The HungerCare Coalition:
Addressing Food Insecurity through Community and Clinic Collaboration

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HungerCare Video

https://www.youtube.com/watch?v=GtjXzdxxPJQ
Food Insecurity in Wisconsin

- 1 in 8 individuals and 1 in 5 children in southwestern WI face hunger
- 83% of F.I families cope by buying inexpensive and unhealthy food
- **Food Insecurity ≠ Poverty**
  - 57% of F.I households have someone working at least 30 hours/week
They can:

• Identify at-risk patients
• Discuss food insecurity
• Refer patients to resources
Signs & Symptoms of Food Insecurity in Children

- Anemia
- Stomachache
- Constipation
- Headache
- Anxiety & Depression
- Behavioral Issues
- Trouble Concentrating
- Underweight
- Overweight/obesity
Signs & Symptoms of Food Insecurity in Adults

- Stomachache
- Headache
- Mental Health Issues
- Fatigue
- Dizziness
- Anemia
- Lowered Immune Function
- Underweight
- Overweight/obesity
Who is Food Insecure?

You’ll never know unless you ask
2 USDA-Validated Questions

1) “Within the past 12 months we worried whether our food would run out before we got money to buy more.”

2) “Within the past 12 months the food we bought just didn't last and we didn't have money to get more.”

   a) Often True
   b) Sometimes True
   c) Never True

Supported by the AAP

Promoting Food Security for All Children

“Pediatricians can play a central role in screening and identifying children at risk for food insecurity and in connecting families with needed community resources.”
The Role of HungerCare

- Partner with health care providers
- Provide tools to screen
- Connect patients with resources
- Improve health outcomes
Current Coalition Participants

Representatives from:

- Access Community Health
- American Family Children’s Hospital
- Associated Physicians
- Dean & St. Mary’s
- Group Health Cooperative
- Healthy Kids Collaborative of Dane County
- HealthTIDE
- Madison Metropolitan School District
- Public Health Madison & Dane County

- Memorial Hospital of Lafayette County
- Meriter-Unity Point
- Rural Wisconsin Health Cooperative
- Southwestern Wisconsin Community Action Program
- Tomah Memorial Hospital
- Upland Hills Health
- UW Extension
- UW Health
- WI Chapter of the American Academy of Pediatrics (WIAAP)
- Wildwood Family Clinic
Dane County Provider Survey

- All health care systems participated
- 459 surveys completed

<table>
<thead>
<tr>
<th>PROVIDER TYPE</th>
<th>% RESPONDING</th>
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<tbody>
<tr>
<td>MD/DO</td>
<td>34%</td>
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<tr>
<td>RN</td>
<td>24%</td>
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<td>MA</td>
<td>22%</td>
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<td>1%</td>
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<tr>
<td>Did not specify</td>
<td>5%</td>
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Table 1 Percent survey respondents by title
In a clinic visit, how often do you ask a patient about having adequate nutritious/high quality foods in the house so that everyone is properly nourished?

- Every time: 0%
- Most of the time: 10%
- Some of the time: 50%
- Never: 40%
Do any of the following symptoms prompt you to ask questions about the household food status of your pediatric patients?

- Underweight
- Overweight
- Frequently ill
- Anemic
- Behavioral/mental health issues
- Poor school performance
Education is Needed

Top 3 Preferred Topics for Provider Training

Health and nutrition implications of food insecurity

Resources available for households experiencing food insecurity

How to incorporate food insecurity topics into your clinical setting
Are providers willing to screen for food insecurity?

84% said Yes!
Patient Survey

- Survey conducted at 23 mobile pantry sites
- 1,426 responses received
- 85% of respondents screened positive for food insecurity
- 81% of respondents with children took them to the doctor in the past year
If you were concerned about your food running out and someone at the clinic asked you about having enough food, would you share your concerns with them?

- Yes, 49%
- Not Sure, 26%
- No, 22%
- No Answer, 4%

(N=1,426)
I talk about everything at my doctor’s office.”

“It would be nice for the doctor to ask.”

“I don’t think they really care.”

“Too embarrassing”

“I don’t want them to think I can’t take care of my kids or report me for neglect.”
If needed, what would be the best way(s) for the doctor’s office to help you with food resources? Please check all that apply.

By willingness to share concerns about food with doctor:

- Paper hand-out: 37% Yes, 33% Not Sure, 23% No
- Talking with a staff person (doctor, nurse, clinic social worker) at my appointment: 31% Yes, 11% Not Sure, 9% No
Recommended Resources

211 Wisconsin
Get Connected. Get Answers.
211wisconsin.org

You may be eligible for the QUEST card. Call now!
1-877-FOOD-635

WIC

Aging & Disability Resource Center

What’s Cooking
USDA MIXING BOWL
Our progress so far
Evaluation in a perfect world

- Questions built in EMR, quarterly reports on:
  - Number of screens performed
  - Number of FI patients identified
  - Number of patients referred to social worker
  - Number of patients reached by social worker

- Follow-up done by social worker, quarterly reports on:
  - Resources being used before referral
  - New resources patient has connected with
Evaluation in reality

- No EMR or inability to customize
- No incentive to share EMR data
- No social worker
- Lack of follow up by social work
- Inability to track social work interactions in EMR
- FI questions are not a good measure of improvement over time
Lessons Learned

- Relationships are key
- Survey can help set the stage
- Recruit your physician champions
- Each health care system is unique
- Education is needed
- Consider evaluation early
Together we can end hunger!
If you have any questions, please contact:

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Questions?