?

- High rates of food insecurity in CCH patients
- Food insecurity linked to poor health
- BIPOC communities disproportionately affected
Patients in our community health center MORE FOOD INSECURE, and worse with pandemic!

- National USDA data = 12% are food insecure
- Contra Costa county = 12% overall are food insecure

- OUR patients:
  - October 2016 Survey of Concord Health Center patients = over 40%
  - West County Health Center = over 60% named food as #1 needed resource
Food insecurity linked to Poor Health

- Food insecurity linked to unstable eating patterns →
  - Consumption of higher Calorie, Low nutrient choices
  - Binge-eating
  - Overeating when food is available

Leads to Poor Health Outcomes
- Obesity
- Diabetes
- Hypertension (20% more reported)
- Hyperlipidemia (30% more reported)

Holben, 2010; Lee et al., 2012; Olson, 2005
Food Insecurity linked to Poor Health

More illness

- Children with FI are 152% more likely to be in fair or poor health from childhood to adulthood.

- Higher rates of poorly controlled DM needing insulin, and this persisted even after 2 years (study at multi-center FQHC).

- Related to increased ER visits.

Food insecurity is a Health Disparities Issue

• Ethnic minority groups (Latino, African-American, and Pacific Islanders), immigrant groups, disabled groups, and low-income groups are disproportionately affected.

• From 2014 USDA data, 22% of the US Hispanic population was food insecure, much higher than the national average of 14%.

• Data from San Diego FQHC predominantly Latino patients, found food insecurity rates above 70%.

-http://calag.ucanr.edu
Solutions to improve food security for our patients

#1 SCREEN Patients for Food security at clinics, and refer if positive

#2 REFER Patient that consent to contact from the Food Bank
- For CALFRESH enrollment
  - Only 70% eligible for CALFRESH in California are enrolled
- Give Community FOOD RESOURCES

# 3 FREE PRODUCE pick ups at clinics
#1 Food Security Screening

- **Who:** All Clinic patients & Hospital admissions

- **HOW:** Nursing asks **2 QUESTION HUNGER VITAL SIGN on Intakes.** Questions embedded in EPIC under SDOH (Social Determinants of Health) Tab
#2 Food Security Referral to Food Bank

- If Patient screens positive, then 3rd question is triggered, asked patient if they want to be contacted by the Food Bank for help

- Food Bank receives encrypted email weekly from our IT team (automated)

- Food Bank contacts patients and offers CALFRESH/Food Resources
#3 Free Produce at Clinics

1. Community Produce Program
   - FREE Fruits and Vegetables, No ID required
   - Pittsburg (PHC), West County (WCHC), Martinez (MHC)

2. Mobile Farmer’s Market
   - Currently at WCHC
   - Accepts CalFresh & Market Match
   - Plans for expansion to Brentwood (BHC), Antioch (AHC), BayPoint (BPHC), Pittsburg (PHC) and North Richmond
Impact: Opening day 5/13 at WCHC, 200 people attended the produce drop off, and 6 families pre-screened for CalFresh!
MOBILE FARMERS’ MARKET
EVERY MONDAY IN SAN PABLO
STARTING MAY 1ST

8:30am - 10:00am  Wanlass Park  •  21st and Rivers
10:15am - 12:15pm Contra Costa College  •  2600 Mission Bell Dr, next to the Student Administration Building
1:00pm - 2:00pm  San Pablo City Hall  •  13231 San Pablo Ave
2:15pm - 3:15pm  West County Health Center  •  13601 San Pablo Ave

A PROGRAM OF WE ACCEPT EBT!
Fresh Approach FRESHAPPROACH.ORG @FRESHESTCARGO
FRESHESTCARGO
THANK YOU!  QUESTIONS?
Questions are the path to learning