

BUILDING HEALTH SYSTEM INVESTMENT IN FOOD JUSTICE

Closing the Hunger Gap 2017



Health Care in the U.S: Different in every state, every community, and for everybody!



A little homework will pay off: (remember every state/system is different)

- What organization manages the state's health care regulatory system?
- Did your state expand Medicaid?
- Do you have regional Medicaid governing bodies i.e. ACO's or CCO's?
- Who are the major health care providers in the area you want to work?
Who owns the hospitals, do they also manage clinics, is it an all-in-one system i.e. Kaiser or loosely connected? For profit or non-profit? Do they serve the Medicaid population/communities of color?
- Who do you or your colleagues know in these organizations?



A close-up photograph of a person's hands holding a large bunch of dark purple grapes. The grapes are wet and glistening. The background is blurred, showing a light blue shirt and green foliage.

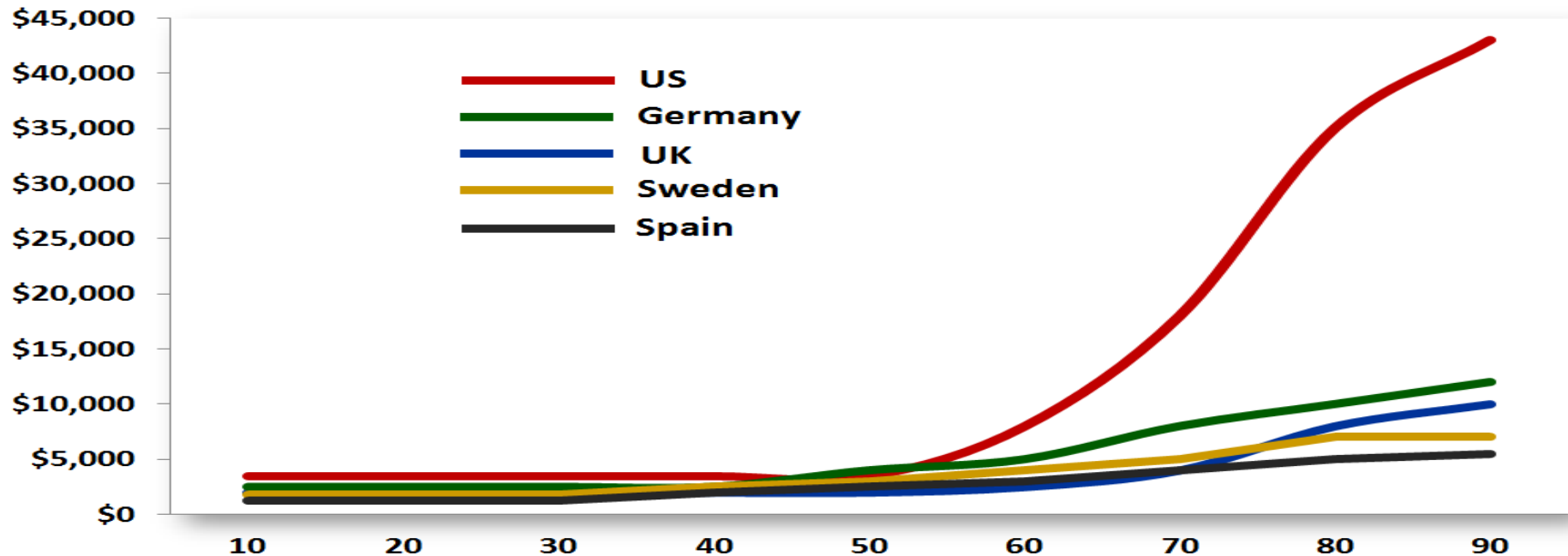
Health System Drivers:

1. Metrics
2. Financial situation of their system
3. Leadership buy-in
4. Competitive environment
5. Management style
6. Staff buy-in & compassion



Health System Cost Driver: Chronic Disease

Annual Per Capita Healthcare Costs by Age

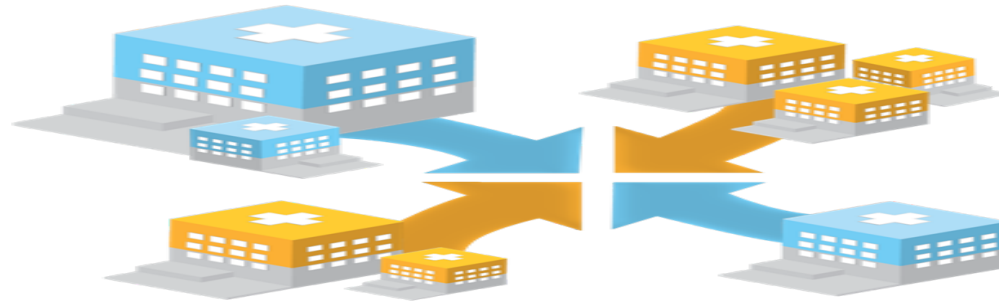


- CDC says 86% of Health Care costs due to diet-related chronic disease
- 71% of Medicaid population is food insecure (2014 MBRFS)
- 72% learn about new resource with post screening assistance
(according to preliminary evaluations)



Individual Clinics or Systems: What Are Their Priorities?

- Marketing messages ?
- State/federal Medicaid metrics ?
- Community Health Improvement Plan?
- If non-profit, past community benefit investments?
- Target population?



Individual Clinics or Systems: KEY Access Points & Access Strategies

1. If you have an existing contact/champion – use them
2. Otherwise, start with administrative staff - they will know best how/if to engage docs
3. Engage in a broad conversation to explore their interests and resources
4. In most cases, it is best to lay groundwork by implementing FI screening & intervention. It is the basis for most other activities
5. Flexibility & creativity is critical, but most funding/labor should come from health care sources



Options for Programs/Joint Activities

- FI screening/SDH screening & on-site connection to resources
- Produce distributions, Veggie Rx/vouchers, on-site pantries
- Classes; diabetes, gardening, cooking, smart shopping, healthy eating
- Food to help prevent patient re-admission or rehab failure
- Support for mobile distributions; FB infrastructure improvements
- Social determinants convenings
- Situational solutions to local problems
- *Only make it as formal as truly necessary at first*



A Few Examples

- **Rosewood Family Health Center/Open Bible Pantry Diabetes Program**
- **Lane County Food Security Coalition; screenings then produce distribution with learning exchange & joint accountability**
- **Albany/Lebanon; Samaritan Hospitals & clinics – food parcels to prevent re-admission/promote recovery**
- **Columbia Gorge; 5 county, 44 clinics, 30 vendors in Veggie Rx system, 8 others operating & 4 in development**

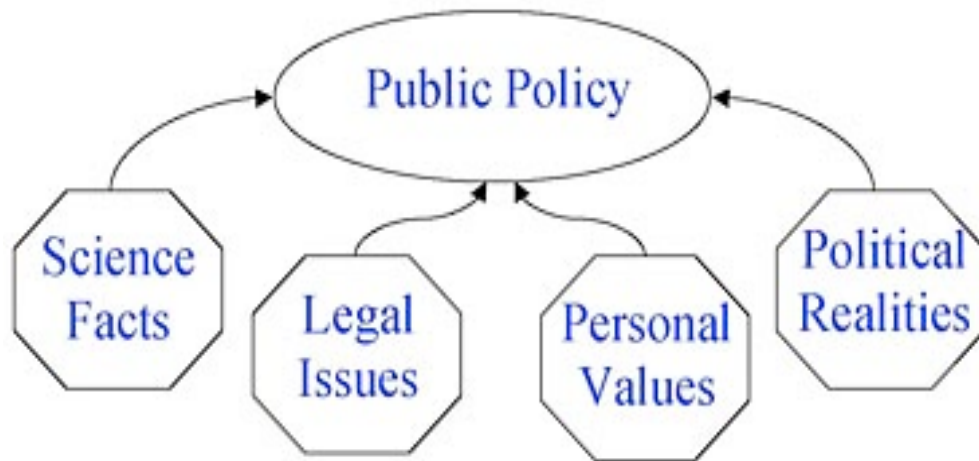


Options for Funding (Primarily from Health Care)

- Hospital Community Benefit
- Health Insurers
- Clinic Base Budgets
- Group visit or individual flex funds billings
- Screening under bill under health risk assessmer
- Accountable Care Organizations (Medicaid)
- State Health Authority or public Health Grants
- Foundation grants
- Health equipment & supply companies



Impacting Public Policy: Local, Local & Federal



- If you build local health care based partnerships, you will gain influential allies for food justice
- Pilot projects influence whole systems, numerous projects influence counties/states & states influence federal policy
- Examples, system: Providence
state: OR metric
federal: VA

- Health Care providers are caring & action oriented but often unaware of community resources and organizations of POC
- Their work experience has proved the importance of SDH & the reality of racial & economic inequities.
- Building alliances respectfully & flexibly will benefit the cause of food justice.



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