

Fighting Hunger Through Healthcare: A Seamless Solution

Exploring Health Care Providers' Role in Ending Childhood Hunger

One in five children is at risk for hunger in this country, lacking consistent access to enough food to ensure an active and healthy life.¹ Research shows that children living in food insecure households are at a higher risk of poor health, hospitalizations, at-risk development in early life, and school difficulties at later ages than their well-nourished counterparts.

Doctors, nurses, and the entire health care community interact with children at critical junctures in their lives and strive to ensure the health and well-being of children. By understanding the linkages between hunger and health, the health care community can approach child hunger in a proactive manner; promoting health by offering access to adequate quality and quantity of food as preventative medicine. Working collaboratively, the health care community and anti-hunger advocates can ensure that children receive the nutritious food they need to grow into health, successful adults.

This Issue Brief outlines different roles that hospitals and health providers can play in ending childhood hunger and describes innovative efforts already underway across the country. Hospitals can:

- Screen patients for hunger and food insecurity
- Conduct outreach and eligibility screening for federal nutrition programs
- Host WIC offices (Special Supplemental Nutrition Program for Women, Infants, and Children)
- Operate federal nutrition programs and emergency food assistance programs
- Offer access to fresh fruits and vegetables through on site gardens and farmers' markets
- Teach nutrition education and hold cooking demonstrations
- Collect data to inform programming and public policy regarding the health impacts of food insecurity



ABOUT THE NO KID HUNGRY FOR BEST PRACTICES

Share Our Strength's No Kid Hungry campaign is ending childhood hunger in this nation by connecting kids in need with nutritious food and teaching families how to cook healthy, affordable meals. You can help surround kids with the nutritious food they need where they live, learn and play.

The No Kid Hungry Center for Best Practices provides the tools and resources needed to help elected officials and their staff, educators and community leaders achieve success in fighting childhood hunger.

Learn what works in the fight against childhood hunger and discover toolkits, case studies, hunger stats, issue briefs, reports and more at BestPractices.NoKidHungry.org.

ISSUE OVERVIEW

In the United States, one in five children struggles with hunger, lacking consistent access to enough food to ensure healthy development.¹ Hunger and food insecurity put children's futures at risk. Food insecurity affects development through, among other factors, nutrient insufficiency and family stress.²

Children living in food insecure households are more likely to suffer from stomachaches, frequent headaches, and colds; higher hospitalization rates; iron deficiency and anemia; behavioral problems; lower physical function; higher rates of anxiety and depression; and higher numbers of chronic health conditions.³ Additionally, very young children in food insecure households have a 90 percent greater chance of having their health reported as fair or poor and 31 percent greater chance of having been hospitalized since birth, than those of similar children in food secure households.⁴

Doctors, nurses, and the health care community as a whole ensure the health and well-being of children, interacting with children at critical junctures in their lives. Children and parents view health care providers as trusted authorities, lending credibility to the advice and recommendations they give. This is an opportunity for the health care community to engage patients in a discussion about how hunger and nutrition impact a child's health and guide vulnerable families to the resources they need.

SCREENINGS AND REFERRALS: CREATING A SIMPLE, SEAMLESS PROCESS FROM INTAKE TO DISCHARGE

As many families continue to struggle to provide healthy food for their children, federal nutrition programs, such as the Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and school and summer meals, help ensure that children have access to healthy, affordable food. Unfortunately, many parents are unaware of these programs, may not know that they qualify for benefits, or may be unsure how to access programs.

Hospitals, physicians and dentists' offices, and health centers offer a central location where patients can be screened for hunger, access information on emergency food assistance programs, learn about federal nutrition programs and how to access them.

Nurses, physician assistants, physicians, lab technicians and other hospital staff interact with children and families at any number of entry points, but each interaction has one thing in common—patients sign in and fill out paperwork. This universal touch point is an opportunity to screen people who may be at risk of food insecurity and establish a working knowledge of a patient's needs, challenges, and opportunities for interventions.

¹ Feeding America's second annual *Map the Meal Gap: Child Food Insecurity 2012*.

² Cook, JT 2002, 'Clinical Implications of Household Food Security: Definitions, Monitoring, and Policy', *Nutrition In Clinical Care*, 5, 4, pp. 152-167, Academic Search Complete, EBSCOhost, 2 July 2012.

³ Nord, M, & Economic Research Service, (2009, 'Food Insecurity in Households with Children: Prevalence, Severity, and Household Characteristics. Economic Information Bulletin Number 56', US Department Of Agriculture, ERIC, EBSCOhost, 2 July 2012.

⁴ Cook, J, & Frank, D 2008, 'Food Security, Poverty, and Human Development in the United States', *Annals of The New York Academy Of Sciences*, 1136, pp. 193-209, Academic Search Complete, EBSCOhost, 2 July 2012.



Intake and discharge procedures are universal processes in hospitals, health centers, and physicians' offices. Screening for food insecurity and referring patients to available resources can be incorporated into insurance and medical history paperwork with a few additional questions. By integrating these processes, a physician's office can become a one-stop shop for families to begin the process of accessing the programs and services they need to reduce food insecurity and improve their health.

Intake: During the intake process, patients fill out paperwork answering questions about insurance, family and medical history and health concerns. By incorporating a couple of basic questions regarding nutrition and food access, health care providers can identify patients who may be food insecure. Doctors can use the appointment as an opportunity to talk to their patients about food insecurity in greater detail and connect them with appropriate resources.

Case in point: Boston Medical Center and associated health centers, including 21 other sites in six other cities, work with Health Leads, a national nonprofit organization, which utilizes a network of student volunteers to connect patients with the resources they need. Children's Health Watch developed a two-question food security screener designed to evaluate a patient's access to food, asking patients:

"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."

Volunteers flag patients for follow-up and doctors prescribe resources including food, housing and heating assistance. Health Leads' volunteers follow up with patients, connecting them with the appropriate community resources.

Discharge: The discharge process provides another opportunity to connect at-risk patients with resources. Staff can refer patients to the nearest emergency food assistance program, direct them to the nearest free summer meals site, or provide information on how and where to apply for federal nutrition programs such as SNAP or WIC.

Case in point: Massachusetts General Hospital's Food for Families initiative screens patients in three health center clinical departments for hunger and food insecurity using a questionnaire while they wait for their appointment. Upon discharge, outreach workers connect flagged patients with SNAP, WIC and emergency food assistance programs. In 2011, of more than 3,000 patients screened through pediatric and obstetric departments, 25 percent reported concerns about running out of money for food and more than 20 percent screened positive for food insecurity.

Financial Services: Hospitals, physicians' offices and community health centers' financial services offices offer patients the opportunity to ask questions about medical billing, explore options to pay for services, and receive information about Medicare and Medicaid. Financial assistance forms provided by hospitals screen applicants for Medicare and Medicaid eligibility through a range of questions related to income, assets, and household expenses. By adding a few questions to these forms, staff can simultaneously screen patients for SNAP and WIC eligibility. Based on this eligibility, hospital staff can provide additional information about qualifying for free school breakfast and lunch.

Case in point: Working in partnership with Massachusetts nonprofit Project Bread, UMass Memorial Health Care offers one-stop application assistance for SNAP and WIC, using health insurance enrollment counselors to screen patients for eligibility while assisting them with health insurance applications.

PROGRAMMATIC OPERATION: HOSPITALS AS PROGRAMMATIC HUBS

In addition to screening patients and providing referrals, hospitals and community health centers have a unique opportunity to help families and children connect directly with nutrition assistance programs. The health care community can provide services that go beyond medical assistance; they can serve as information and access hubs for a number of these programs. For example, hospitals and health care centers can:

Conduct Onsite SNAP Screening: For eligible low-income families, SNAP provides monthly benefits which can be used to purchase food from approved food markets. Hospitals or health care centers can partner with nonprofit organizations to provide SNAP eligibility screening and enrollment, stationing outreach workers in hospitals or training hospital staff to conduct onsite SNAP application assistance.

Case in point: In 2009, Saint Anthony Hospital in Chicago implemented a Community Wellness Program (CWP) which utilizes bilingual staff members to provide SNAP application assistance to hospital patients. CWP workers screen patients for eligibility, help complete applications, and follow up on the outcomes. In 2011, CWP connected more than 300 patients with SNAP benefits.

Serve as a WIC Co-location Site: WIC provides nutritious foods, nutrition education, and referrals to health and social services to low-income pregnant, postpartum and breastfeeding women, and infants and children up to age 5, all at no charge. Working with local government agencies, medical settings can operate WIC clinics onsite, allowing WIC to conduct outreach to target populations, provide eligibility screening, efficiently enroll eligible patients, and provide WIC benefits and services while patients receive medical treatment.

Case in point: The WIC program site located within the New York-Presbyterian Hospital serves almost 13,000 women, infants and children. Program staff works with hospital patients to determine eligibility and provide group nutrition education classes, cooking demonstration classes and access to farmers' market nutrition programs and healthy-lifestyles programs.

Operate a Free Summer Meals Program: Summer can be a vulnerable time for children who no longer have access to free or reduced-price school meals. Children are at a higher risk of both hunger and obesity during the summer. The Summer Food Service Program (SFSP) provides free, nutritious meals to help children in low-income areas access healthy food during the summer. Public and private organizations provide free meals to children age 18 years and younger and receive reimbursement payments from the United State Department of Agriculture for the meals they serve. Qualifying locations can operate summer meals programs and connect children with healthy meals every day during the summer months.

Cases in point: Minneapolis' Hennepin County Medical Center enrolled in SFSP in 2010, using the center's kitchen to prepare meals and serving children in its cafeteria. In partnership with the center's pediatric clinic, food and nutrition services' staff target outreach to patients and families; importantly, the site is open to neighborhood children as well. During summer 2012, approximately 50 children receive free meals at the medical center in the morning and afternoon, eating breakfast and/or lunch in the cafeteria Monday through Friday all summer long.

In addition to operating a summer meals program, there are other options for expanding access to free summer meals. In partnership with the National Alliance to End Hunger, nonprofit health care provider ProMedica conducts outreach for the summer meals program, helping to recruit meal sites and raise awareness in the community about the program. Through an extensive media campaign and a strong community partnership that enabled sites to offer program activities for children, ProMedica-recruited sites served 45,000 meals in summer 2011.

Provide Nutrition Education: Eating well makes a big difference for children. Healthy development depends on children getting enough food with the nutrients they need throughout their childhood. However, many parents and caregivers do not know what foods comprise a healthy diet or how to prepare them in an appealing way within a limited budget. Share Our Strength's Cooking Matters[®], a major programmatic component of Share Our Strength's No Kid Hungry[®] campaign, empowers families with the knowledge to make healthy and affordable meals through curricula that cover nutrition and healthy eating, food preparation, budgeting and shopping. Hospitals and many community health centers maintain large kitchen facilities to provide patient and employee meals, which provide opportunities for nutrition education. Hospital dietitians and chefs can use these facilities to demonstrate healthy food preparation skills and recipes, and to educate families and patients about nutrition, healthy eating and meal planning on limited budgets.

Case in point: DotWell, a community-based organization, as a collaborative effort between the Codman Square Health Center and the Dorchester House Multi-Service Center in Dorchester, Massachusetts, partners with Cooking Matters to offer a seven-week course for patients and community members in which participants receive nutrition education, participate in cooking classes, receive financial education and learn how to shop for healthy food on a limited budget. Since 2006, the program has run 22 courses in the Dorchester community.

FOOD ACCESS: LEVERAGING PHYSICAL ASSETS TO PROVIDE FOOD

Hospitals and community health centers can also serve as accessible locations to provide emergency food supplies, and access to fresh fruits and vegetables. By utilizing the physical assets of a hospital, including the kitchen, cafeteria, and hospital grounds, patients can connect with emergency food assistance programs that are tailored to meet their medical needs.

Operate a Food Pantry: Food pantries are local walk-in facilities where families in need can go to get food. They are typically located in a community center or faith-based center and many are supplied wholly or in part by a larger food bank. Most of the foods distributed by the pantries are shelf-stable items due to lack of equipment or storage facilities. Hospitals and health centers can operate food pantries and use their kitchens to offer patients perishable foods, including fresh fruits and vegetables.

Case in point: Boston Medical Center's operates the first hospital-based food pantry in the United States. Clinicians refer patients to the food pantry with instructions regarding medical conditions and dietary restrictions. The food pantry's paid nutrition assistant, who oversees pantry operations and volunteers, coordinates instructions with food selections for the families. Patients are referred to nutrition education and cooking demonstration classes by hospital departments and food and nutrition services staff tailor curriculum to specific medical conditions based on the referrals.

Introduce Farmers Markets or Edible Gardens to the Grounds: Hospitals and community health centers can leverage environmental assets by utilizing hospital lands and roof tops to grow fresh fruits and vegetables to supplement food pantries and kitchens. Patients can connect with hospital-based farmers markets and gardens, accessing seasonal fruits and vegetables. Farmers' markets can be permitted to sell their produce on hospital property.

Case in point: In partnership with Hunger Free Heartland, Omaha's OneWorld Community Health Center and Charles Drew Health Center pair farmers' markets with nutrition education to more effectively help patients' access food. Using an incentive program partially funded by Hunger Free Heartland, SNAP recipients can purchase a community market basket or produce from Farmer's Markets and attend a cooking demonstration to learn how to prepare foods using the produce.

DATA COLLECTION: UTILIZING RESEARCH TO INFORM PROGRAMMING AND POLICY

Hospitals connected with research institutions that interact with low-income children have an opportunity to gather data to better understand their patients' needs. By working with programs like Grow Clinics, such hospitals can collect and analyze data based on interactions with children, and use these data to inform programming and public policy.

Case in point: Children's HealthWatch works to improve the health and development of low-income children by using data and analysis to inform the work of policymakers and the public. Children's HealthWatch works with a network of pediatricians and public health researchers to collect and analyze data on young children in emergency rooms at Boston Medical Center; the University Of Maryland School Of Medicine in Baltimore; the University of Arkansas for Medical Sciences in Little Rock; Hennepin County Medical Center in Minneapolis; and St. Christopher's Hospital in Philadelphia.

LESSONS LEARNED AND SHARED

There are a number of lessons to be learned from health care leaders who have implemented programs and initiatives described in this brief:

- Successful programs aimed at reducing child food insecurity require stakeholder buy-in and participation. Educating physicians, nurses and clinic staff about the impact of food insecurity on health is the first step to raising awareness and understanding about the issue of childhood hunger.
- Empowering hospital staff to take action on behalf of their patients is crucial. Physicians, nurses and other key healthcare stakeholders need to feel that there is a solution to the problem of food insecurity and that they are a part of that solution by offering assistance to patients faced with or experiencing hunger. Hospital and health center staff should be armed with the resources to assist patients, including referrals to social service agencies, accurate and up-to-date information about federal nutrition programs available in the area, and directions to emergency assistance programs.
- Hospitals and health centers have the infrastructure to provide immediate access to emergency food programs and opportunities for nutrition education and cooking demonstrations. With coordination between departments and food and nutrition service staff, kitchens and cafeterias can serve as a central location for accessing food and learning how to cook healthy meals that address their medical conditions, even on limited budgets.
- Community partnerships are integral to successful program implementation. By partnering with nonprofit organizations to conduct outreach, screening, and enrollment, hospitals and health centers do not need to utilize their own staff to connect patients with information and resources. Nonprofits can also train hospital staff to screen for SNAP and WIC eligibility and provide application assistance. Strong relationships with area food banks enable health care providers to refer patients to the appropriate resources, and connect hospital kitchen staff with additional resources for setting up onsite food pantries and cooking demonstration kitchens.
- Hospitals can become the hub for a continuum of care in response to food insecurity. By leveraging community partnerships, hospitals can screen patients for food insecurity, host nutrition assistance and education programs onsite, operate farmers markets or edible gardens, serve as a WIC co-location site, and offer SNAP application assistance, all of which have demonstrated improvements in the health and well-being of the families they serve, particularly those with children.

APPENDIX: PARTNERSHIPS IN ACTION

BOSTON MEDICAL CENTER

[Boston Medical Center](#) (BMC) is a 496-bed academic medical center located in Boston and is the primary teaching affiliate for Boston University School of Medicine. BMC leverages every available resource to go beyond providing medical services to patients. By bringing together a Grow Clinic for underweight young children, research from with [Children's HealthWatch](#), a therapeutic food pantry, a demonstration kitchen, and more, the medical center is on the cutting edge of partnering to combat child food insecurity.

Dr. Deborah A. Frank founded Children's HealthWatch in 1998, working with colleagues at Boston Medical Center to monitor the child health effects of the 1996 Welfare Reform Act and to provide research in the area of child health and nutrition. Pediatricians and researchers collect data on children up to the age of four in emergency rooms and clinics by surveying primary caregivers on food insecurity, housing insecurity, energy insecurity, health and developmental status, child hospitalizations, dental care, demographics, maternal depression, program participation, and food pantry visitation. The surveys incorporate USDA-validated questions about food insecurity to identify a family's needs. Families are connected with partner organization Health Leads through a physician referral. Families are then linked with resources to address their needs.

Dr. Frank inspired a therapeutic food pantry to directly and immediately connect patients with the food they need. After convening a working group of hospital department heads to obtain hospital stakeholder buy in, high need departments, like pediatrics and women's health, were targeted for participation. With a gradual roll out process that included outreach to all departments and staff, both the food pantry and kitchen benefitted from an efficient referral process based on the electronic medical record.

Physicians refer patients to the pantry and kitchen with directions related to dietary restrictions and health conditions. The food pantry, in partnership with the Greater Boston Food Bank, provides food to approximately 7,000 people a month. Families can utilize the pantry twice a month and visits are entered into patients' electronic medical records so physicians can track access. The food pantry uses the hospital kitchen to store perishable foods, allowing patients to receive fresh fruits and vegetables with their food packages. In addition to providing 10,000 pounds of food a week to hospital patients and their families, the food pantry also conducts SNAP application assistance.

Boston Medical Center also operates a special designated kitchen specially built across from the pantry, which also serves as a demonstration kitchen with a trained dietician who is also a chef working with clinicians to set up classes grouped by medical condition, enabling patients to receive nutrition education and cooking lessons tailored to their health needs.

HENNEPIN COUNTY MEDICAL CENTER

[Hennepin County Medical Center](#) (HCMC) is a safety net hospital that provides care for low-income, uninsured, and vulnerable populations in Minneapolis, Minnesota. HCMC launched a hospital-based food shelf to better serve food insecure patients identified by Dr. Diana Cutts and staff through [Children's HealthWatch](#) and the Children's Growth and Nutrition Clinic.

The Children's Growth and Nutrition Clinic's staff integrates medical, developmental, and dietary components. Staff connects patients with the resources they need by utilizing a team-based approach, including public health nurses, schools, and area nonprofit organizations.

The food shelf launched in 2010, in partnership with Second Harvest Food Bank. Starting with the pediatric clinic and then obstetrics, the food shelf gradually expanded based on recommendations by hospital staff about which populations were most at risk. Any department can now request food packages based on a notification system between clinicians and food shelf staff.

The kitchen has also opened its doors as a summer meals feeding site for children in the hospital and the community as a whole. Relying on the pediatrics clinic to conduct outreach and refer patients, the kitchen's cafeteria served more than 700 meals in June 2012. Working with volunteers, HCMC's food and nutrition services pairs the summer meals program with a literacy program, donating books to children as they receive their meals. Through a separate funding program, the hospital offers free meals to adults, so parents can eat with their children.

PROMEDICA

[ProMedica](#) is a mission-based, locally owned, nonprofit healthcare system serving northwest Ohio and southeast Michigan. In 2012, ProMedica was selected to become an official No Kid Hungry Ally, joining Share Our Strength in the fight against childhood hunger.

ProMedica integrates outreach for federal nutrition programs, advocacy, and convening opportunities to raise awareness about hunger and food insecurity in their 27 county service area. In partnership with the National Alliance to End Hunger, ProMedica conducts outreach for the summer meals program, helping to recruit meal sites and raise awareness in the community about the program. Through an extensive media campaign and a strong community partnership that enabled sites to offer programming for children, ProMedica-recruited sites served more than 45,000 meals in summer 2011.

By creating an Advocacy fund, ProMedica worked with partner organizations to fund emergency food programs, including a weekend backpack program, which provides elementary school students with food for weekend consumption; a refrigerated box truck for a local food bank; and seed money for opening a soup kitchen.

To better assess community needs, ProMedica hosted a hunger summit in March 2012 with more than 100 community partners. The summit focused on breaking down barriers to collaboration between hospitals, community based organizations, and patients.

Seeking to better align hospital staff with the needs of their patients and familiarize employees with the issue of food insecurity, ProMedica coordinates employee food drives and volunteer opportunities at food banks and soup kitchens.

MASSACHUSETTS GENERAL HOSPITAL

Massachusetts General Hospital (Mass General) is a 907-bed medical center and the largest teaching hospital located in Boston. Mass General launched [Food for Families](#) in 2007, as part of a study conducted by Dr. Ronald Kleinman with funding from Project Bread, to screen patients for food insecurity with a questionnaire while they wait for their appointment. Staff connect patients who are flagged as being at risk of food insecurity with a hunger outreach worker, creating a seamless connection to local resources, including information on local food pantries, community meal sites, and WIC offices. Patients can also receive SNAP application assistance and information on federal nutrition programs. Additionally, the outreach workers provide a one-time \$30 voucher for groceries.

Food for Families operates in seven area community health centers, working internally to educate providers about the impact of hunger, food insecurity, and health. More than 3,000 patients were screened for food insecurity in 2011 from just the pediatrics and obstetrics departments, which led to the expansion of the program to all adult medicine disciplines. In 2011, hunger outreach workers provided one-on-one consultation with 430 families and provided SNAP application assistance to 260 patients.

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