Welcome! The webinar will start shortly.

Food and Healthcare Strategy Webinar

February 9, 2018
9:30 AM – 10:30 AM

Some housekeeping items:
• This session will be recorded
• If you need technical assistance, please type into the chat box or email leah.barth@iphionline.org
• For best sound quality, please mute audio from your end when not speaking

Participant Control Panel

Show or Hide Control Panel: Expand or minimize the Control Panel.

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Chat Box: Submit questions and comments.
ALLIANCE FOR HEALTH EQUITY

Food and Healthcare Strategy Webinar

February 9, 2018
Agenda

I. Introduction

II. Snapshots of Current Healthcare and Food Access/Food Security Initiatives
   • Access Community Health Network
   • Cook County Health and Hospital System
   • Proviso Partners for Health / Loyola
   • Presence Saints Mary and Elizabeth Medical Center
   • Rush University Medical Center & Rush Oak Park

III. Discussion and Input on Key Collaboration Opportunities
   • Outcomes and data
   • Innovative finance and funding
   • Food distribution channels
   • Capacity and infrastructure needs for community referrals
   • Policy and advocacy
   • Other key topics?

IV. Wrap-up and Next Steps
   • In-person meeting to be rescheduled for March or early April
Introduction

Jess Lynch, Illinois Public Health Institute (IPHI)

healthimpactcc.org
Food insecurity rates in Cook County

Number of Fruit and Vegetables Consumed per day in 2013, Cook County

- 5 or more: 17%
- 3 to 4: 31%
- 1 to 2: 44%
- Fewer than 1: 8%

Poverty Rates in Cook County, by race/ethnicity, 2010-2014

- African American/black: 30%
- Hispanic/Latino: 22%
- Asian: 14%
- White: 11%

Prepared on 9/16/2016 by the Greater Chicago Food Depository, TM
Alliance for Health Equity

Vision: Improved health equity, wellness, and quality of life across Chicago and Cook County

Collective Purpose

Improve population and community health by:

- Advancing health equity
- Capacity building, shared learning, and connecting local initiatives
- Addressing social and structural determinants of health
- Developing broad city/county wide initiatives and creating systems
- Engaging community partners and working collaboratively with community leaders
- Developing data systems for population health to support shared impact measurement and community assessment
- Collaborating on population health policy and advocacy

30+ Hospitals
6 Local Health Departments
100+ Community Based Orgs
IPHI as Backbone Organization

Collective Impact!
Alliance for Health Equity Structure

**Steering Committee**
Provides oversight and guidance for the Alliance for Health Equity and ensures alignment with its purpose, vision, and values.

**Backbone Organization (IPHI)**
Coordination of the various dimensions and collaborators involved.

**Stakeholders and Community Groups**
Work across sectors and across communities. Ensures alignment and connection of Alliance for Health Equity activities with community health needs and resources.

**Data and Policy Committees**
Assists committees and workgroups on various projects as needed and develops methods for information sharing and alignment of policy agendas.

**Committees**
Social and Structural Determinants of Health & Mental Health and Substance Use Disorders
Alliance for Health Equity - Interconnected Priorities

Social and Structural Determinants
- Community safety
- Food access and security
- Housing and health
- Workforce and economic development
- Access to care and transportation

Cross-Cutting Priorities
- Structural racism and structural inequities
- Trauma-informed
- Systems to screen, refer, and connect to care
- Chronic disease prevention
- Capacity building
- Youth development

Mental Health and Substance Use Disorders
- Trauma-informed care
- Integrated care
- Stigma reduction
- Coordination of Mental Health First Aid
- Addressing opioids
Framing the Conversation:

**Food Security** exists when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life. (Food and Agriculture Organization (FAO) of the UN)

**Food Justice** is communities exercising their right to grow, sell, and eat healthy food. Healthy food is fresh, nutritious, affordable, culturally-appropriate, and grown locally with care for the well-being of the land, workers, and animals. Food Justice seeks to establish healthy, resilient communities with equitable access to nourishing and culturally appropriate food. (Just Food and Multnomah Food Policy Council)
There are many cross-sectoral opportunities.

Framing the Conversation:

Production (growing, harvesting)

Processing (processing, packaging)

Distribution (aggregating, transporting, warehousing)

Consumption (preparing, preserving, eating)

Waste Management (surplus reuse, recycling, disposal)

Food System

Sources: Windsor-Essex Food Policy Council & Kansas City Food Policy Coalition


Source: Kaiser Permanente. Democracy Collaborative Website

Center for Total Health

Total Health Impact

Procurement & Supply
Health Care Services
Investment/Treasury
Technology
Environmental Stewardship
Facilities
Communications
Government Relations & Advocacy
Labor Mgmt Partnership
Community Benefit
Human Resources
Research

Prep, prep, prep, retail & wholesale, growing/harvesting, can also include growing/harvesting (surplus reuse, recycling, disposal)
• Talya Hellman, Access Community Health Network
• Kathy Chan, Cook County Health and Hospitals System
• Lena Hatchett, PhD, Loyola Stritch School of Medicine and Proviso Partners for Health
• Nick Groch, RD, LDN, Presence Saints Mary and Elizabeth Medical Center
• Christopher Nolan, Rush University Medical Center and Rush Oak Park Hospital
Strategy Snapshot

Access Community Health Network – Food for Health

Talya Hellman
Manager, Planning and Development
Access Community Health Network
About ACCESS

- Operates **36** community health centers across Chicago, suburban Cook and DuPage counties
- Serves more than **181,000** patients annually
- Patient demographics reflect the communities we proudly serve each day:
  - **52%** are Hispanic
  - **30%** are African-American
  - **86%** live at or below the 200 percent of the Federal Poverty Level
- Recognized as a **Level 3** Patient-Centered Medical Home by NCQA
ACCESS’ Food for Health: Program Overview

Evidence-based approach to screening:
• Screened at every patient visit
• Conducted by medical assistant (M.A.)

Connection to SNAP and community food resources:
• Assistance with SNAP enrollment onsite at ACCESS health centers
• Community resources: Local food pantries and Greater Chicago Food Depository FRESHTruck events at select ACCESS health centers

Nutrition counseling and clinical documentation:
• Provider receives a best practice advisory (BPA) through EHR to add food insecurity to the problem list and provide counseling
• Patient receives after visit summary (AVS) with education, pantry locations, FRESHTruck events and prescription

Meal delivery pilot for high risk patients:
• Pilot with 40 patients who have screened food insecure and receive care coordination services
• Patient receives once a week delivery of 7 frozen meals produced and delivered by the Greater Chicago Food Depository. ACCESS purchased appliances (microwave/fridge) if needed by the patients.
ACCESS’ Food for Health: Screening Results

Food Insecurity Screenings by Month

75% of Patients Screened
69% of Visits Screened
2% of Patients Food Insecure
ACCESS’ Food for Health: Impact

34,959 household members have been served by FreshTruck’s ACCESS events since August 2015.
ACCESS’ Food for Health: Healthy Meals Delivered

- Launched six-month pilot service in January 2018
- Currently, 34 patients enrolled and receiving food delivery
- Remaining six patients will be enrolled by mid-February
- Two patients have requested assistance with appliances to either cook and/or store food

Evaluation Plan:
- Acceptability of the meal delivery service with selected patient population
- ED/hospital admissions
- Stabilization of chronic disease
ACCESS’ Food for Health

Opportunities for alignment and replication:

• Replication:
  ▪ Share lessons learned and best practices

• Process improvement through collaboration
  ▪ More work to be done: collaborate with other organizations to identify refinements to the model to improve positive screens

• Strengthen community partnerships
  ▪ Build on existing referral mechanisms to strengthen connection to community resources
Contact Information

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Strategy Snapshot

Cook County Health and Hospitals System – Food As Medicine

Kathy Chan
Director of Policy
Cook County Health and Hospitals System
Program Overview

• Partnerships
• Screening
• Referrals
• Onsite Resources
Partnerships and Roles

• **Food Insecurity Screening for all patients and CountyCare health plan members**
  1. **Within the past 12 months, I/we worried whether our food would run out before I/we got money to buy more.**
     - Often True
     - Sometimes True
     - Never True
  2. **Within the past 12 months, the food I/we bought just didn’t last and I/we didn’t have money to get more.**
     - Often True
     - Sometimes True
     - Never True

• **Referrals to food benefits and community-based resources**
  • SNAP, WIC
  • Summer Meals
  • Emergency Food

• **Fresh Truck and Fresh Markets onsite at CCHHS health centers**
Outcomes: Actual and/or Anticipated

- New opportunity for patient engagement
- Redetermination rates higher for Medicaid + SNAP vs. Medicaid-only cases
- Strategy to address social determinants
- Partnership opportunities
- Through January 31, 91 Fresh Truck visits have taken place at 12 CCHHS health centers, resulting in 11,000+ individuals representing more than 37,000 household members who have benefited from fresh produce
Opportunities for Alignment and Replication

• **CCHHS’ Strategic Plan: Impact 2020**
  Focus Area 6: Impact Social Determinants of Health
  6.3 Partner with other organizations to address population health care needs outside of the healthcare care system, including those related to social determinants of health.
  • Expand “Food as Medicine” program to all outpatient sites.
  • Create new food access and distribution programs for CountyCare members and CCHHS patients.
  • Support community opportunities to bring fresh food into communities, including urban farms and co-ops.

• **Further integration with CountyCare Health Plan**
Challenges/Areas for Improvement

- Funding
- Competing priorities
- Research and evaluation efforts

Keys to Success

- Leadership buy-in
- Active participation
- Being collaborative, not just transactional
Kathy Chan
Director of Policy
Cook County Health and Hospitals System
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312-864-1152
Strategy Snapshot

Proviso Partners for Health & Loyola University Chicago Stritch School of Medicine

Lena Hatchett, PhD
Program Overview

The **Proviso Partners for Health** (PP4H) is a multi-sector coalition to benefit low-income individuals and communities in the western suburbs of Cook County, Illinois. The 4 target communities (Maywood, Bellwood, Broadview, and Melrose Park) represent low-income African-American and Hispanic families. The total population of this area is 98,822 (2015 estimates).

Primary Strategy: To improve food access and community economic development.

1. Increase the amount of local food production for donations and sales
2. Increase the number of worker owned cooperatives
3. Increase the number of local food retail outlets including Hospital and University procurement.
Partnerships and Roles

- Hospital System
  - Investor
  - Customer
- University
  - Customer
  - Evaluator
- People with lived experience of racial and economic injustice
  - Owner
  - Grower
- Community Organizations
  - Grower
  - Investor
Opportunities for Alignment and Replication

- Windy City Harvest
- Food insecurity
- Worker Owned Cooperatives
- Community Economic Development
- Business Training
- Health Outcomes
- Benefit Chicago
Outcomes

• 2 food related worker cooperatives (December 2017)
• 7 food retail outlets (December 2017)
• 14 worker owners (December 2017)
• $4,000 production (actual October 2017)
• $8,000 income (anticipated October 2018)
PP4H REAL Framework for Equity

- Foster human connection care, trust, value we have for people and place
- Accountable to people with lived experience of racial and economic injustice
- Innovate for economic opportunities for people and place
- Synergize across community resources

Love
Accountable
Resilient
Economic
Contact Info

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Strategy Snapshot

Presence Saints Mary and Elizabeth Medical Center – West Town Health Market
Nick Groch, RD, LDN
Clinical Nutrition Manager
Presence Saints Mary and Elizabeth Medical Center
Program Overview

West Town Health Market was established on the hospital campus in June 2017 and operated bi-monthly through December 2017 (1 of only 2 monthly indoor/outdoor hospital established farmers markets in the state)

- $100,000 USDA Food Insecurity Nutrition Incentive (FINI) Grant supported the operation and creation of the market as well as $60,000 in point of sale subsidies for SNAP participants

3 Nutrition Incentive Programs offered to community and hospital SNAP participants

- Community Based ‘Food Bucks’ Coupons ($25 value)
- Hospital/Clinic based ‘Nutrition Prescription’ Coupons ($25 value)
- 2 for 1 SNAP/LINK matching
Partnerships and Roles

• Responsible for improving the health of the community we serve (Greater West Town area, specifically Humboldt Park, Belmont Cragin, Logan Square, Hermosa, West Town)
  • Obesity, Diabetes, and Cardiovascular Disease are among the top 3 co-morbidities
    • All 3 of these disease states can be treated nutritionally through consumption of fruits and vegetables, yet only 15% of residents consume more than 1 serving of fruits and vegetables a day

• Many hospital patients and community members struggle with poverty, limited SNAP $, all in addition to limited grocery stores offering healthy produce and an abundance of corner stores and fast food
Outcomes

• Goal of the FINI grant was to increase access to healthy produce to our low income SNAP hospital and community members
  • 13 indoor and outdoor markets held, $62,760 provided in point of sales subsidies to increase the communities intake of fruits and vegetables
    • 2,194 Food buck Coupons Redeemed
    • 121 Nutrition Prescriptions Redeemed
    • 115 LINK Transactions
    • Markets attracted ~3,000 community members

• Hosted 6 cooking demonstrations and nutrition educations to further provide community education on the benefit of eating fruits and vegetables
Opportunities for Alignment and Replication

• Presence Health is aligning our system community initiatives and one of the goals within the logic model is to ‘Improve access to quality, healthy affordable food’

• Partnerships with local hospitals, clinics, and non-profits to leverage resources to impact community health

• Communication networks for resourcing sharing and ultimately engage our community members to utilize these resources
Strategy Snapshot

Rush University Medical Center and Rush Oak Park Hospital
Christopher Nolan, MPA
Manager, Community Benefit and Population Health
Background

Our mission

The mission of Rush is to **improve the health of the individuals and diverse communities we serve** through the integration of outstanding patient care, education, research and community partnerships.
Food Security: Three-Pronged Approach

Food Security for our patients – screening for food insecurity when at Rush and connecting with resources such as GCFD or Top Box

Food Security for our employees – understanding that our employees have needs too – program with Top Box Foods

Food Security for our community members/partners – Rush Surplus Project and donating our surplus food to those in need
The Rush Surplus Project

The Rush Surplus Project began in 2015 and is an employee led initiative started by Jennifer Grenier, now Director of Rehab Nursing at Rush University Medical Center, with an innovative idea for her doctorate project while working at Rush Oak Park Hospital.

The Surplus Project aims to improve the nutritional health of the community through the distribution of surplus food from hospital cafeterias to food insecure families.

Rush partners with agencies such as Oak Park River Forest Food Pantry (OPRFFP) and Franciscan Outreach to donate surplus food and provided over 20,000 meals in 2017.

ROPH Nursing now offers free health screenings at OPRFFP and Rush’s Department of Social Work and Community Health is beginning to offer disease management classes at Franciscan Outreach in February 2018.

Rush is happy to help other organization’s begin something similar or explore the idea! Some that have expanded or are exploring the possibility include Loretto Hospital, UI Health, and Northwestern Medicine.

https://youtu.be/Ph5fMCRNyg
Rush and Top Box Foods Partnership

Rush and Top Box Foods began a partnership in August of 2017 with a goal to provide fresh, affordable produce boxes to Rush employees with an aim to improve access to healthy food/eating.

Top Box Foods was started in May of 2012 by Chris and Sheila Kennedy and has been delivering the mission of creating access to healthy and affordable foods by working with communities in Chicago.

Top Box Foods comes to RUMC and ROPH each month to deliver produce to employees – each box costs $15 for approximately 15lbs of produce. During the holiday season, we offered nutritious holiday boxes with turkeys/hams!

Since piloting in August 2017, it has become a favorite program of the Rush community and on average about 300 boxes are ordered per month. Over 1,300 have been ordered since going live to almost 400 Rush community members!

Rush is helping expand Top Box Foods to our partners such as Deborah’s Place, Oakley Square Apartments, and our Alive! Program in order to improve access.

https://youtu.be/PfZlabLap84
What’s Next?

Rush has begun to screen patients for food security in the emergency department and select primary care settings. Through a partnership using NowPow, a social referral platform, Rush can send direct referrals to our food partners and will be live with referrals to select GCFD sites beginning in March 2018!
More Information

Rush’s General Food Security Efforts
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Discussion and Input on Key Collaboration Opportunities

- Outcomes and data
- Innovative finance and funding
- Food distribution channels
- Capacity and infrastructure needs for community referrals
- Policy and advocacy
- Other key topics?
Discussion

During the discussion, you can either:

- Type your questions and comments into the “Chat” box
- “Raise your hand” and moderator will unmute your line.
Wrap-up and Next Steps

In-person meeting to be rescheduled for March or early April

Alliance for Health Equity Contacts for food-related work:

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