#### Food Is Medicine



#### **Partnerships to Improve Food Security:**

Connecting older adults with food resources in Maine Maine Aging Summit - September 21, 2016

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## Partnerships To Improve Community Health (PICH)

Support local partnerships that build capacity and implement community-level strategies to address the greatest predictors of chronic disease.

EMHS received a **\$4M** CDC award 2014.

#### **PICH GOALS**



- 1. Improve access to healthy foods
- 2. Increase **community-clinical linkages** for chronic disease prevention
- 3. Establish a scaled, accountable prevention network

#### PICH Intervention Counties

#### **High Risk Geography**

**Excess Chronic Disease Morbidity and Mortality** 









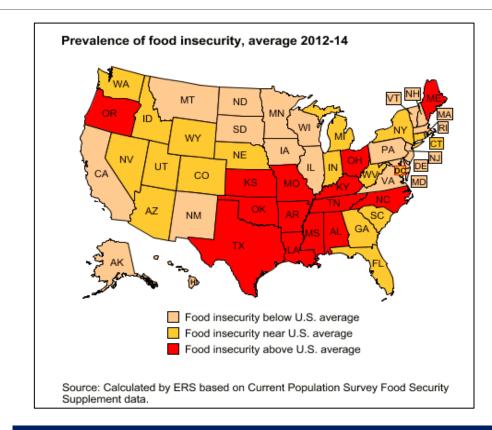


Healthy Aroostook
Power of Prevention
Piscataquis Public Health
Healthy Northern Penobscot
Healthy Acadia
Healthy Waldo County
Bangor Public Health
Healthy Sebasticook Valley
Somerset Public Health

### Food Insecurity In Maine

#### **FACTS**:

- 200,000+ Mainers
- Highest rate in Northeast
- 3<sup>rd</sup> Highest in US for 'very low' Food Security







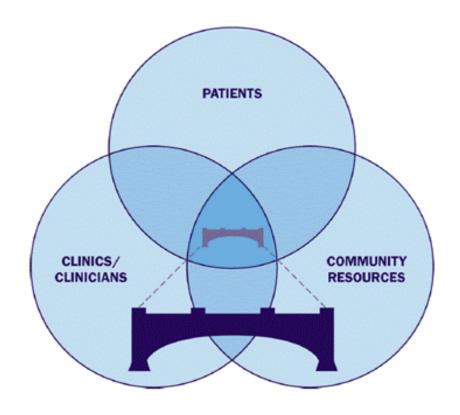
#### Food & Health



### Clinical Community Linkages (CCL)

#### **CDC** Definition

"Connections between community and clinical sectors to improve population health."



#### **FOCUS ON FOOD SECURITY**

#### Validated 2 Question SCREENING TOOL

I'm going to read you 2 statements that people have made about their food situation. For each statement, please tell me whether the statement was "often true," "sometimes true," or never true for your household in the past (X)\* months.

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

"Within the past 12 months the food we bought just didn't last and we didn't have money to get more."

Hager, ER, et al. (2010). Development and Validity of a 2-Item Screen to Identify Families at Risk for Food Insecurity. Pe diatrics, 126:P e26-e32.

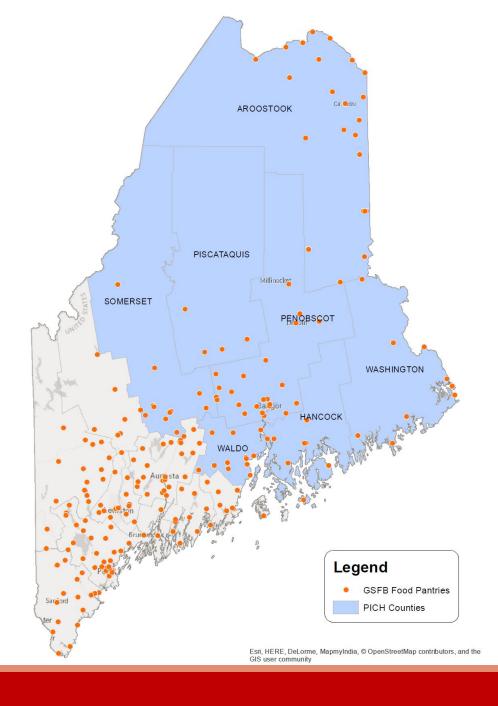
# Lori Fecteau Community Health and Hunger Program Manager Good Shepherd Food Bank

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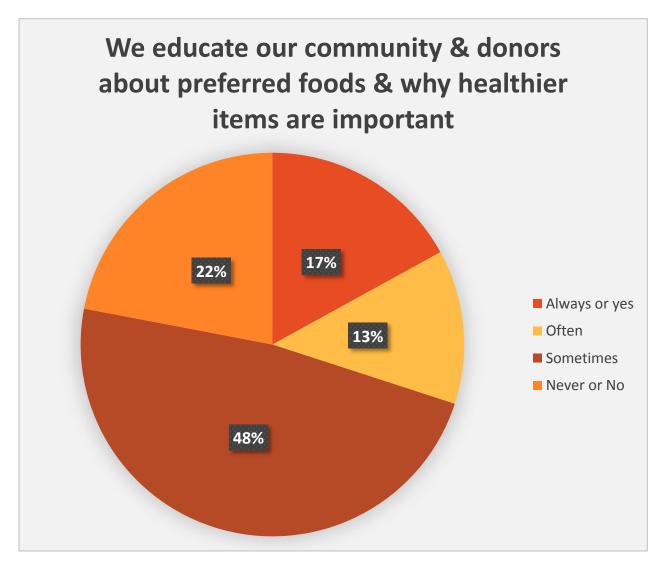


#### **Food Pantry Capacity Building**

- Food pantries across Northern and Eastern Maine completed a Food Pantry Self-Assessment and Goal Planning process.
- The process identified areas of support needed to increase the capacity of food pantries to serve their communities with nutritious food.
- Technical assistance, capacity grants, and learning opportunities are being delivered to food pantries based on the Self-Assessment process findings.



#### Sample Food Pantry Self-Assessment Question Results



#### **Results:**

Only 30% of pantries in the PICH region regularly educate their community and donors about foods preferred for donations and why healthier items are important.

#### **Recommendations:**

Use Hunger and Health in Maine Infographic as a tool to educate community members why healthy donations are important and appreciated.

#### **Capacity Building:**

Invest in food pantry physical infrastructure to increase space to store healthy donations



#### **HUNGER AND HEALTH IN MAINE**

More than

Mainers are food insecure, meaning they lack regular access to enough nutritious food to live a healthy life.

#### **COPING STRATEGIES**

Reported by food insecure households:











This includes

Of households report ochoosing food that is and may actually contribute to obesity and poor health

### filling but not nutritious,

#### **HOUSEHOLD HEALTH**

have a member

diagnosed with

In Maine, households using a local hunger relief agency for food assistance report:











have a member with high blood

Many of the most common chronic health conditions are diet-related, including obesity, heart disease, high blood pressure, and type 2 diabetes, and may be prevented or improved by eating healthful foods.



#### 1 in MAINERS TURN TO THEIR LOCAL HUNGER **RELIEF AGENCY FOR FOOD ASSISTANCE**

The items households report needing most are fruits and vegetables, protein, and dairy products - key parts of a healthy, balanced diet.









#### SUGGESTIONS FOR HEALTHFUL FOOD DONATIONS

#### FRUITS AND VEGETABLES

- 100% fruit & vegetable juices

#### **PROTEINS**

- Canned meats and seafood such as chicken, tuna, and salmon
- ☐ Low-sodium beans, peas and lentils
- ☐ Fresh or frozen meat\*

#### DAIRY AND DAIRY

- Milk (nonfat, skim, and
- Shelf stable milk or nonstable dehydrated milk and

☐ Low-sodium nuts and nut

100% WHOLE GRAINS ☐ Whole-wheat pasta, barley, brown rice, and wild rice

☐ Whole-grain cereal and

unsweetened cereals and

oats are highly encouraged

Funded through a Partnerships to Improve Community Health award and EMHS.











# **Capacity Grant Investments**

Produce display installed to promote healthy choices.



# **Capacity Grant Investments**

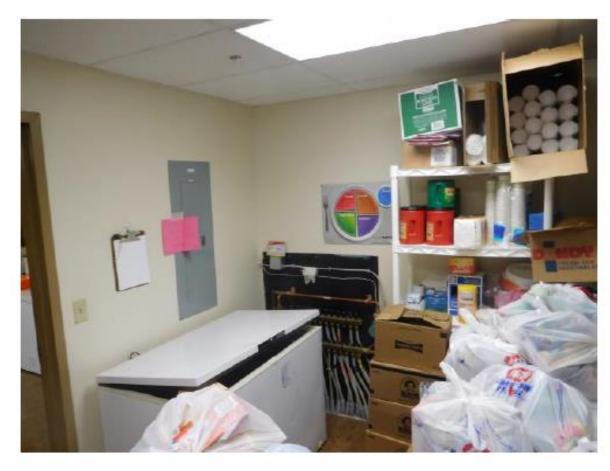


Figure 1- Replacement of old chest freezer

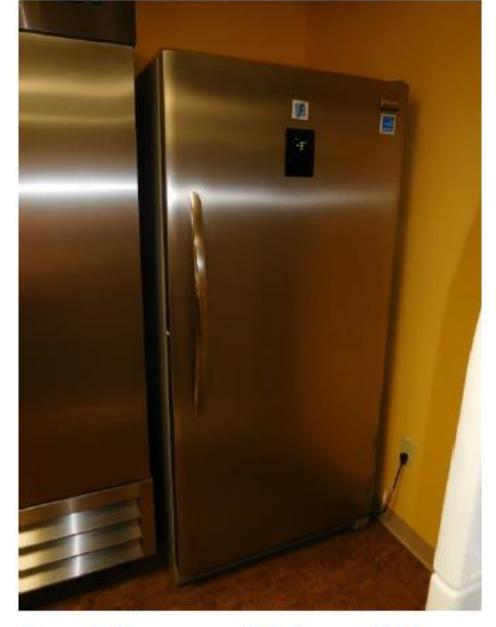


Figure 1-New convertible freezer/fridge

# **Capacity Grant Investments**



Figure 3-Add adequate shelving for food and storage



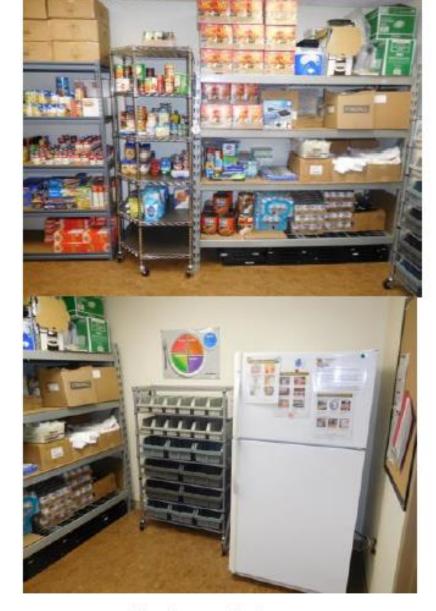
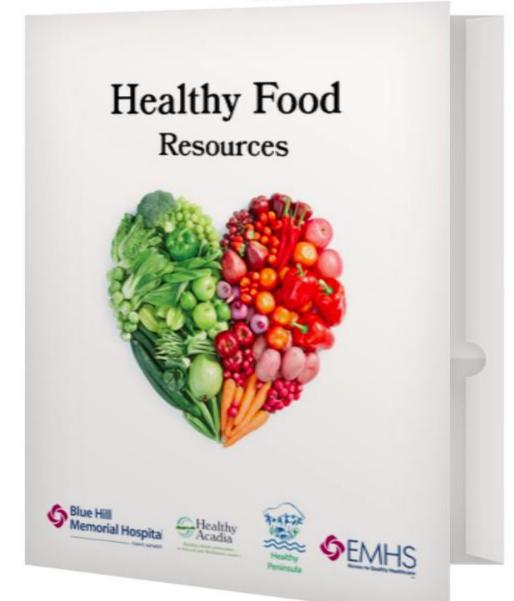


Figure 3-Added new shelving to pantry-So much more space!! Removed both old chest freezers and add rolling shelving and two new industrial shelves.

# Janet Lewis Executive Director Healthy Peninsula

JLEWIS@HEALTHYPENINSULA.ORG

Folders



Standard Business Cards: Front side



#### Free Referral Service

Janet Lewis

Executive Director, Licensed Social Worker

P.O. Box 945 Blue Hill, ME 04614

(207) 374-3257 jlewis@healthypeninsula.org

Standard Business Cards: Back side

Supported through funding from the Centers for Disease Control and Prevention







Blue Hill Memorial Hospital, Healthy Acadia, EMHS, and the Partnership to Improve Community Health

#### Women, Infants & Children (WIC) Nutrition Program

This nutrition program is for income-qualifying women who are pregnant, breastfeeding, or have had a baby in the last six months, infants and children up to the age of five. Fathers may apply for their children. You can apply at the Ellsworth WIC office.

Ellsworth WIC Office 248 State Street (Behind the Mill Mall) Ellsworth, ME 04605 (207) 667-5304 or (800) 492-5550

#### Online: Maine Family Planning

www.mainefamilyplanning.org
Click on the tab "Our Services" and select the button
"Family Support Services." Scroll down to the "WIC
Nutrition Program" button. Here you can:

- · Pre-screen for eligibility
- Get more information about how to apply and how to use benefits
- · Learn about breastfeeding support

#### Low Income Home Energy Assistance (LIHEAP)

This program helps income-eligible individuals and families pay for home heating costs. You may live in Section 8 or subsidized housing and still receive LIHEAP assistance, even if you don't pay for your heat. If you're enrolled in the Food Supplement (Food Stamps) program, your benefits will increase if you receive LIHEAP assistance. You can apply through the Washington Hancock Community Agency (WHCA), and you must reapply every year

Washington Hancock Community Agency (WHCA) 248 Bucksport Rd, Ellsworth, ME 04605 (207) 664-2424

Online: WHCA Website

www.whcacap.org

Here you can learn more about LIHEAP, and the other services WHCA provides, such as:

- Transportation
- · Family Services
- Elder Services
- Veteran's Services

To get more information about these and other nutrition programs in your area, call:

2-1-1 Maine: Dial 2-1-1

National Hunger Hotline: Dial

1-866-3-HUNGRY (English) 1-877-8-HAMBRE (Spanish)

#### **Nutrition Resources**

Local Contacts for Federal Nutrition Programs Hancock County



For more information, or if you have questions about any of these programs, please contact Healthy Acadia's Anti-Hunger & Opportunity Corps VISTA, Emily Herwerden at 667-7171 or at emily@healthyacadia.org



#### Bar Harbor

#### Bar Harbor Food Pantry

Location: 36 Mount Desert Street

Days and Hours: First 3 Tuesdays each month (9-12pm)

& the following 3 Thursdays (4-6pm)

Services: Groceries

Donations: During open hours, or at the Bar Harbor Hannaford drop box Contact: 288-3375 or jennifer@bhfp.org

#### Food for All Community Meals

Location: Holy Redeemer Catholic Church, 21 Ledgelawn Avenue Days and Hours: Thursdays (4-7pm) Services: Free meals Contact: Chris Brown ~ chrisbrownslp@gmail.com

#### Blue Hill

#### Tree of Life Food Pantry

Location: 23 South Street

Days and Hours: Thursdays (9am-3pm)
Services: Groceries

Donations: Drop off Tuesdays (8-10am)
& Thursdays (8am-3pm)
Contact: 374-2900

#### The Simmering Pot (Community Meal)

Location: First Congregational Church of Blue Hill, 22 Tenney Hill Days and Hours: Mondays (2:30-6pm) Services: Free meals, dine-in or take-out Contact: 374-2891

#### Stonington

#### Island Pantry

Location: 6 Memorial Lane
Days and Hours: Thursdays (5:30-7pm)
closed on the 5th week
Services: Groceries
Contact: 348-6181

#### Swan's Island

Location: Old Village Firchouse

Days and Hours: Variable. Watch for the open flag, or

Swan's Island Newspaper.

Contact to be added to a calling list

Services: Groceries

Contact: 526-4024

The Hancock County Food Security Network meets quarterly to share resources, network, and collaborate on initiatives to address hunger in our communities. The Network is supported by Healthy Acadia, University of Maine Cooperative Extension, United Way of Eastern Maine, Washington Hancock Community Agency, and Maine Community Foundation, as well as the food pantries and community meal sites included.

For more information, or to suggest updates or changes to this document, contact Katie Freedman at Healthy Acadia: 667-7171/katie@healthyacadia.org or Marjorie Peronto at UMaine Cooperative Extension: 667-8212/marjorie.peronto@maine.edu

#### Food Pantries & Community Meals

Hancock County Food Security Network













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# Evaluation PICH Program

EMMC CLINICAL RESEARCH CENTER

# Evaluation purpose (What are we hoping to learn?)

- to identify discrepancies in implementation work plan and its operationalization
- to share experiences among partners and practices to adapt and optimize the intervention and the likelihood of affecting change
- to identify key indicators of program success

# Evaluation purpose (What are we hoping to learn?)

- What was the short term impact of the project?
- Predict sustainability of the collaborations between community resources and health systems
- Understand perceived benefits and barriers to program implementation from all stakeholders
- Disseminate real world case studies for expanding implementation in similar settings

### Methodology

We're just starting to plan our evaluation. Which methods should we consider?

All of them.





freshspectrum.com

#### REFERENCES

1. Accessed from: <a href="https://www.google.com/search?q=evaluation+goals&source=lnms&tbm=isch&sa=X&ved=0ahUKEwjYt-PLwZTPAhWGbT4KHdt8ASUQ\_AUICCgB&biw=1344&bih=682#tbm=isch&q=research+evaluation+funny&imgrc=0WkK2TaWH8jz7M%3A accessed on 9/16/2016</a>

# Methods (How are we gathering information?)

#### Data sources:

- Program planning narratives
- Key informant interviews
- Stakeholder meetings
- Quarterly reports on project progress (Includes constructs such as: panel size, # patients screened, # patients referred, # providers participated, Geographic area covered)
- Patient feedback from post card questions

# Key Current Findings (What did we learn so far?)

Potential reach of the program: 23000 patients, across 6 Maine counties,

Engaged with 27 different health care practices

Resource guides such as of food pantry directories developed for 3 counties

Screening incorporated in EMR systems at 2 sites potentially available to all practices in the health system

### Case Study

Feedback from one of the first sites to implement community clinical linkages pilot:

 Positive food insecurity rate of 7% in the first quarter after implementation of the food insecurity screen

"staff was very surprised at the number of people that have screened positive for food insecurity. Also becoming aware that there is a place for people to be referred to that is free of charge.

### Patient feedback post card

Please take a minute to fill out this survey about the service you received today and drop it in the mail. Your feedback will help us meet the needs of patients. Any answers you give are anonymous, and you do not have to respond if you don't want to.
1. Was information about getting in touch with local food resources given in a way that was easy to understand? ☐ Yes ☐ No
2. Were any questions you had about local food resources answered? □Yes □No □Didn't have
If you did have questions that weren't answered, what were they?
3. Did you ever feel like you were being treated unfairly while talking about food with your doctor?  ☐ Yes ☐ No
Comment (optional):
4. Do you think you will be able to get in touch with the local food resource? □Yes □ No
If you said "no," what might keep you from getting in touch with them?

#### **PICH CCL Evaluation Preliminary Findings: Key Informant Interviews**

#### **Planning**

Planning has involved coordinating with practice managers, IT staff, and local food resources. Sites have used different approaches to inform providers of the local food resources that exist in the area.

Two sites are planning EMR-based screening and have identified pediatric practices as ideal sites to set up the screening and referral process.

One is piloting their process in a smaller family medicine practice, and screening patients using a paper form.

#### **Process**

MAs are conducting screenings during intake at the two sites using EMRs. Patients with a positive screen at one are referred to a social worker or local food resource, and the available services are discussed. Providers are able to follow up and enter additional information about the patient's situation in the EMR form.

Patients fill the screening upon checking in at the front desk. If they have a positive screen they receive a packet with information about local services available, and can also be connected with the local HMP for additional support.

#### **Barriers**

There was some hesitancy early on among providers about asking and discussing the issue with patients, and weren't sure if it was an issue that really affected their patients. Some patients get annoyed with the number of questions but none have refused to answer.

There is a concern that some patients might not discuss their food insecurity openly out of a sense of pride.

There is the potential for logistical barriers related to use of a paper form, and with providers not being aware of the patient's response to screening questions. But the practice has done this type of screening and outreach to patients so it is a natural.

#### **Benefits**

Collecting information to report number of patients with a positive screen helped demonstrate to providers in the practice that this is an important issue that patients are dealing with.

This is something that some providers may have discussed, or may have known about local resources, but now there is a formal process for screening, discussing, and referring.

This is helping the practice to build and strengthen its relation with other organizations in the community

There is a good chance that this will help with patient satisfaction overall.

The above information is based on information collected during three semi-structured key-informant interviews conducted to date. Interview questions are related to four overarching areas implementation planning, screening process, barriers, and benefits.