EMERGING CLINIC-TO-COMMUNITY MODELS TO ADDRESS FOOD INSECURITY

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I HAVE NO DISCLOSURES
FROM THE PATIENT TO THE POPULATION
1 IN 6
THE ROLE OF HEALTH CARE

Source: Seligman and Schillinger, NEJM 2010
FOOD INSECURITY SCREENING AND TREATMENT ALGORITHMS
ALGORITHM STEPS

Screen → Assess → Refer
HISTORY OF CLINIC TO COMMUNITY PARTNERSHIPS

WHAT DOES REFERRAL LOOK LIKE?

“It would be awesome if [HCPs] would say, okay well let me tell you about a program... the next thing they say is would you be interested in going to a food pantry, and maybe have a list or a phone number that you could call to get the local pantry, or a resource list.”
**Clinical Team Model**
- Benefits: Focus on all social needs
- Challenges: Securing funding and infrastructure

**Community Health Worker Model**
- Benefits: Focus on all social needs and best for households with more intense needs
- Challenges: Costly

**Volunteer Model**
- Benefits: Focus on all social needs
- Challenges: Coordination and maintenance of volunteers
HEALTH CARE
FOOD
RESOURCE
PROGRAMS

Strategies

- On-site food pantries
- On-site food pharmacies
- Fruit and vegetable incentive programs
- Referrals to off site services
- Home delivered meals
- Application and enrollment assistance
INNOVATION IN HEALTH CARE SETTINGS

- Transportation to local grocery outlets
- Co-location of summer feeding sites, SNAP or WIC
- Connection to nutrition education and cooking classes
- Community Health Needs Assessments
WHAT DO WE KNOW ABOUT THESE MODELS?
## TRANSLATIONAL CHALLENGES AND CONSIDERATIONS

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<tr>
<th>Focus Upstream</th>
<th>Consider Capacity and Reach</th>
<th>Build Infrastructure</th>
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<tr>
<td>• Address root causes of food insecurity</td>
<td>• Understand perspective of health care providers</td>
<td>• Develop consistent data collection methods and protocols for action</td>
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<td>• Link to long term solutions and wrap around programs</td>
<td>• Examine local resources for food and organizational capacity to work with health care organizations (e.g., 2-1-1)</td>
<td>• Examine ability to share data across organizations</td>
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<td>• Consider state to state variability in program eligibility and enrollment (SNAP)</td>
<td>• Identify barriers to sustainability (funding, personnel)</td>
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Sources: Barnidge, Stenmark & Seligman, 2017; Tackling Hunger Consultative Group, Exploratory Evaluation of Food Insecurity Programs Initiated by Health Care Organizations, 2017.
ADDRESSING FOOD INSECURITY IN THE CONTEXT OF OBESITY

1. Consider referrals to programs with a emphasis on nutrition
2. Support enrollment in federal food assistance programs
3. Build multidisciplinary partnerships
THANK YOU

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