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Building Partnerships to Mitigate Food Insecurity

Presented by:

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Operationalizing SDoH Screenings – Small Steps for Big Impact

Karen Vest-Taubert, Sr. Consultant

Regina Neal, Sr. Consultant

April 20, 2022

Goal and Elements for C2 Objective

- Goal
  - Use practice E.H.R. system to collect social risk factor data
  - Use collected data to inform care plan development for at least 50% of high-risk patients in the past 12 months
- ***Build the System*** to Make SDH Screening Process a Sustainable Part of your Care for Patients
- Develop Workflow processes to support the work
- Produce reports to assess the % of the high-risk patients with a care plan in the last 12 months (goal is 50%)

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Every system is ***perfectly designed*** to produce the results you get.

"[Better] performance is not simply – it is not even mainly – a matter of effort; it is a matter of design" - *Don Berwick*

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Starting – Who to Screen, For what?

Questions to consider

- What subset of the population is most likely to benefit from SDOH intervention? (Who will we screen?)
- What SDOH factors does the organization need to be aware of?
- Which SDOH areas will have the greatest impact if addressed?

For which SDH will we screen?

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Identifying Resources for Support

Questions to consider

- How will we identify resources to which we can refer patients who screen positive for the SDH of focus? Will you use Community Resource Platforms? Which one(s)?
- Do we have relationships with or knowledge of existing community resources?
- Where are the gaps in resource availability? How can we address these?

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Moving to Action – Screening Patients

- How, when, where and by whom will screening of patients occur?
- How will data from screening be shared with the care team using the E.H.R.?
- How will the data be acted on by the care team?

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Tracking Progress

- How will you produce reports that track:
  - the number of patients in the target group who are screened
  - The number of patients who screen positive (denominator for C2 Objective)
  - The number of positive patients for whom a care plan is developed to facilitate a referral or connection to an appropriate support entity or service? (numerator for C2 Objective)
- Goal is to have at least 50% of patients who screen positive have a care plan in a 12 month look back period

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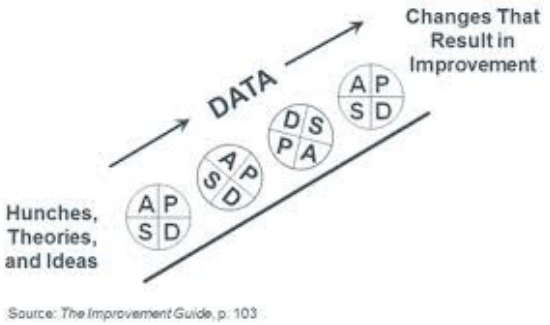
Power of Small Steps to Lead to Big Results (Summary of Approach)

- Plan and carry out each step with intention and attention.
- Start small. Screen the first patient, enter the data, talk to the care team about the process and any pain points
- What worked about the process? What were staff questions and/or feedback?
- What did the patient think about the screening process? What questions did they have? If the screen was positive, did they feel helped by the opportunity to get support?
- Based on the feedback, make changes as needed and screen another patient or two, using the revised process.
- Review and revise as before and test again maybe with four patients, i.e., you slowly scale until you are feeling confident this is a process that could be used with a higher number of patients. The carefully start to scale.
- Make sure staff are trained, know their role and have a workflow to refer to for reliability of use.



Source: *The Improvement Guide*, p. 103

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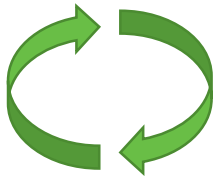
Develop Workflows

Reliability occurs by design, not by accident or by luck

Value of High-Level Flow Charts

- Standardized and well described processes that enable reliable use and effective training
- With good design and reliable use, supports consistent outcomes



- **PLUS – ADDED VALUE!!**
- Simple, effective and resource conscious approach because we have limited time, energy and resources
- Approach that can be applied to many improvement opportunities for continuous quality now and into the future

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Flow Charts Support Good Design for Process Reliability

1. Identify the process: either new or current to improve
2. Clearly state, in 10 or fewer words, what you want to accomplish using this process. Below are three potential processes for SDH which are provided as examples only
   - Screen (all or specific) patients for SDH
   - Share SDH screening results with care team
   - Create care plan for patients with positive SDH for referral
3. Identify the process flow using 4 to 6 steps; use a box to describe each step

4. For each step, identify the ***Five Attributes*** that describe the activities for each step. These include:
   - Who, Where, When, How, What

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Process: Screening Patients for SDH

Process Step: Patient is screened using the PHQ-9 **What:** PHQ-9 Screening for adults **When:** At annual visit for each patient **Who:** front desk gives patient the PHQ-9 and asks them to complete the screening tool **Where:** patient completes the screening tool while in waiting room **How:** Manual – paper and pen Materials: PHQ-9 screening tool, clipboard, pen or pencil	**Process Step**: Information from PHQ-9 is entered into the patient's medical record **What:** Enter the data from the PHQ-9 into the EHR template **When:** As soon as patient completes it if before patient is called back to the exam room; otherwise, MA who is supporting provider enters the data after rooming the patient, so data is available to the provider for the visit **Who:** Front desk clerk or M.A. Where: Front desk or exam room How: enter data into E.H.R. Materials: screening tool with answers from patient and E.H.R.	Process Step: What When Who Where How Materials	Process Step: What When Who Where How Materials	Process Step: What When Who Where How Materials

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Sample Workflow

SAMPLE WORKFLOW MODELS FOR PRAPARE DATA COLLECTION

Who	Where	When	How	Rationale
Non-clinical staff (patient navigator, community health workers)	In waiting room or in staff office	Before of after provider visit	Administered PRAPARE with patients who would be waiting 30+ mins for provider	Provided enough time to discuss SDH needs. Wanted same person to ask question and address need. Often administer PRAPARE with other data collection effort (Patient Activation Measure) to assess patent's ability and motivation to respond to their situation.
Nursing staff and/or MAs	In exam room	Before provider enters exam room	Administered it after vitals and reason for visit. Provider reviews PRAPARE data and refers to case manager	Wanted trained staff to collect sensitive information. Waiting area not private enough to collect sensitive info
Care Coordinators	In office of care coordinator	When Completing chart reviews and administering Health Risk Assessments	Administered PRAPARE in conjunction with Health Risk Assessments	Allows care coordinators to address similar issues in real time that may arise from both PRAPARE and HRA
Any staff (from Front Desk Staff to Providers)	No wrong door approach	No wrong door approach		Allows everyone to be part of larger process of "painting a fuller picture of the patient" and taking part in helping the patient
Patient Self-Assessment	At home, in waiting room, etc.	Before visit with provider	Self-administered using email, mobile, tablets, kiosks, etc.	Low burden on staff to collect data. Privacy for patient to complete assessment. Utilize time when patient would otherwise be waiting. Staff time can be used to discuss results with patients to address needs.

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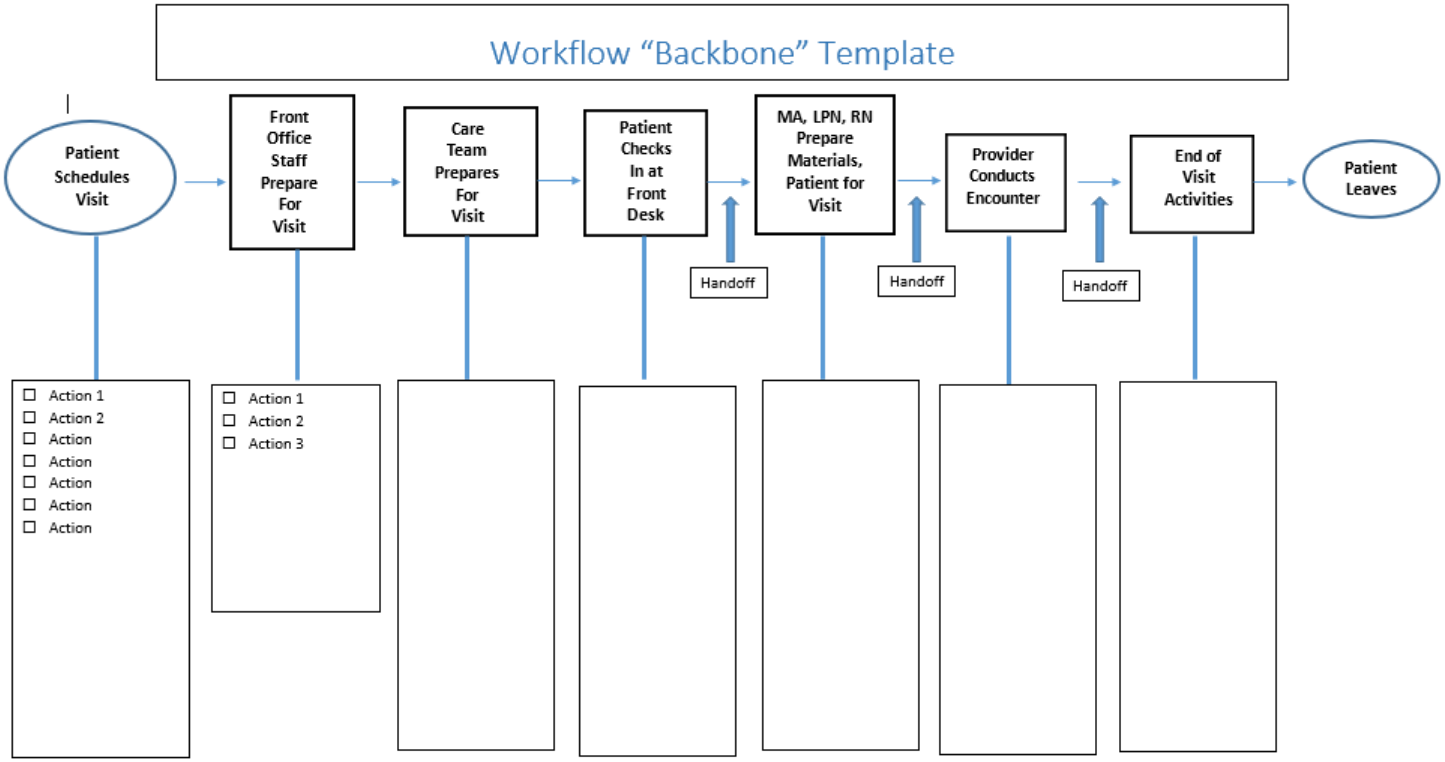

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How Do We Get Started?

- Try the steps we've suggested and listen to what your peers have done.
- Persist – start with one, learn, revise, scale a bit, and repeat until you have a process that works, and you believe you can sustain.
- Use workflows to capture the process to make it reliable
- It is a journey of learning and improvement
- If it were easy, we would have done it already, so don't give up.
- Enjoy the learning!

Making Progress Screening and Responding to SDH

SoCal Medical Center
Damian Robledo, MSW, LCSW
Steven Sanzo, Chief Development Officer

Reflections on our Journey – The Power of Small Steps

- ✓Introduction of SDoH to SoCal Medical Center Behavioral Health (BH) staff
- ✓Buy-in to utilize PRAPARE form
- ✓BH Capacity to screen and refer to services
- ✓Identifying staff that will visit service locations and pilot
- ✓Establishing partnership with social service location
- ✓Identify barriers to access

Operationalizing PRAPARE Screening

CSC HEALTH

FELIX AGUILAR CMO, MD, MPH, FAAFP

CHIEF MEDICAL OFFICER

Small Wins Lead to Big Results for CSC

- How did we get started? – MAs screen on new patients and physicals
- Small and controlled, start with what we know – Healthy Homes
- What did we learn? – our capability, we can do this, a sense of urgency to move forward
- What will we do next? – once you ask those questions-what do you do? Integrated care management and spread to all locations

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Food Farmacy:

Planting the Seeds of Community Resilience

Pearson King, LA Food Policy Council
Rigo Garcia, Venice Family Clinic
Sarine Pogosyan, CCALAC

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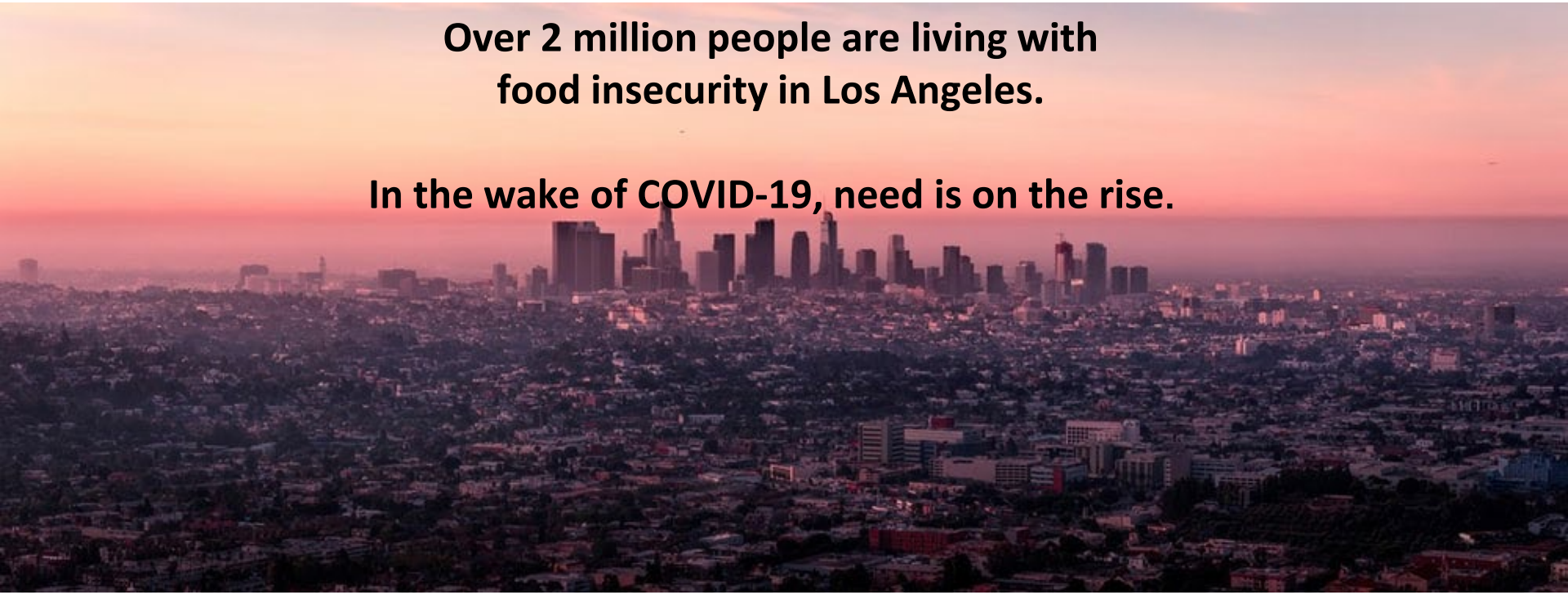
Our Collaboration



Over 2 million people are living with food insecurity in Los Angeles.

In the wake of COVID-19, need is on the rise.

Three different organizations working to solve an interconnected problem

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Our Story

Venice Family Clinic Food Distribution

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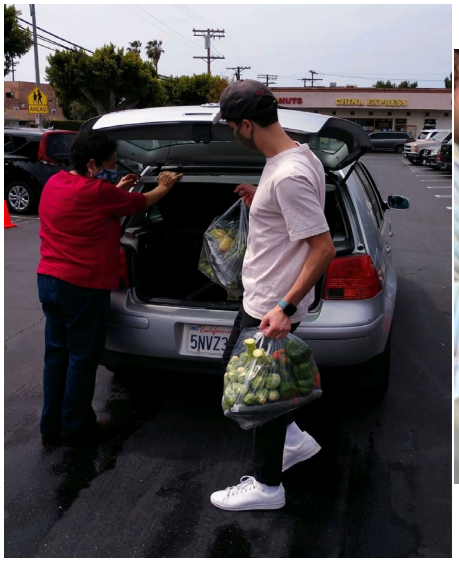
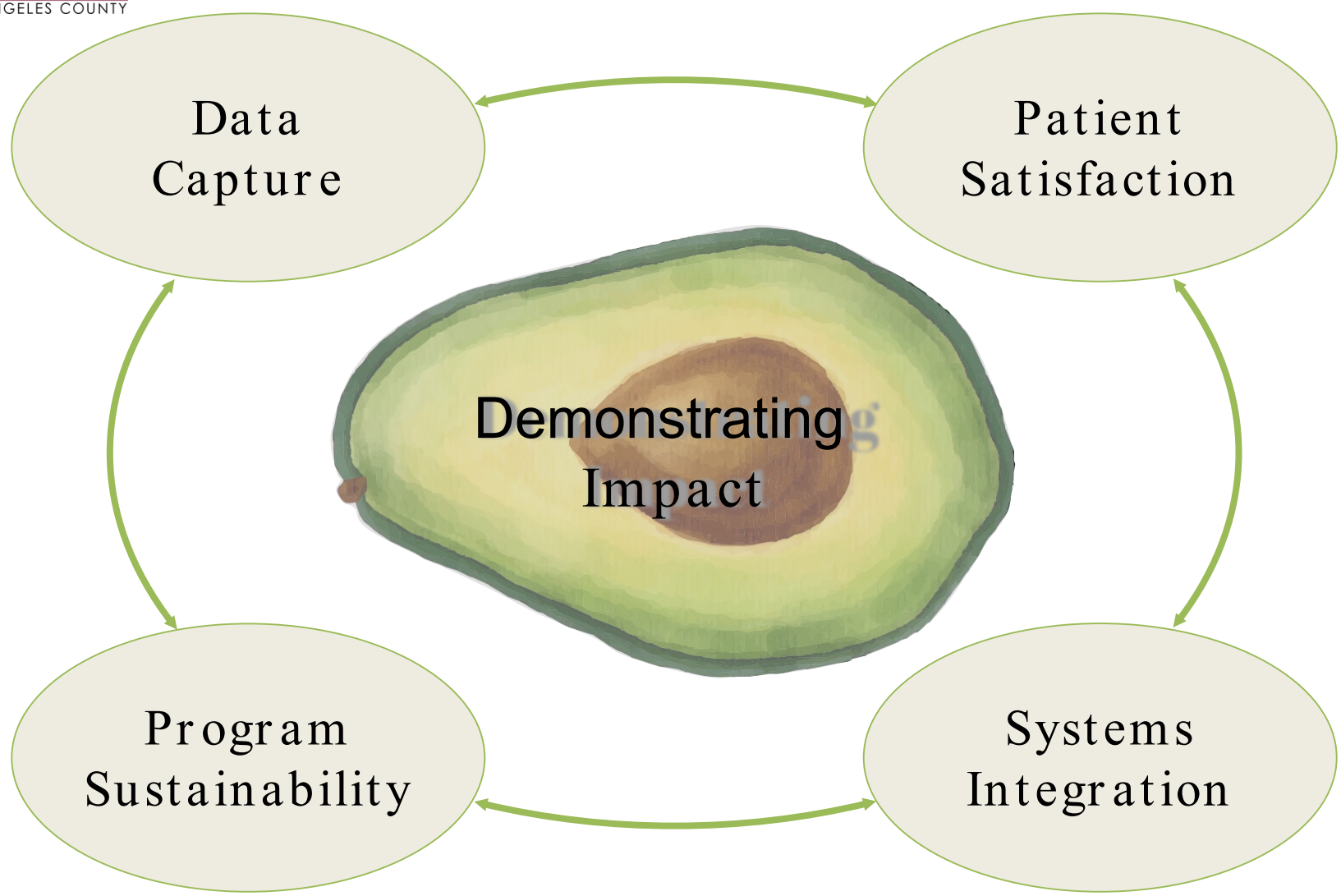
Our Desired Future




Data Capture
Patient Satisfaction
Demonstrating Impact
Program Sustainability
Systems Integration

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Solution

Short Term

Implement Food Distribution

Short Term

Pt. Scan/Check In Process

Long Term

Database communication

Long Term

Storytelling-> Sustainable funding

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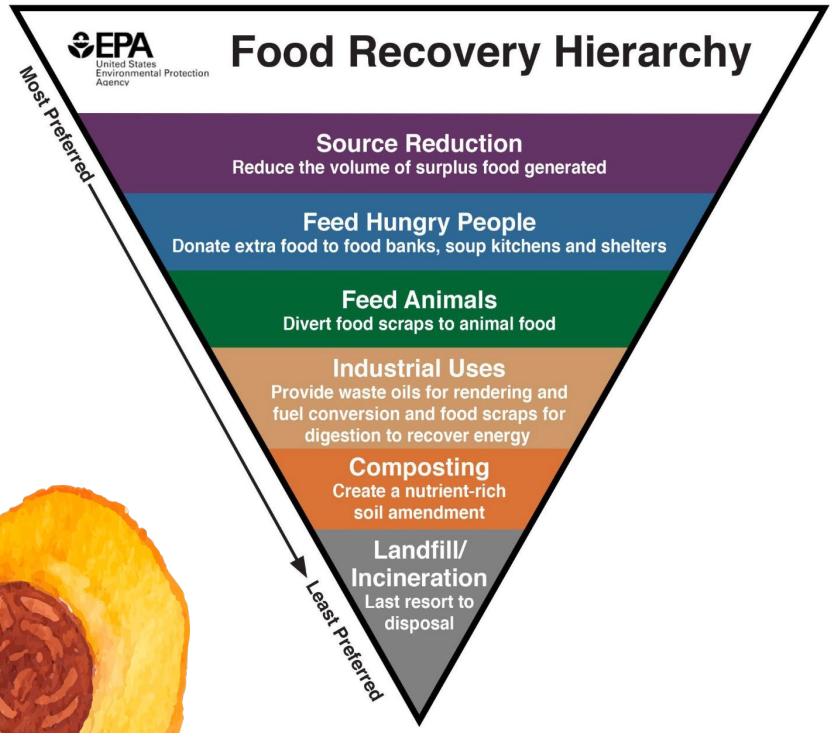
Social Determinants of Health and the Food System



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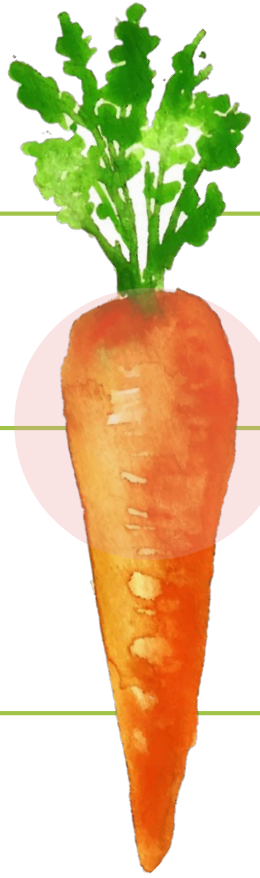
Capturing accurate data allows for sustainable food programming, which will lead to impactful patient-led care.

Are we being nice or are we creating an impact?



- Reduce health disparities
- Shift from patient-centered to patient-led care
- Storytelling through data collection
- Increase patient engagement and improve patient satisfaction
- Support for the Community at Large
- Staff empowerment

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Food Waste: Plugging the Leeks

Federal Legislation

- **HR 2428** – Bill Emerson Good Samaritan Food Donation Act
- **HR 3444** – Food Recovery Act of 2017
- **HR 4443** – COMPOST Act
- **HR 4444** – Zero Food Waste Act

CA State Legislation

- **AB 1219** – Good Samaritan Food Donation Act
- **SB 1383** – Short-lived climate pollutants

SB 1383

January 1, 2022

January 1, 2024

Through 2025

Tier 1 Edible Food Generators
- Wholesale Food Vendors
- Food Service Providers/ Distributors
- Grocery Stores
- Supermarkets

Tier 2 Edible Food Generators
- Restaurants
- Hotels
- Local Education Agencies
- Large Venues / Events
- State Agencies
- Health Facilities

75% reduction of organic waste
20% increase in edible food recovery

Without proactive solutions, our community will continue to face food insecurity

We don't have everything figured out *just* yet...

- Short term funding ≠ sustainability
- Incomplete data collection will not accurately reflect the impact
- Community clinic legacy of innovation will not be fulfilled
- Are we staying true to our mission if we don't do this?
- Higher patient acuity with more serious illness/disease

If we all get on the same page by measuring the same markers and milestones, we can create a standardized approach to mitigating food insecurity across LA County.

Fostering a Successful Partnership

- Consistent communication
- Maintain clear expectations between partners
- Alignment in mission(s) between partnering organizations serving similar populations and trying to solve interconnected problems
- Funding to support staff time and leadership buy-in from all partnering organizations
- Consensus on decision-making processes
- Identify individual strengths and expertise

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Thank you!

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Food Forward **fights hunger and prevents food waste** by rescuing fresh surplus produce, connecting this abundance with people experiencing food insecurity, and inspiring others to do the same.

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Why we do it...

- Food insecurity impacts at least 1 in 9 Californians; 1 in 10 Angelenos is experiencing food insecurity[1]
- At least 35% of food we produce is never eaten[2]
- We solve both these problems with food recovery!

[1] Los Angeles County Emergency Food Security Branch, the USC Dornsife Public Exchange: publicexchange.usc.edu/food-insecurity-in-la-county/
[2] ReFED: https://refed.org/

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Food Waste = Food Insecurity

FOOD FORWARD

"Reversing current food waste and food loss trends would preserve enough food to feed 2 billion people. That's nearly twice the number of undernourished people across the globe."

– UN WFP, World Food Program USA

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FOOD FORWARD

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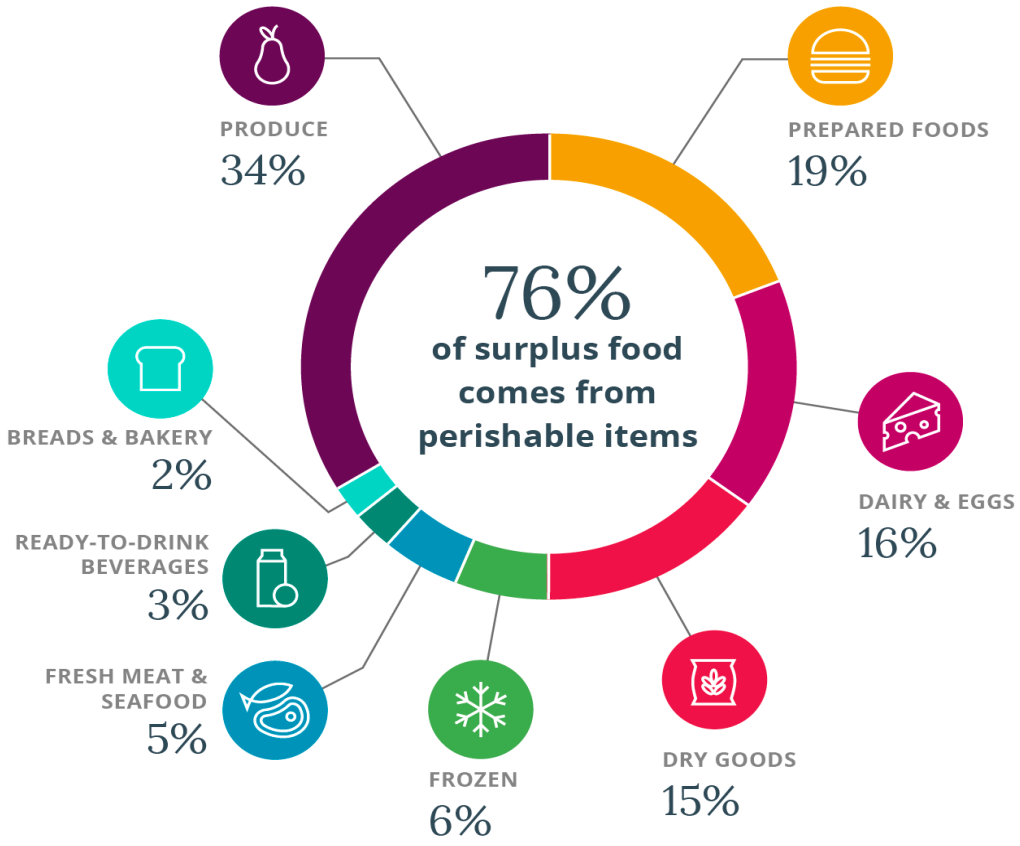

Source: ReFED

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Food Waste: Environmental Impact

RESOURCES LOST:

- 18%-28% of cropland
- 21%-33% of agricultural water
- Labor, gas, energy, fertilizer to grow, harvest, process, and transport food.

GREENHOUSE GAS EMISSIONS:

- Food waste accounts for at least 11% of all landfill-generated methane emissions and 6-8% of total global greenhouse gas emissions

In 2021, Food Forward's produce recovery prevented 18,841 metric tons of CO_2 equivalent.

Food Waste: Climate Impact

*"**Landfills are the third-largest source of methane emissions in the US,** and food waste is the largest category of garbage.*

Wasting less food is a simple lifestyle change that individuals can make in developed countries.[1]*"*

Insider, "Scientists say climate solutions like solar power and walkable cities are cheap, doable, and can make a dent in the crisis," April 2022.

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How we do it...

FOOD FORWARD

Fruit Trees

Wholesale Produce

Farmers Markets

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Community Programs

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Wholesale Produce Recovery

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Who gets the food...

Recovered produce is donated to
350 + hunger relief organizations

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Where we work...

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Produce reaches 12 counties in SoCal, plus six states and tribal lands outside of CA.

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Our Impact

On an average day, Food Forward recovers and distributes enough produce to meet the **5-a-day fruit and vegetable needs of more than 150,000 people.**

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Stay In Touch!

Follow Food Forward

Instagram: @foodforward
Facebook: @foodforwardla
Twitter: @foodforwardla

Learn More about Food Recovery

foodforward.org/inspire-others

Volunteer with Us!

foodforward.org/volunteer

Donate

foodforward.org/donate

Partner

amir@foodforward.org

Food Security

- Food security: having reliable access to enough good, healthy, and culturally appropriate food.
- 2019 = 10.5% of US households
- Spring 2020 = 25% of US households

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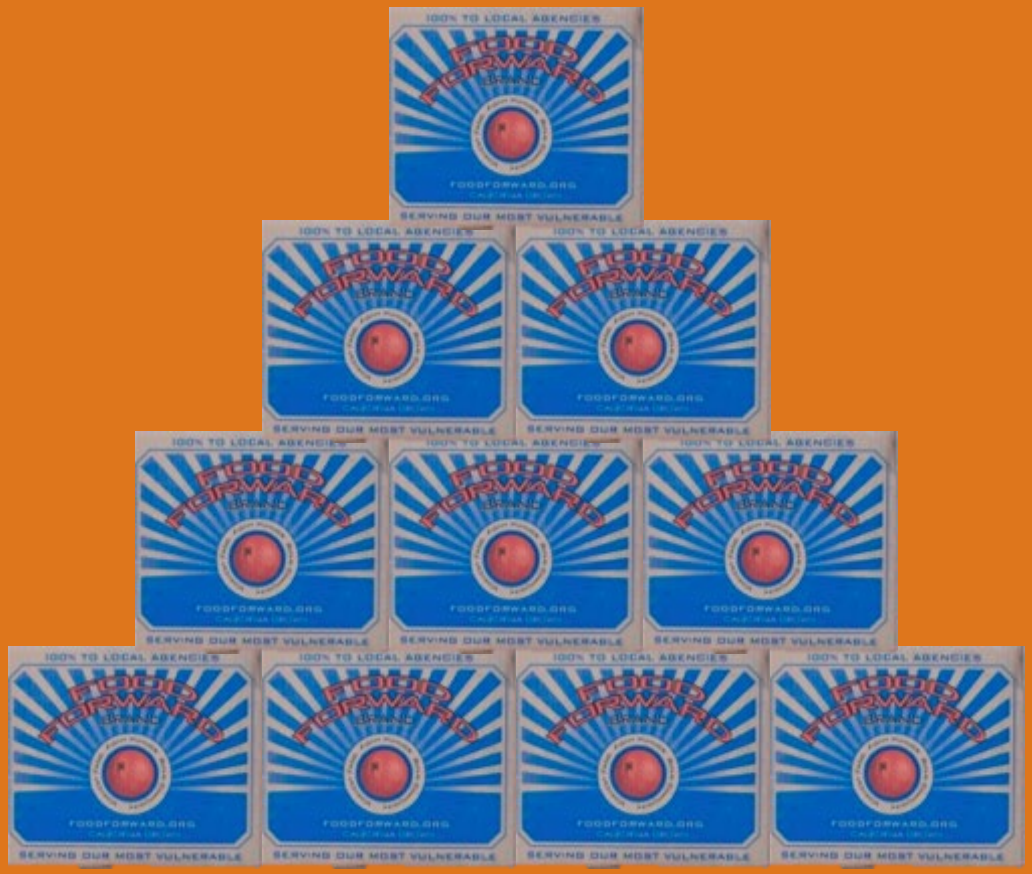
Thank You!



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Q&A

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- Amir Zambrano, amir@foodforward.org