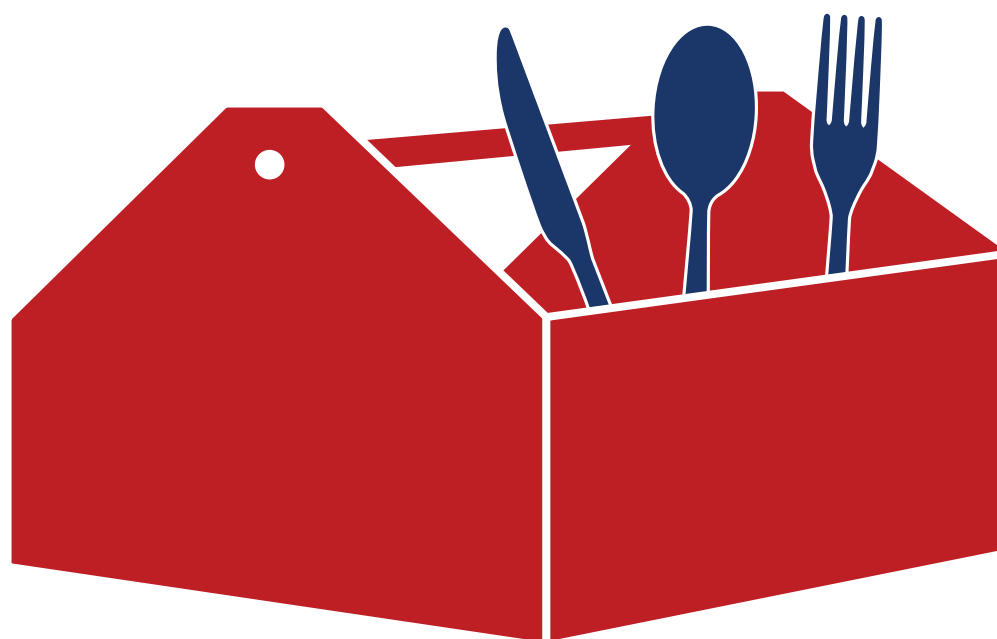




COLORADO BLUEPRINT
TO END HUNGER

COLORADO PREVENTION ALLIANCE TOOLKIT

for Promoting Food Security in Health Systems and Medical Clinics

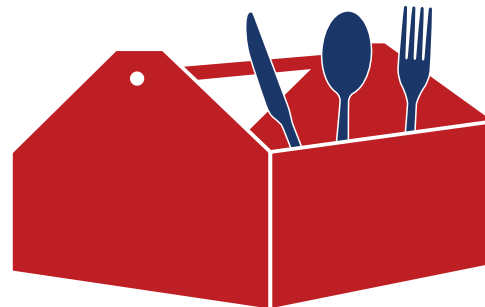




Colorado Prevention Alliance Toolkit

PURPOSE OF TOOLKIT

Food insecurity, unreliable access to a sufficient quantity of affordable, nutritious food, is a social and economic condition with direct and indirect consequences, including poor dietary intake, poor physical and mental health, a higher incidence of and poorer management of chronic diseases, hospitalizations, stress, reduced academic achievement and Higher healthcare costs^{1,2,3,4,5,6}. This food security toolkit, designed for Colorado health teams, provides best practices and resources for:



- A. Enrollment of Medicaid Beneficiaries in SNAP and WIC.
- B. Screening for Food Insecurity and Connecting to Nutritional Resources.

Enrollment in SNAP and WIC is Associated with Improved Health Outcomes

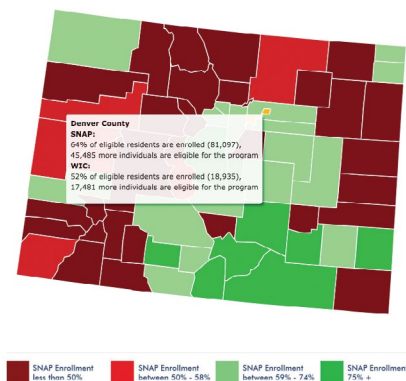
Enrollment in the federal food assistance programs Supplemental Nutrition Assistance Program, (SNAP), and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is associated with improved outcomes across multiple dimensions, including food security, nutrition, health, development, and healthcare costs^{9,10,11,12}. Medical systems have an opportunity to promote the health benefits of food assistance programs, facilitate enrollment of patients in SNAP and WIC, and connect patients to other food resources.

Food insecurity prevalence 2017



Dr. Robin Dickinson: Why she screens for food insecurity

See the Colorado Blueprint to End Hunger for county level data: <https://www.endhungerco.org>.





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PROMOTION OF FOOD SECURITY IN COLORADO

A Direct enrollment of Medicaid Beneficiaries in SNAP and WIC

In Colorado, households receiving Medicaid are highly likely eligible for SNAP and WIC (WIC is for pregnant women and households with children younger than 5 years of age). Health-care and financial counseling teams can promote the health benefits of these programs, by asking Medicaid members “Are you currently enrolled in SNAP and WIC, which can help your family afford the healthy food needed for good health?”

Assist enrollment by:

1. Partnering with organizations assisting families with applications:
 - Hunger Free Colorado Food Resource Hotline 855-855-4626.
 - Colorado Springs: snap@careandshare.org 719-434-5723.
 - Pueblo: pueblosnap@careandshare.org, 719-296-6995.
 - Colorado Benefits Center Assistance Helpline 855-871-2696.
 - County Human Service Outreach Programs- contact individual county human services.

2. Assisting with direct SNAP applications using PEAK, PEAKPro System or Benefits Launch:
 - For staff training on PEAK go to <https://coloradopeak.secure.force.com/ABTPK> or to obtain a PEAKPro certification contact Hunger Free Colorado at hotline@hungerfreecolorado.org.
 - For information on Benefit Launch tools <https://benefitslaunch.org/co> or contact cobenefitscenter@bdtrust.org (available April 2019).
3. Assisting with direct WIC application use WIC referral form www.coloradowicsignup.com, or select WIC program on PEAK
 - WIC referrals will be sent to local WIC offices, who will call the parent to schedule an appointment. Information regarding WIC eligibility information is available at www.coloradowic.com/eligibility.



Note: Families may qualify for both SNAP and WIC.



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B Food Insecurity Screening and Referral

1. **Embed the validated 2 question screen** in existing clinical processes (vital sign check-in, well visits, prenatal questionnaires, Medicare Total Health Assessment questionnaires, complex care management). Ensure patient privacy in answering questions, when possible. Use the food insecurity validated screening tool, derived from the US Household Food Security Scale (HFSS).

Question: "Within the past 12 months we worried whether our food would run out before we had money to buy more."

- Often true
- Sometimes true
- Never true

(positive response = often or sometimes true)

Question: "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

(positive response = often or sometimes true)¹³

Question: If often or sometimes true are you interested in learning about free food resources?

- Yes
- No

2. **Refer households** screening positive to community organizations including hospital-food bank partnerships, who can determine likely eligibility for federal nutrition assistance programs, assist with application and enrollment and connect to other community food resources.

- Hunger Free Colorado Food Resource hotline: 855-855-4626.
- Colorado Springs: snap@careandshare.org 719-434-5723.
- Pueblo: pueblosnap@careandshare.org 719-296-6995.

3. **Active referrals** that outreach and assist patients at every stage of the referral process until their food access is improved are more effective than passive models that are limited to providing information about how to access food resources. An outreach referral requires the transfer of demographic information (name, email, phone or texting contact information) from the health organization identi-

A successful referral process will result in enrollment in sustainable federal nutrition assistance programs and/or receipt of food resources.

fying food insecurity to the community organization. This transfer of information requires HIPAA protection. <http://www.rootcausecoalition.org/hipaa-webinar/>.

4. **Communication to Reduce Stigma:** Include language on questionnaires stating why questions are being asked: "Our goal is to provide the best possible care for your child and family. We would like to make sure that you know all the resources that are available to you. Many of these resources are free of charge"¹⁴. Normalize positive responses: "Many of my patients are struggling to afford food and medicine, are you interested in being connected to food resources?" Leverage your trusted relationship to encourage families to sign up by promoting the health benefits of WIC and SNAP¹⁵. "SNAP and WIC have helped many of my families who are experiencing difficult times afford the nutritious food their families need to stay healthy."

5. **Charting and Coding:** Use standardized codes for food insecurity: <http://childrenshealthwatch.org/foodinsecuritycoding>.

6. **Connection to Resources and Quality Improvement:** A successful referral process will result in enrollment in sustainable federal nutrition assistance programs (SNAP/WIC) and/or receipt of food resources. Measuring enrollment in SNAP and WIC and/or connection to other food resources is essential to ongoing process improvement efforts. Demonstrating connection to food is a prerequisite of determining changes in health outcomes and health utilization.

7. **Learning Collaboratives:** Participate in The Colorado Prevention Alliance bimonthly food as medicine one-hour calls to share best practices, data, lessons learned, grant opportunities, articles and resources. Participants include clinical organizations, Hunger Free Colorado hotline specialist, the Colorado WIC Staff, and programs that improve food security and diet quality. Notes will be shared with all that sign up for calls. To be included contact Melanie Morrison at mmorrison@tchd.org or Christina Suh at Christina.Suh@childrenscolorado.org.



APPENDIX



Food Insecurity Educational Resources for Clinical Staff and Providers

NOPREN clinical algorithms for food insecurity screening in pediatrics, adults, and those with diabetes	<ul style="list-style-type: none"> • https://nopren.org/working_groups/hunger-safety-net/clinical-linkages.
Continuing medical education (online)	<ul style="list-style-type: none"> • http://seniorhealthandhunger.org.
Food insecurity and screening toolkit	<ul style="list-style-type: none"> • https://hungerandhealth.feedingamerica.org/resource/food-insecurity-screening-toolkit.
Food insecurity coding	<ul style="list-style-type: none"> • http://frac.org/research/resource-library/overview-food-insecurity-coding-health-care-settings.
Food insecurity and social influencers of health information and resources	<ul style="list-style-type: none"> • https://hungerandhealth.feedingamerica.org. • https://sirenetwork.ucsf.edu. • http://www.rootcausecoalition.org. • https://www.childrenshealthwatch.org.

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Summary of Opportunities Involving Linkages between Health Care Systems and Community Organizations to Support Food Security with Resources

STEPS	RESOURCES
Food insecurity educational resources for clinicians and staff	<ul style="list-style-type: none"> • CME: http://seniorhealthandhunger.org. • Clinical Algorithms: https://nopren.org/working_groups/hunger-safety-net/clinical-linkages. • Resources: https://sirenetwork.ucsf.ed. http://www.rootcausecoalition.org. https://www.childrenshealthwatch.org.
Screening for food insecurity	<ul style="list-style-type: none"> • Hunger Vital Sign: https://goo.gl/neMVit.
Reducing stigma	<ul style="list-style-type: none"> • Patient education about health benefits of SNAP/WIC. • Normalizing food insecurity “many of my patients are struggling to afford food and SNAP, WIC or other food resources have helped them feed their families healthy food.” • Use tablets or on-line questionnaires to ensure privacy: https://policylab.chop.edu/blog/hungry-information-lessons-learned-food-insecurity-screening-pediatrics.
Referrals for food assistance	<ul style="list-style-type: none"> • Outreach referrals more successful than providing phone numbers: https://www.healthaffairs.org/doi/10.1377/hblog20150713.049277/full. • Referrals with HIPPA protection: http://www.rootcausecoalition.org/hipaa-webinar. Hunger Free Colorado Food Resource hotline: 855-855-4626. Care and Share: Colorado Springs: snap@careandshare.org, 719-434-5723. Pueblo: pueblosnap@careandshare.org, 719-296-6995. Colorado WIC Referral Form: www.coloradowicsignup.com. Hospital-food bank partnerships: https://hungerandhealth.feedingamerica.org/2018/04/hospital-food-bank-partnerships-recipe-community-health. • Colorado Benefits Center Assistance Helpline: 855-871-2696.
Connecting to food resources and closing the loop	<ul style="list-style-type: none"> • Support community organization capacity to help apply and enroll in SNAP, WIC, and community-based food resources. • Secure transfer of data regarding SNAP, WIC enrollment and connection to food resources from community organization to health organization.
Documenting in chart	<ul style="list-style-type: none"> • Capture screening and referral data in chart fields which are extractable. • Consistent charting & coding of food insecurity: http://childrenshealthwatch.org/foodinsecuritycoding.
Collaborative quality improvement	<ul style="list-style-type: none"> • Business Associate Agreements for clinical and community partners to formalize responsibilities. • Establish incentives for connection to food resources. • Build quality improvement structure and expertise.