

NOPREN Hunger Safety Net WG Meeting Minutes – January 23, 2017

- Overview of community-clinic linkages (Melissa Cannon from CFPA and Holly Calhoun from PHI)
 - Help Desk model is fairly common in clinics and hospitals across California to help patients connect with food assistance
 - Connecting to food assistance is one of the biggest uses of the Help Desk model
 - Help Desk model is interesting and relevant to anti-hunger work because utilizing an active referral can be up to 10x more effective in connecting people to food assistance, especially in a hospital or clinic setting
 - Having a Health Desk model takes some of the burden off of the immediate health care team that has maybe 15 minutes to spend with each patient
 - Seems very similar to Health Leads, which has been picking up across the US
 - Tackling Hunger Project started looking at the different ways hospitals and health systems are working to address food insecurity in their patient populations (focus on chronic disease and older populations)
 - Haven't done evaluations of these programs but have worked with experts to identify which characteristics are most effective
 - Saw a range of ways in which providers were referring—whether enrolling in federal nutrition assistance programs or more specific targeted programs, such as home food delivery
 - Saw models of prescription food programs
 - Information summarizing different models studied by the Tackling Hunger Project: <http://www.phihungernet.org/>
- QUESTION: How can we support or evaluate the clinic-to-community treatment models? (Anne Haddix from the Tackling Hunger Project)
 - Discussion with Wholesome Wave in trying to provide some way to start pulling together common metrics that programs can use to begin even conducting in-house evaluations
 - Also working to create a generic cost analysis protocol so that people have a tool they can use to estimate the cost of their program and see what it would cost to scale up on a larger level
 - Working with certain food prescription programs to try and estimate the cost of their program, the cost of sustaining their program, and the cost of scaling up their program
 - In San Diego, work is being done around developing networks of programs in a variety of health care organization across the regions
 - Would be interesting to look at how are these doing, how effective are they, and what are they costing and what would it cost to scale up
 - Even generic protocol for evaluation, cost analyses, and/or cost-effectiveness analyses would be helpful and an effective strategy to capture data
 - QUESTION: Are fruit and vegetable voucher programs contributing enough to the hunger safety net environment that we should dedicate time on this call to understand their national scope and scale and what their impact is?

- How do we screen and refer without adding too much additional burden to hospital staff?
 - Will talk offline about opportunities for collaboration, synergy, etc.
- QUESTION: Are there any clinic-to-community referral programs that have been established in rural areas?
 - PHI did identify a few models in rural settings; Holly Calhoun can send more information out if anyone is interested
 - Karen Webb is conducting a study of 15 rural and remote food banks in CA; food banks in rural areas are unable to meet all of the need, especially for people with special health needs
 - For offline/future conversation: should we dedicate some time on these calls for discussion of evaluation of food insecurity interventions in rural areas?
- QUESTION: Are there any clinic-to-community referral programs that are utilizing dietitians, specifically for education as well as referral?
 - From Tackling Hunger Project, there is an upcoming paper regarding the projects that are considered well on their way to needing and wanting a more rigorous evaluation; one of the characteristics identified is who is conducting the referrals and whether that is combined with some educational component
- QUESTION: In all the work people have done in developing these models, have any concerns around liability come up? For example, you screen for food insecurity and patient is food insecure but there are concerns that your referral system is not robust enough to cover potential liability related to a positive screen.
 - No one has heard it come up in the context of liability but Dr. Garg wrote a Viewpoint in JAMA regarding the unintended consequences about food insecurity screening and in the following issue, Laura Gottlieb and a few other physicians responded (*Viewpoint and responses are attached to the email*)
 - Evaluation can help deal with the issues and understand what is robust, when to screen/refer and when not to, etc.
 - Last spring, Memorial Hospital (which conducts passive screening) considered applying for funding to establish bridge organizations through CMS
 - Liability issue didn't come up but decided not to move towards active screening due to the lack of community resources to refer to
 - Potential future meeting: a conversation with Harvard's Center for Health, Law and Policy about the legal repercussions of screening/referrals that would include both liability and HIPAA issues
 - Likely do not need a business associates agreement
 - Opens up additional legal issues when fruit and vegetable programs are called "prescription" programs
 - Is there a policy that can be put in place that can mitigate fears of the healthcare community around HIPAA and liability? What are the barriers to

conducting screening/referral programs in healthcare settings, especially given that the models are so new to health systems?

- **SUMMARY/NEXT STEPS:**
 - Group has expressed interest in the conversation around common metrics for fruit and vegetable prescription programs—is there any academic work that could move the conversation forward in collaboration with Wholesome Wave?
 - Also interest in screening liability and HIPAA issues

Subgroup updates:

- Clinical linkages (Co-chairs: Steve Cook and Ellen Barnidge)
 - Finalizing a food insecurity screening and referral algorithm for pediatric patients
 - Next project: a food insecurity screening and referral algorithm for older adults
 - Next call on **Thursday, Feb 27 at 4pm EST. The call-in information is: Dial: 866-541-4407, Passcode: 1855494**
- Food Policy Councils (Chair: Larissa Calancie)
 - Quality check on coding for paper regarding Food Policy Councils' Impact on Policy, Systems, and Environmental-level Change in their Communities'
 - Working towards submitting the paper for the Preventing Chronic Disease NOPREN supplement