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Community Health Care Association of New York State www.chcanys.org

COMMUNITY HEALTH CENTER FQHC QUALITY

Community Partnerships to Address Food Insecurity for the Management of Chronic Diseases

Webinar

November 18, 2020

This webinar is sponsored in part by the New York Community Trust Foundation (NYCT) and the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

Housekeeping

- Phones have been muted to prevent background noise
- Use the chat box to type questions during the webinar
- This webinar is being recorded and will soon be available to all participants
- A webinar evaluation will be shared with participants

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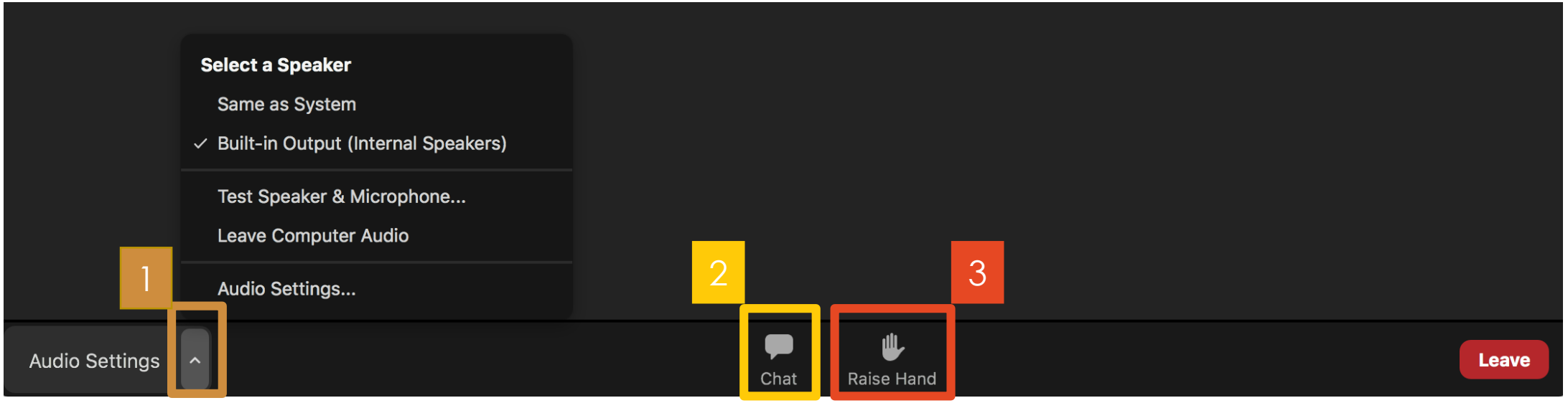
Zoom Controls



1. Select your preferred Audio Settings
2. Use the Chat box throughout the webinar (panelists & attendees)
3. Raise Hand if you would like be unmuted during the Q&A session

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Agenda

I. Welcome and Introductions

II. Panelist Presentations

III. Facilitated Q&A

IV. Closing Remarks

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Introductions

Gabriela Gonzalez, MAS
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Learning Objectives

To provide conceptual knowledge and principles around food insecurity and hypertension control practices

To showcase innovative community partnerships and interventions that address food insecurity in different regions of New York State to ultimately enhance value-based care initiatives

To offer an opportunity to discuss and analyze this topic from a clinical, non-clinical and community level lens

To explore referral pathways that connect patients to food resources in their local communities

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Why Focus on Food Insecurity?

Food Insecurity (USDA) is defined as the "limited access to adequate food for an active, healthy life due to a lack of money or other resources".

- In 2018, 11 % of New Yorkers dealt with Food Insecurity
- Due to pandemic, this rate is expected to increase to 19% in 2020

Hunger refers to a personal, physical sensation of discomfort caused by the lack of food.

- In 2019, 1.2 million New Yorkers were hungry. Due to the pandemic, this number is now 2 million.

Source: Feeding America
https://map.feedingamerica.org/county/2018/overall/new-york

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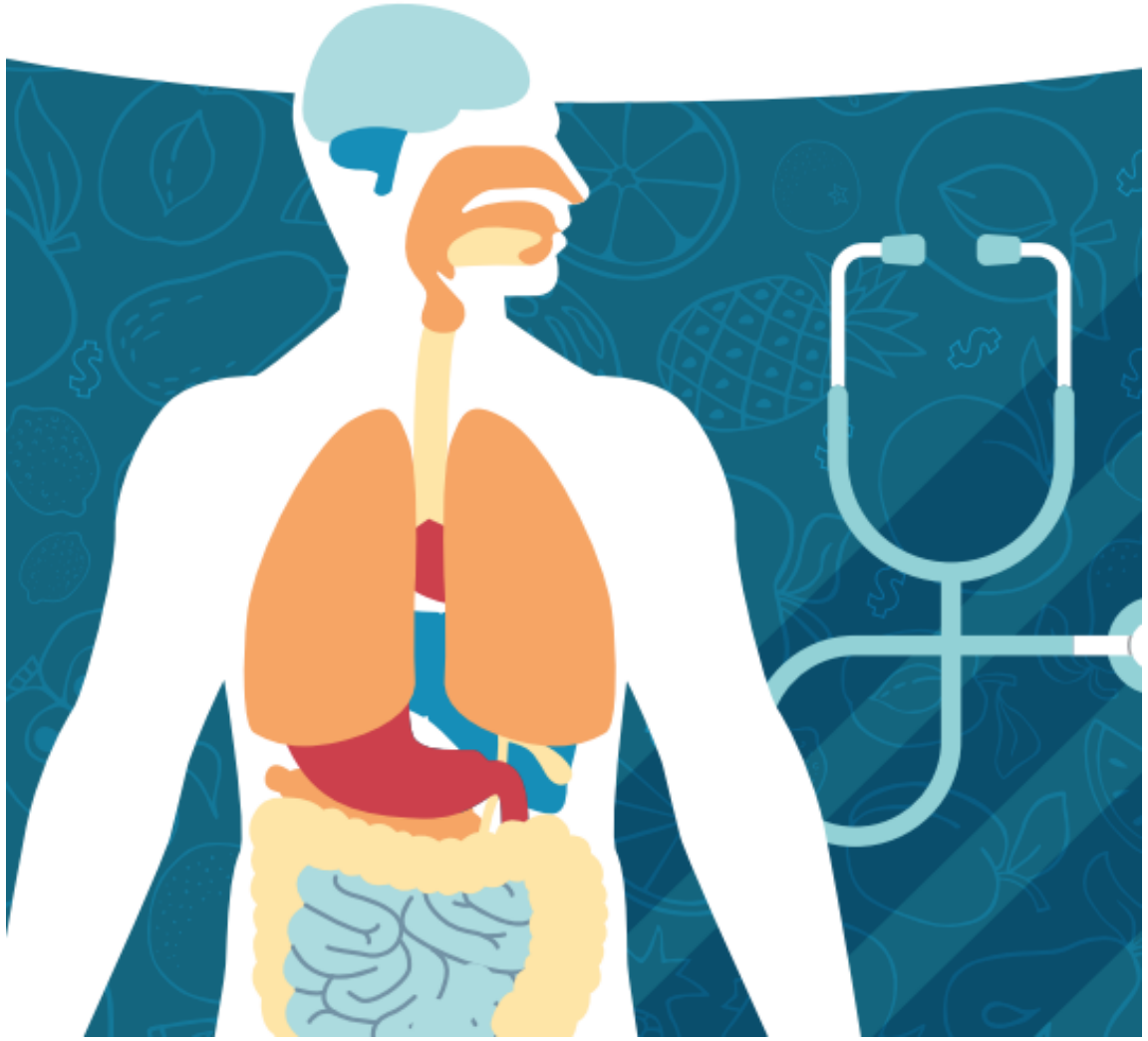
Study: Food Insecurity, Chronic Disease, and Health Among Working-Age Adults

"Food security status is more strongly predictive of chronic illness in some cases even than income. Income is significantly associated with just 3 of the 10 chronic diseases examined in this report, while food insecurity is associated with all 10" (USDA)

Food Security is a measure of the availability of food and individuals' ability to access it.

Economic Research Report: https://www.ers.usda.gov/webdocs/publications/84467/err-235.pdf?v=3310.5



Polling Question #1

Does your organization currently collect patient/client data on food insecurity?

- Yes, we are currently collecting SDOH data using a standardized tool such as PRAPARE, Health Leads, the Hunger Vital Signs tool, Accountable Health Communities tool, etc.
- No, but we want to start collecting SDOH data
- No, we are not collecting SDOH data

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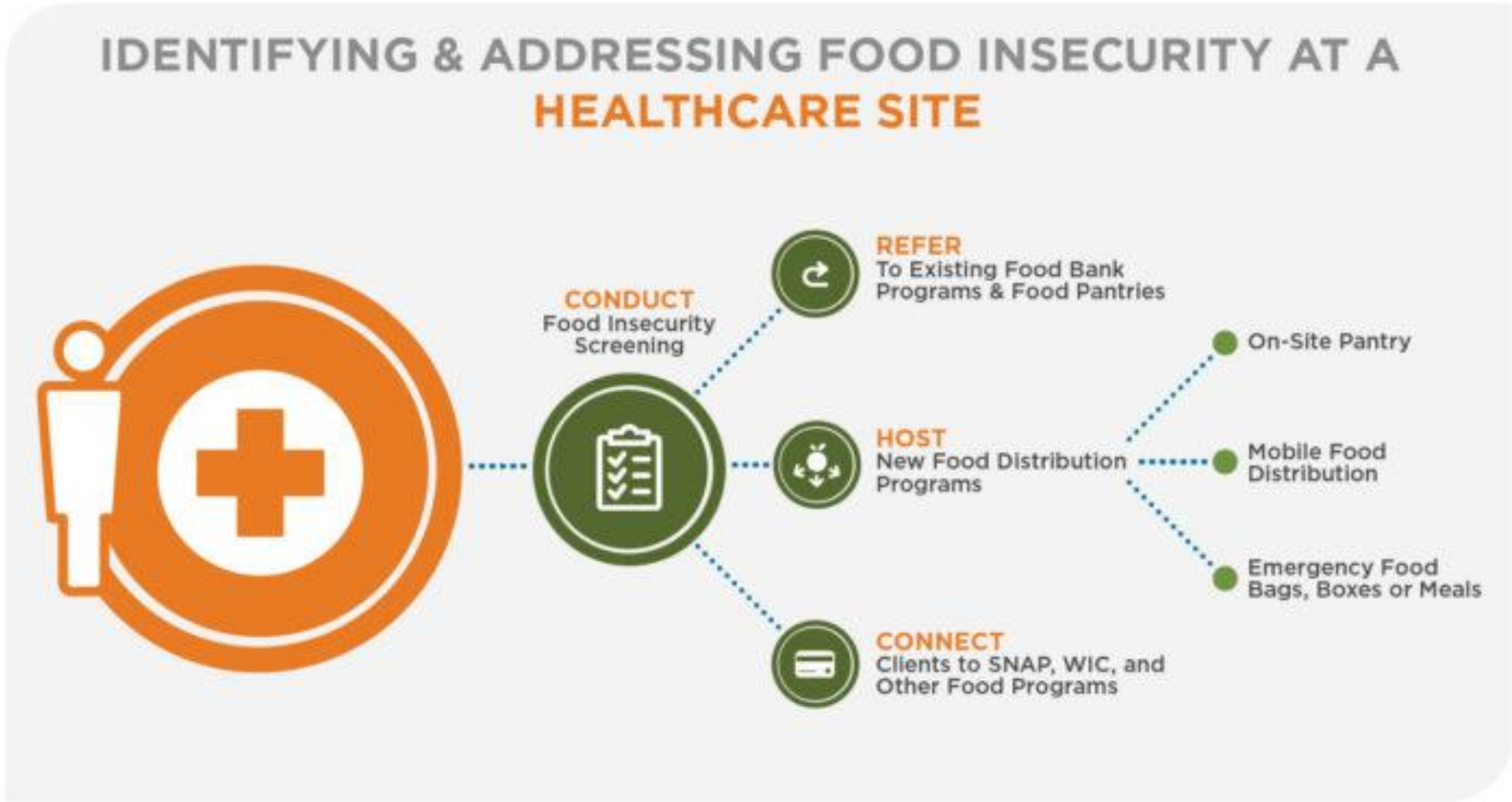

Full article: https://hungerandhealth.feedingamerica.org/explore-our-work/community-health-care-partnerships/addressing-food-insecurity-in-health-care-settings/

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Today's Panelists:

Natasha Pernicka
Executive Director
The Food Pantries for the Capital District

Maggie McHugh, MS, RDN, CDN
Project Manager
SNAP-Ed NY
Northern Finger Lakes Region

Stan Smith, MPS
Community Health Advocate Supervisor
Long Island FQHC, Inc.

Jose Seng
Community Health Advocate
Long Island FQHC, Inc.

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FOOD AS MEDICINE

A Regional Strategy

Natasha Pernicka, MPA

Community Food Assistance Network

an initiative of The Food Pantries for the Capital District

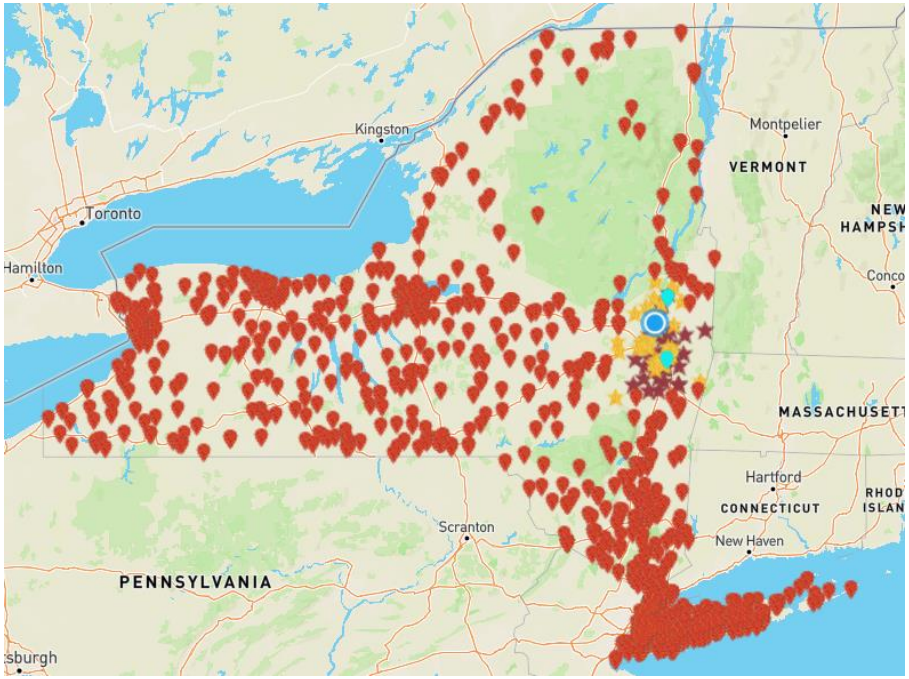
No One Should Go Hungry

- 94% agree, “No one in New York State should go hungry,” 90% agree, “We should spend whatever it takes to make sure no one in New York State goes hungry”.
- A majority of Capital District residents donate food (59%) and money (53%), and 20% donate time to food assistance programs like food pantries.

This confirms what we already knew - we live in a generous community!

- Yet 35% of people don’t think of hunger as a serious problem in our region.

Hunger in New York State



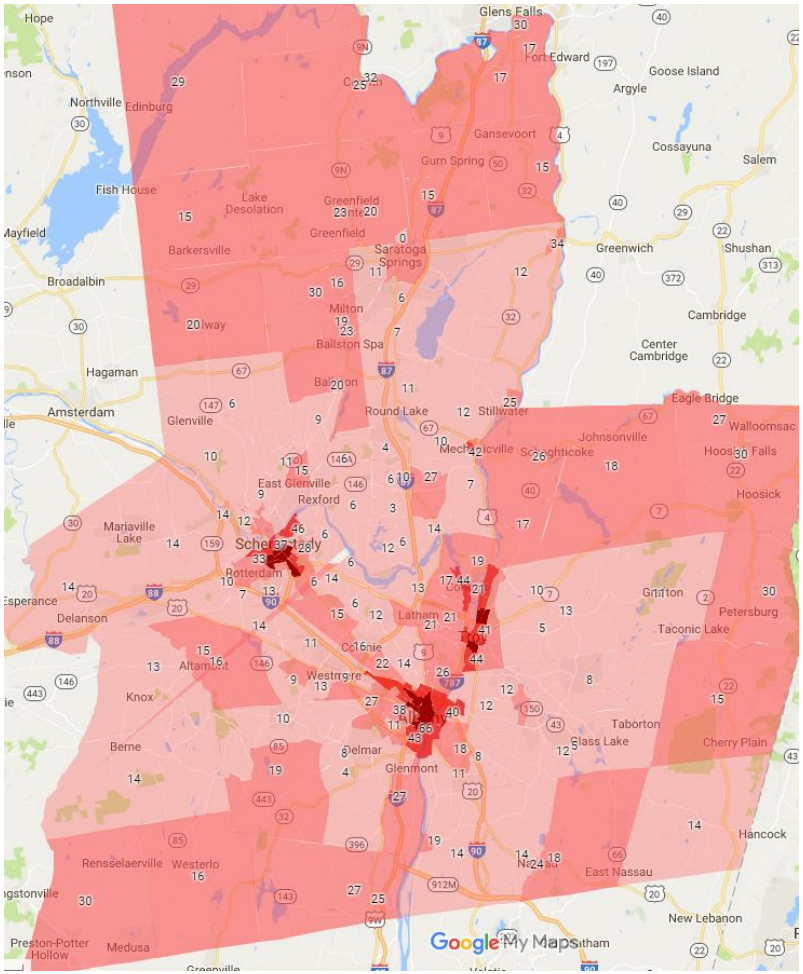
- **2,166,060 people** are considered food insecure
  - 11.1%

Feeding America Map the Meal Gap

Food Insecurity
The state of being without reliable access to a sufficient quantity of affordable, nutritious food.

WORKING TOGETHER
THE FOOD PANTRIES
TO FEED THE HUNGRY

Hunger in the Capital District



- **89,850 people** are considered food insecure
  - Includes 27,340 children

Food Insecurity

The state of being without reliable access to a sufficient quantity of affordable, nutritious food.

WORKING TOGETHER THE FOOD PANTRIES TO FEED THE HUNGRY

The Food Pantries for the Capital District

65+ food pantries in Albany, Rensselaer, Saratoga, and Schenectady Counties

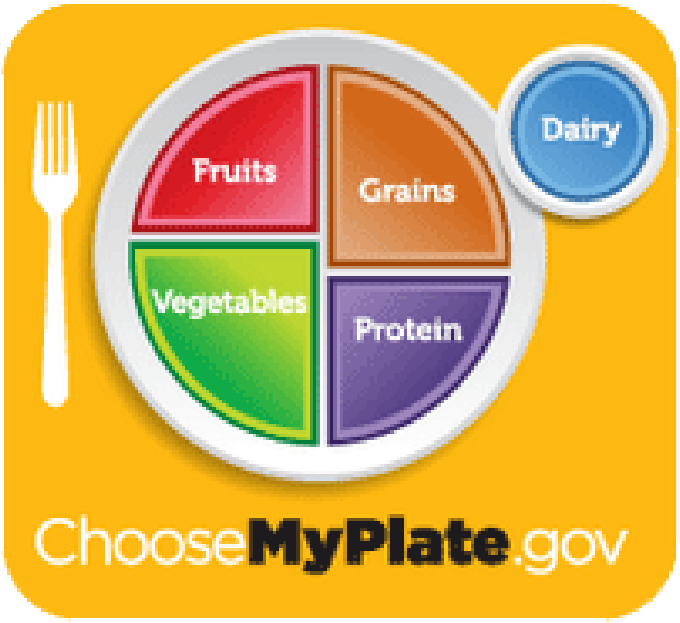
Full list of Members: https://www.thefoodpantries.org/our-member-food-pantries-.html

2019

- 65,000+ people served
- Nearly 4 million meals

A Source of Nutritious Foods

- Foods distributed based on the MyPlate Model
- A minimum of 3 days of food once a month
- Fresh foods like produce, meats, and dairy

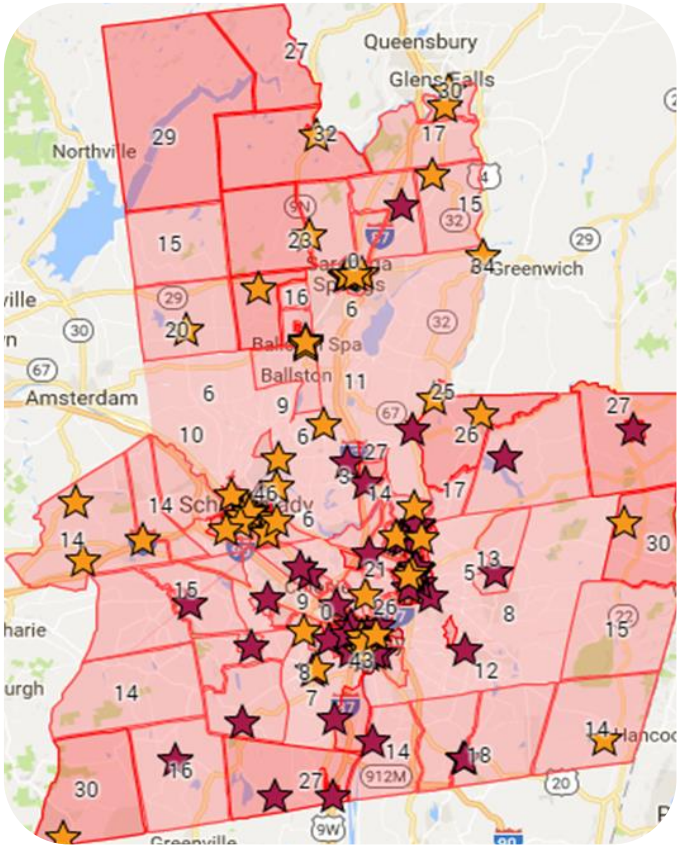


WORKING TOGETHER
THE FOOD PANTRIES
TO FEED THE HUNGRY

Working together we can do more than any one of us alone.

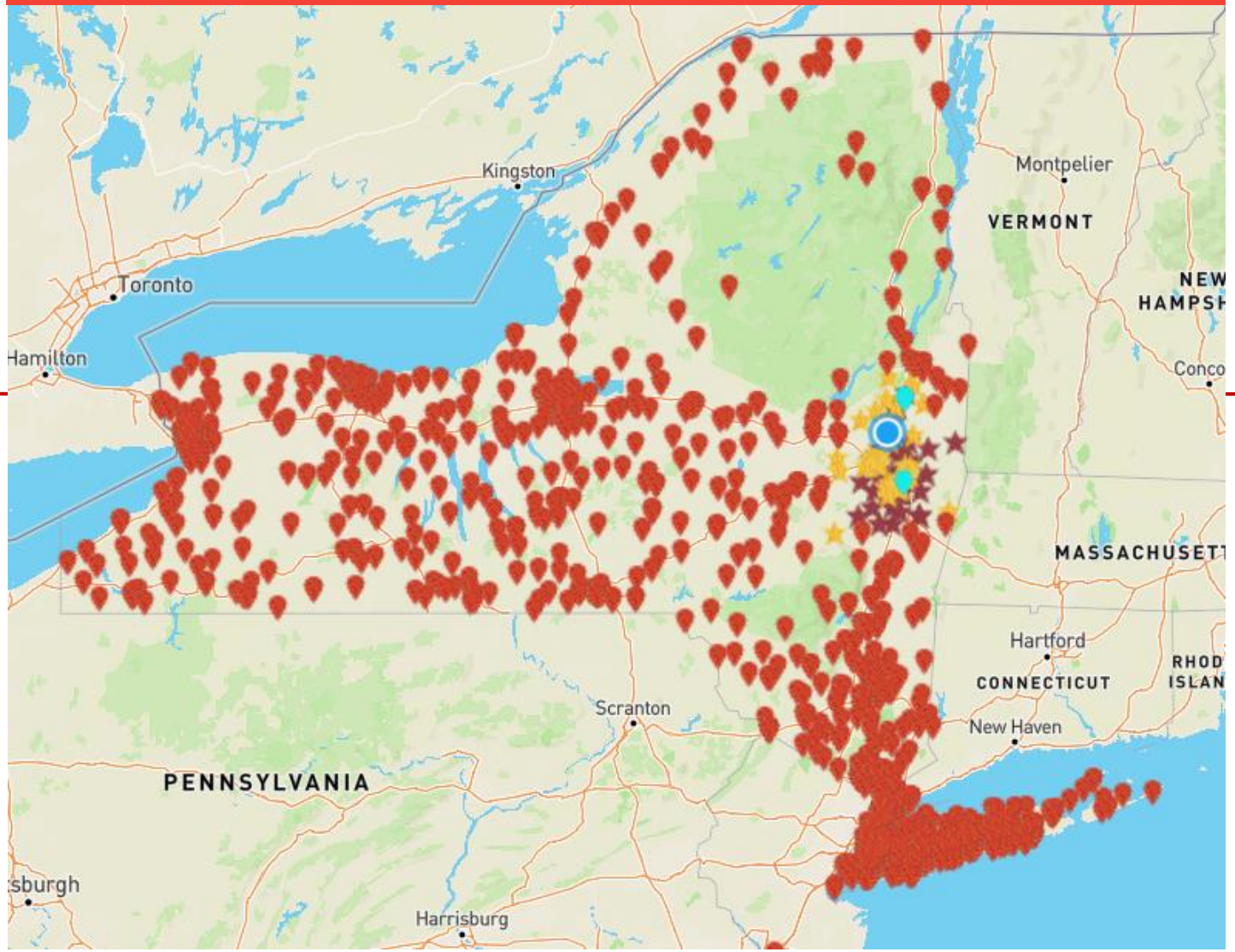
Community Food Assistance Network

an initiative of The Food Pantries for the Capital District



- Unified effort to reduce food insecurity in the capital region and with partners statewide.
- Convenes stakeholders across sectors, coordinates collective impact activities, provides a forum for information sharing, and develops a robust referral network to increase capacity and food supply to direct food assistance equitably and efficiently to our community.

THE FOOD PANTRIES FOOD CONNECT MAP



Why? Hunger and Health

- Type 2 diabetes
  - Kidney disease, eye disease, nerve damage
- High blood pressure
- Heart disease
- Obesity

WORKING TOGETHER
THE FOOD PANTRIES
TO FEED THE HUNGRY

Alliance
FOR BETTER HEALTH

HEALTHY TOGETHER

Solutions for a Healthy Community

Food as Medicine

WORKING TOGETHER
THE FOOD PANTRIES
TO FEED THE HUNGRY

Food as Medicine

- Food as Medicine interventions advance health equity by transforming the healthcare system's role to increase access to, and utilization of, the best available, affordable food to improve the overall health of communities. This is achieved by bringing residents, health care institutions, county and community based organizations, and the private sector together to build strong roots for food secure communities.

Food Farmacy/Healthy Food Pantry

Food Farmacy/Healthy Food Pantry

- Presbyterian Healthcare Service
  - 41% reported lowering their A1C
  - 24% reported lowering blood pressure
  - 48% increased wellbeing

- Geisinger/Central PA Food Bank
  - 2-point reduction in HbA1c
  - $8,000-$12,000 cost savings for every 1.0 point drop

Home Delivered Prepared Meals

- MANNA
  - Average monthly care costs decreased 62% ($30,000)
  - Average monthly visits to hospital/length of stay reduced 37%
  - Monthly inpatient hospital costs decreased by 30% over first 6 months
- Project Angel Heart
  - 13% decrease in the rate of hospital readmissions
  - Total medical costs CHF, COPD, and diabetes decreased by 24% while receiving meals
- Project Open Hand
  - 63% reduction in hospitalizations, 50% increase in medication adherence, 58% decrease in ER visits

Regional System Efforts

UNITE US

Healthy Together Network Online Referral System

THE FOOD PANTRIES – WORKING TOGETHER TO FEED THE HUNGRY

Community Food Assistance Network

Food as Medicine “Menu”

Service	Target Population	Description
Healthy Food Pantry	Referrals from Medical Providers – Food Insecure	Monthly includes whole grains, low sodium, low sugar, fresh produce, lean meats and nutrition education.
Tailored Food Pantry	Referrals/Food Insecure + Diabetes/ Obesity/Hypertension	Weekly Healthy Food Pantry
Healthy Food Pantry Home Delivery	Referrals (same as above) - Transportation Barriers	As needed
Healthy Home Delivered Prepared Meals	Referrals (same as above) - Inability to Cook	Daily Delivery

FOOD IS MEDICINE

A Regional Strategy

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Community Food Assistance Network
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SNAP-Ed New York

SAVE TIME. SAVE MONEY. EAT HEALTHY.

Northern Finger Lakes Region

Cornell Cooperative Extension

SNAP-Ed New York
SAVE TIME. SAVE MONEY. EAT HEALTHY.

foodlink
abundance shared

This material was funded by USDA's Supplemental Nutrition Assistance Program – SNAP.
This institution is an equal opportunity provider.

Cornell Cooperative Extension Wayne County

Cornell Vegetable Team

Master Gardener
Cornell Cooperative Extension

SNAP-Ed New York
SAVE TIME. SAVE MONEY. EAT HEALTHY.

4-H GROWS HERE

Lake Ontario Fruit Team

FMNP

Farmers Market Nutrition Program

F2S

Farm to School

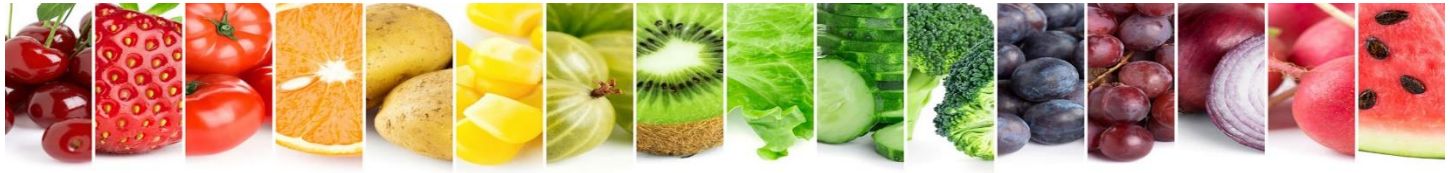
Finger Lakes Grape Program

NWNY Dairy, Livestock, Field Crops Team

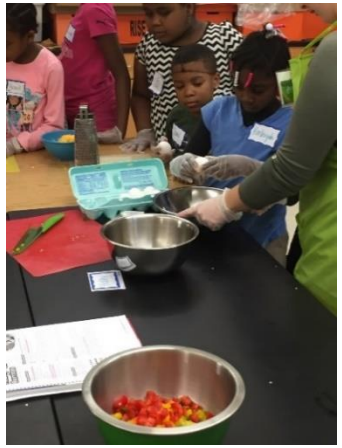
SNAP-Ed Goal

Provide	Provide nutrition education and obesity prevention services to SNAP/SNAP-eligible audiences:
Prevent	prevent and/or postpone the onset of diet-related chronic disease
Increase	increase access to affordable healthy foods


Pink Lady
Autumn Crisp
Fuji
Macoun
Jazz
Red Delicious
Cortland
Gala
McIntosh
Empire
Honeycrisp
Zestar
Granny Smith




Butcher's Block
PICK ANY 5
$19.99
PICK ANY 5
$19.99
PROTEIN
LOOK FOR LEAN PROTEIN
MONEY SAVING TIPS

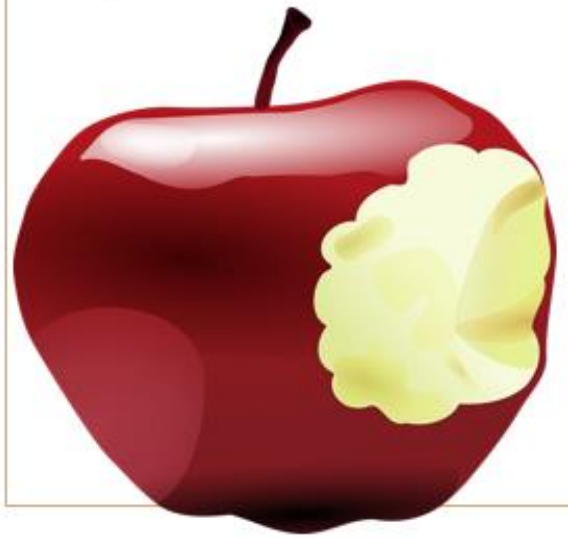


FVRx Goal

Link health care systems with community based organizations to meet the SNAP/SNAP-eligible families' nutritional needs by increasing access and consumption of affordable fruits and vegetables.

How the FVRx Program Works

Healthcare Referral	Nutrition Education / FVRx vouchers	Access to Healthy Food
Finger Lakes Community Health	Finger Lakes Eat Smart NY	Sodus FM/Newark FM Apple Shed/Foodlink Curbside



2018 - 2019 FVRx Programs

- 7 FVRx programs
- 80 patients participated
- $7,000+ fruit and veggie vouchers distributed
- 84% redemption rate
- 75% program completion rate of participants

September 2020

- Enrolled 67 patients
- Distributed $4,335 in fruit and vegetable vouchers
- Hybrid Nutrition Education
  - 3 in-person programs
  - 2 online programs (English and Spanish)

What Changed?

Summer 2019
(Before COVID)

- 40 patients enrolled
- $3,840 FVRx vouchers distributed ($20/class)
- **Face-to-face nutrition education**

September 2020
(During COVID)

- 67 patients enrolled

$4,335 FVRx vouchers distributed ($15/class)

- **Hybrid nutrition education**

“I can experiment more with new veggies and fruit because I have more money in my budget to spend now.”

Maggie McHugh, MS, RDN, CDN
SNAP-Ed Program Manager
Northern Finger Lakes Region
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Connect with us across all of your mobile devices!

www.snapedny.org

SNAP-Ed New York
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SNAP-Ed is funded by USDA's Supplemental Nutrition Assistance Program or SNAP. This institution is an equal opportunity provider.

NuHealth Together through life. Family Health Centers

Long Island FQHC, Inc

LIFQHC

November 18, 2020

Stan Smith M.P.S.
Community Health Advocate Supervisor

Jose Seng
Community Health Advocate

Social Determinants of Health

- Food insecurities: Food Pantries, Federal Government programs
- Affordable Medications: Pro-Act and 340 B, Diabetic patients, insulin, Januvia- $15
- Transportation: LogistiCare, Uber Health for High-risk patients, Metrocards
- Help with DME: glucose monitors, wheelchairs, medical beds
- Clothing: Clothing drives, churches
- Help with forms, hospital bills
- Appointments for Doctors/ Specialist
- Housing
- Domestic Abuse

Role of the CHA

- My role as a CHA is to provide services to our patients that come to the health center. I assess the needs of the patients by asking them questions from the PRAPARE screening questioner. This helps to document and identify the social determinants barriers the patient may have. Once, they are screened, I have a better understanding of what the patient's needs are and how I can help them. The main goal is to help the patient with eliminating barriers that are preventing them from accessing and coming to the health center for their care.

Food Insecurities

- COVID-19: More patients have lost jobs, decide to pay rent and not enough for food, drive up food services were available to avoid contact
- AHA COVID Initiative: 6-week programs helping patient who had COVID and High Blood Pressure. Patient were educated and help control their blood pressure- given a box of food every week & $100 gift card
- Food Pantries: Lutheran Social Service- 6-month referral, local food pantries using Hite Site, farmer markets coupons
- WIC and SNAP programs: For eligible patients
- Food Delivery Services: Mom's Meals, Meals on Wheels, Harvest food delivery senior program
- Meal Programs for Seniors: Social Senior Centers offer reduced lunches for $2.50
- Food boxes at the health centers: Long Island Harvest delivery

NuHealth Together through life. Family Health Centers

Long Island FQHC, Inc

Success Story

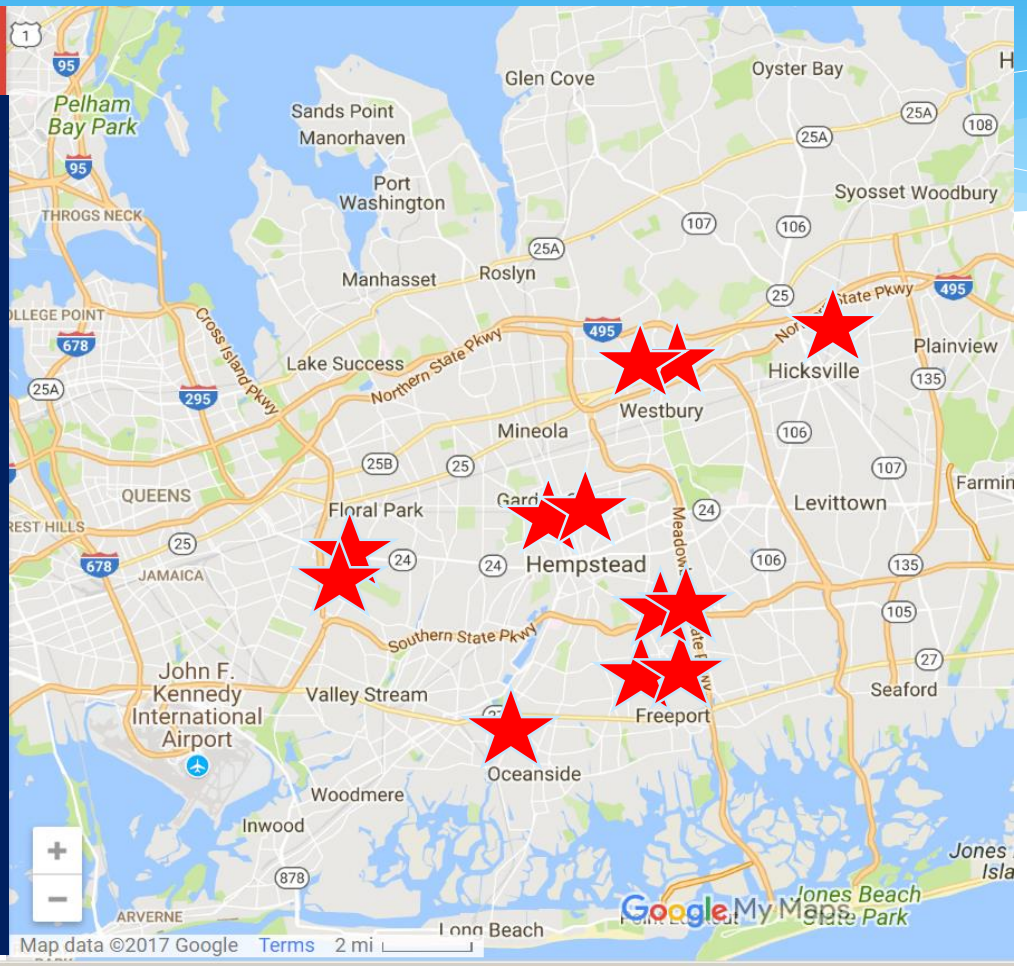
- A female patient, 64 years old, was selected to participate in the AHA COVID Initiative. She has a history of high blood pressure and was COVID +.
- I reached out to her and informed her how the 6-week program works, and she gave consent. She was given a high blood pressure monitor and the nurse taught her how to use it. She would also receive a box of food every week and a one-time $100 gift card to buy food. She would also have to log her blood pressure every morning. I helped coordinate each weekly meeting. She would receive education from a Nutritionist, a Nurse and finally she would see her physician in her last week. The patient took the initiative, and she bought a book and logged her daily eating habits, the exercise she did, and if the blood pressure was high, she would make a note what she ate that day. In her last week, her blood pressure went back to normal and most important; she felt she had control of her blood pressure and well-being.

Health Centers & Ancillary Locations

Map of Long Island

LIFQHC Sites

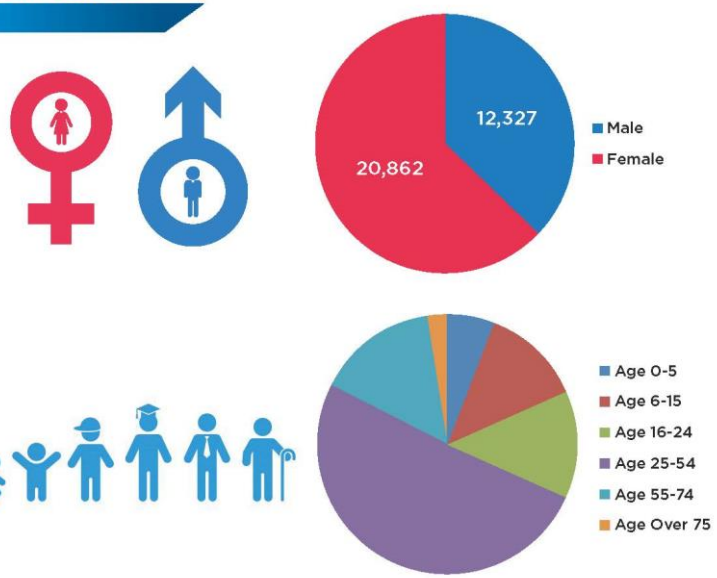
1. Elmont
2. B.E.S.T. Elmont
3. Freeport
4. Freeport HS
5. Hempstead
6. Care Coordination
7. CNG Hicksville
8. Oceanside
9. Roosevelt
10. Roosevelt HS
11. Westbury
12. Westbury HS



www.lifqhc.org

145,913 visits in 2019

PATIENT PROFILE

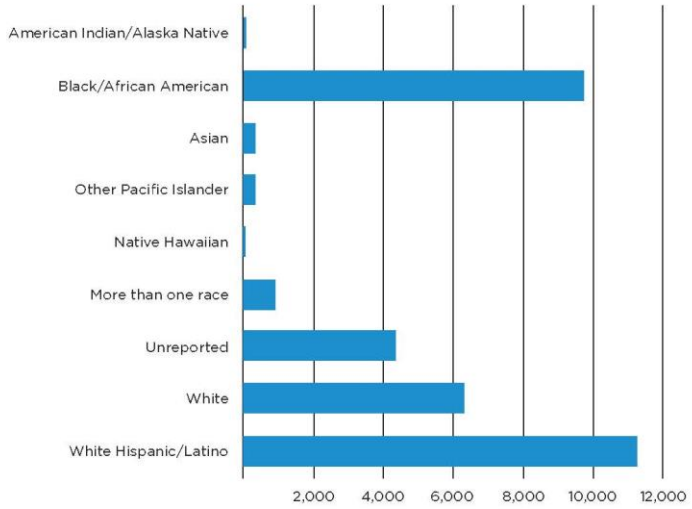


Patients

Age Group	Total Patients	Males	Females
Age 0-5	1,993	1,020	973
Age 6-15	4,113	2,075	2,038
Age 16-24	4,457	1,685	2,772
Age 25-54	16,846	5,278	11,568
Age 55-74	5,034	1,995	3,039
Age Over 75	746	274	472
Total	**33,189**	**12,327**	**20,862**

PATIENT PROFILE

Patients by Race



www.lifqhc.org

Services

Core Services

- Primary Care
  - Internal Medicine
  - Family Medicine
  - Pediatrics
  - OB/GYN
- Dental
- Mental Health
  - Psychiatry
  - Psychology
  - Social Work

Additional Services

- Health Home Care Management (Adult & Children)
- Specialty Services
  - Gastroenterology
  - Cardiology
  - Optometry
  - Podiatry
- Radiology
- Family Planning
- STD Testing and Treatment
- Nutrition
- WIC (Women, Infants and Children)
- School Based Health
- Co-Location

Thank You

Let's build bridges to healthier communities not walls

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Facilitated Q&A

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Webinar Evaluation

Link: https://bit.ly/3lqLkZq

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Announcement

Join us in December for a 2-part learning series on
"Actionable Insights for Social Determinants of Health"

This learning series is presented by CHCANYS' New York Statewide Health Center Controlled Network (NYS HCCN) to support community health centers to use social determinants of health data to enhance patient care and to achieve better population health outcomes.

Day 1: "Precision Matters: Social Determinants of Health, Social Risk Factors, and Social Needs Terminology Overview"

December 9, 11-12 pm

Day 2: "Leveraging Social Determinants of Health Data to Improve Care Delivery"

December 10, 11-12 pm

If you have questions, please feel free to reach out to hccn@chanys.org.

This is a NYS Health Center Controlled network (NYS-HCCN) Activity
A HRSA Funded Project of the Community Healthcare Association of New York State
HCCN Grant Number: H2QC530278

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Link: https://bit.ly/2H0R6C2

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Community Health Care Association of New York State

SCAN ME

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Resources:

- Food Pantries for the Capital District, a coalition of 56 local food pantries, serving Albany, Rensselaer, Saratoga, and Schenectady Counties in NY.
- Cornell Cooperative Extension (CCE) connects communities with Cornell University research from the College of Agriculture and Life Sciences (CALS) and the College of Human Ecology to enrich and empower New York state neighbors, local businesses, towns and cities.
- The mission of God's Love We Deliver is to improve the health and well-being of men, women and children living with HIV/AIDS, cancer and other serious illnesses by alleviating hunger and malnutrition.
- Feeding America is the nation's largest domestic hunger-relief organization.
- The Health Information Tool for Empowerment (HITE) is an online directory offering information on more than 5,700 health and social services available to low-income, uninsured, and underinsured individuals in New York City, Long Island and Westchester.

Reference:

- Christian A. Gregory, Alisha Coleman-Jensen. Food Insecurity, Chronic Disease, and Health Among Working-Age Adults, ERR-235, U.S. Department of Agriculture, Economic Research Service, July 2017.

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