



San Francisco takes a stand and declares... food

Is a basic human right.



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Section 4:

Food Security and
Health Care Integration

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Food Security and Health Care Integration

Significance

“Food Security and Health Care Integration” is a new category for the 2018 Report. Food insecurity is a major social determinant of health. In the last decade, healthcare systems have increasingly recognized their stake in addressing food insecurity. Research has documented the association between food insecurity and chronic disease as well as increased healthcare utilization and cost. Without addressing food insecurity for patients, healthcare systems are not able to adequately prevent and manage their patients’ health conditions.

The American Academy of Pediatrics issued a policy statement in 2015 recommending all pediatricians screen for food insecurity as a routine part of medical care. In 2016, for the first time, the American Diabetes Association included recommendations about tailoring treatment for food insecure patients in their annual comprehensive manual, Standards of Medical Care in Diabetes.

Addressing food insecurity in the healthcare setting involves screening for food security as part of standard protocol within clinical (outpatient and inpatient) settings. Ideally, screening results are documented as part of the medical record, patients screening positive for food insecurity are systematically referred to community, state, or federal food-support programs, and feedback is provided to the clinical system about whether such referrals resulted in a successful connection to resources.

Successfully implementing this integration provides several significant benefits:

- Proper nutrition is a foundational element of good health and well-being. Making food security part of the standard health care screening protocol ensures the health care team is aware of and can take action when food insecurity is identified. In addition, it communicates to patients that the health care sector believes food security is important for health and well-being.
- Documenting results of food security screening in the medical record formalizes the findings as significant clinical risk factors. In the future, screening is more likely to be reimbursable by medical insurers, who will ultimately spend less to support proper nutrition than they will for more serious medical conditions that often occur

in the face of food insecurity and could be preventable. Such reimbursements will remove a portion of the fundraising burden experienced by many community organizations that struggle to fill existing gaps in food-security support.

- Food-insecure populations that are hard to reach or who feel that there is stigma attached to receiving any sort of charitable donation (including food) may be more accessible in clinical settings, where they receive care. They may also be more likely to accept nutritional support prescribed by a medical professional than more traditional food support strategies.
- Food insecurity is frequently associated with chronic illness. Recognizing the association as part of formal clinical practice creates opportunities to holistically treat chronic illness and its complications.

What's Working Well

Hunger Vital Sign screening: The Hunger Vital Sign is already in use by health systems all over the country and programmed into many electronic health records. It is a simple, standardized, two-question protocol that identifies patients at high-risk of food insecurity. The Food Security Task Force's Food Security Screening Policy Recommendations^q provide additional information about the Hunger Vital Sign.

Food Is Medicine Coalition Medically Tailored Meal pilot: The California legislature and Governor Brown approved a three year, \$6 million pilot to provide home-delivered, medically customized meals to high-risk Medi-Cal patients at hospital discharge. The pilot serves seven counties in California including San Francisco, and is being evaluated to determine the impact on health outcomes and health care expenses. The Food is Medicine Coalition pilot provides the opportunity to test various processes to tightly integrate food support and the clinical system.

Food prescriptions: A written “prescription” for food by a clinician can help decrease stigma related to accessing food supports as it promotes the importance of diet as part of an individual’s medical care plan. A voucher or written “prescription” by a clinician can be exchanged for specific foods (usually fruits and vegetables) at participating farmer’s markets, and/or local food retailers or other community based or federal food support.

Food Pharmacies: There has been increasing interest and growth of “food pharmacies” which extends the food prescription model to include on-site mechanisms to “fill” the prescription. There is evidence that such entities, when paired with nutrition education, can improve health outcomes. In San Francisco, the Department of Public Health is piloting food pharmacies in six of its clinics.

^q. See www.sfdph.org/foodsecurity

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**Current Challenges**

Lack of integrated systems: Currently, there are very few health systems in San Francisco that screen for food security and systematically refer food insecure patients to community-based or federal food support, or that allow for real-time adjustment of referrals in response to changing circumstances (both positive and negative). Keeping individuals in support settings that provide either too little or too much support uses valuable resources inefficiently and ineffectively.

Understanding the full financial impact of food insecurity: A complete picture of the cost of food insecurity to the Department of Public Health, emergency services, or hospitals does not exist. Without such a comprehensive understanding, it is more challenging to generate the political will to develop a solution.

Adequate funding: Community organizations addressing food insecurity constantly struggle to find adequate financial support to continue and to expand their efforts.

Lack of updated, accurate resource repository: If a patient is identified as being food insecure and in need of additional food resources, there is not a single resource repository that is frequently updated and accurate, making it more difficult for health systems to refer their patients to appropriate resources

Lack of navigation services: If healthcare providers are able to identify an appropriate resource for their patient, there is a lack of robust navigation services to help patients actually connect to and access food resources. Prior experience has demonstrated that passive referral to food resources often does not result in patients connecting to the food resource.

Recommendations

Integrate food security as part of standard health care screening and document results in the electronic medical record: As indicated, this will create a more holistic and comprehensive approach to address the problem. In addition, it communicates to patients that the health care sector believes food security is important for health and well-being.

Develop a single updated, accurate resource repository: This repository would be a valuable resource to any client-service agency, including clinics and hospitals. This would make referrals a much more manageable task for the health system and for other agencies.

Support Department of Public Health and all San Francisco health care systems to integrate into the new and existing electronic health record both the Hunger Vital Sign and a dynamic and systematic tracking-and-referral system:

This system should be capable of tracking and monitoring food insecurity rates within a given network. Intervention strategies and protocols also need to be developed as part of the system. It should be able to provide streamlined referrals for support utilizing the single, central repository of resources (e.g., a single phone call into a referral network of pantries, state, federal, and local programs, and specialized “prescription” food). Clinicians and other involved parties should have visibility into clinical findings, recommendations, and status of referrals. The system should also be flexible enough to adapt to changing circumstances by enabling clinicians to increase or decrease the level of support and intervention.

Conduct outreach to generate support for health care integration:

Educational and marketing efforts need to be developed to raise awareness of the benefits of integrating food-insecurity screening and health care referrals. This includes studying the cost of food insecurity-related services and food insecurity’s impact on productivity and other measures of civic well-being and stability.





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Appendices

2018 Food Security Report



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APPENDICES

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Project Manager and Editor:

Paula Jones, San Francisco Department of Public Health, Population Health

Co-Editor:

Karen Gruneisen, Episcopal Community Services of San Francisco

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Children's Council

Raegan Sales

Community Living Campaign

Chester Williams

Department of Aging and Adult Services

Linda Lau

Department of Children, Youth and their Families

Michelle Kim

Department of Homelessness & Supportive Housing

Cathy Perdue; Cindy Ward

Department of Human Services/CalFresh

Mary Adrian; Jeimil Belamide; Randy Mano; Lota Torres-Clemente; Olga Stavinskaya-Velasquez; Tiana Wertheim

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Jeffrey Smith

GLIDE

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Charmaine Ess Kyle; Emily Leys

Project Open Hand

Mark Ryle; Kim Madsen

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Sonny Pyon

San Francisco Department of Public Health

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Photos on page 7, 32 and 141

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Photos on page 138 and 175

Lauren Tabak Photographie

Food Security Task Force members

Jeimil Belamide, Department of Human Services/CalFresh

Emily Cohen, Department of Homelessness and Supportive Housing

Geoffrey Grier, SF Recovery Theatre

Karen Gruneisen, Episcopal Community Services of San Francisco

Mei Ling Hui, Department of Recreation and Park

Paula Jones, Department of Public Health/Population Health (**Vice Chair**)

Michelle Kim, Department of Children, Youth and their Families

Linda Lau, Department of Aging and Adult Services

Jennifer LeBarre, San Francisco Unified School District

Priti Rane, Department of Public Health/Maternal, Child and Adolescent Health

Hilary Seligman, UCSF Center for Vulnerable Populations at Zuckerberg San Francisco General Hospital

Anne Quaintance, Meals on Wheels SF (**Chair**)

Chester Williams, Community Living Campaign

Rita Mouton-Patterson*, Hospitality House

Ave Lambert*, Farming Hope

Jennifer Siswandi*, Tenderloin Neighborhood Development Corporation

Kimberly Madsen*, Project Open Hand

Raegan Sales*, Children's Council San Francisco

Meg Davidson*, SF Marin Food Bank

(*nominated for membership)

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San Francisco Food Security Task Force

c/o San Francisco Department of Public Health
Population Health Division – Food Security Program
25 Van Ness Avenue, 8th floor
San Francisco, CA 94102
(628)206-7689
foodsecurity@sfdph.org
www.sfdph.org/foodsecurity

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