HARRISHEALTH SYSTEM

Prescription to Nutrition: Integrating Food Farmacies into Clinical Practice

August 2, 2023

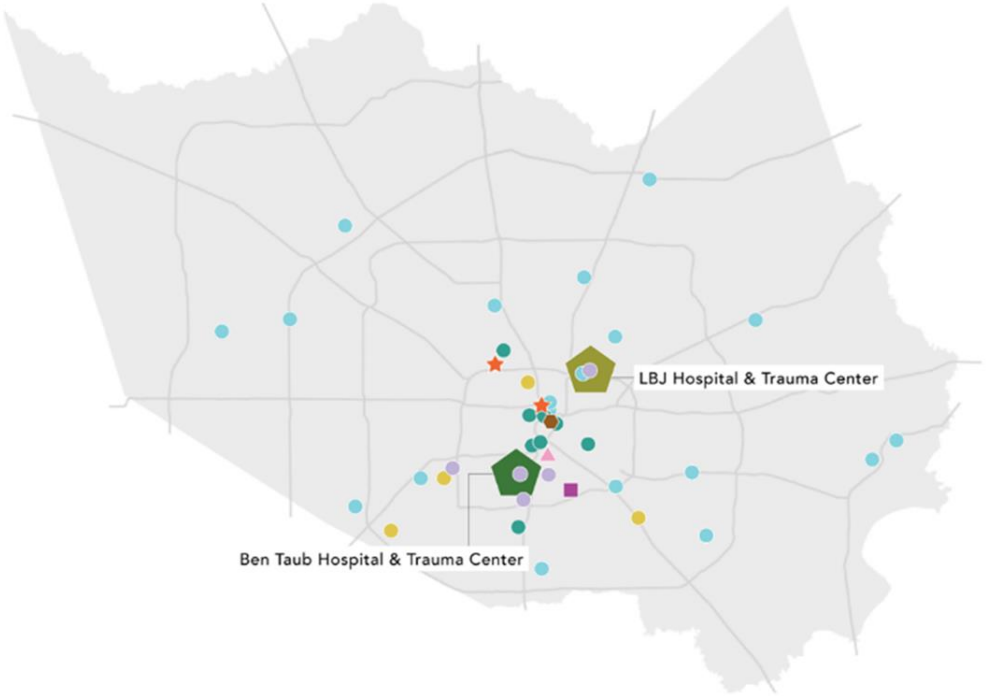
Harris Health System

4th largest public healthcare system

A Holistic + Integrated System

- Community Health Centers
- Homeless Clinics
- Same Day Clinics
- Multispecialty Clinics
- HIV Care Centers
- Harris County Correctional Health Practice
- Dialysis Center
- Dental Center

2 acute care hospitals-Level 1 & III Trauma Centers



HARRISHEALTH SYSTEM

Harris Health System

FOR OVER 50 YEARS

Established by **Harris County** in 1965 to provide care to **underserved** residents

Harris Health cared for **254,967 unique patients** in 2020, with 54% **uninsured** and 90% hailing from **communities of color**

- Harris Health: 44%
- FQHCs: 36%
- Other Nonprofit Clinics: 20%

- Uninsured: 54%
- Medicaid: 22%
- Medicare: 11%
- Commercial/Other: 13%

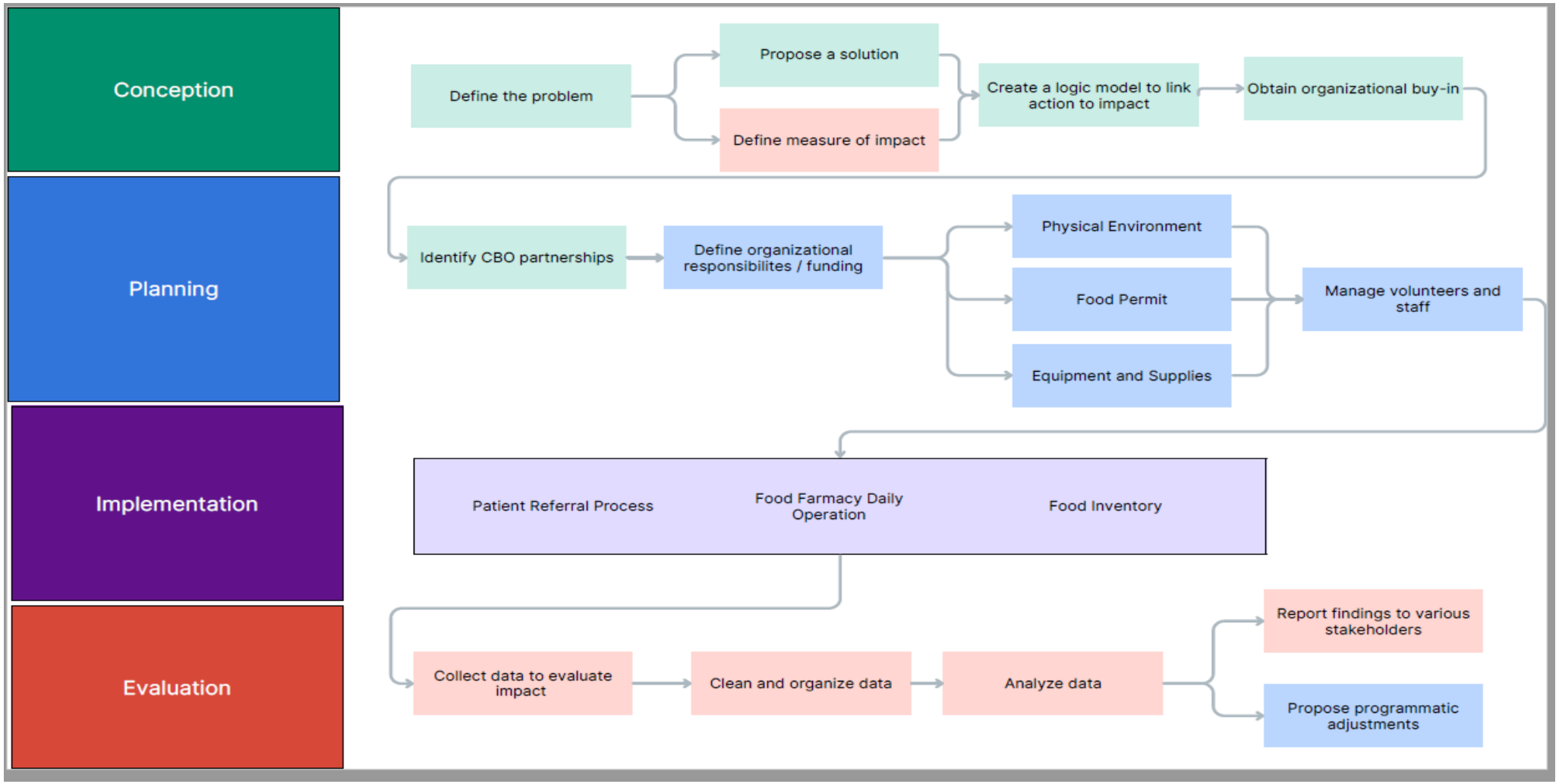
- Hispanic/Latino: 57%
- Black/African American: 25%
- White: 10%
- Asian/Pacific Islander: 3%
- Middle Eastern/North African: 3%
- Other: 2%

Food Insecurity Impacts Health

Household food insecurity increases the likelihood of being overweight or obese, increases the prevalence of diabetes by two to three times, and is correlated with higher A1c values.

Seligman HK, Jacobs EA, López A, Tschann J, Fernandez A. Food insecurity and glycemic control among low-income patients with type 2 diabetes. Diabetes Care 2012; 35:233–238.

Journey


Conception
Planning
Implementation
Evaluation
Define the problem
Propose a solution
Define measure of impact
Create a logic model to link action to impact
Obtain organizational buy-in
Identify CBO partnerships
Define organizational responsibilites / funding
Physical Environment
Food Permit
Equipment and Supplies
Manage volunteers and staff
Patient Referral Process
Food Farmacy Daily Operation
Food Inventory
Collect data to evaluate impact
Clean and organize data
Analyze data
Report findings to various stakeholders
Propose programmatic adjustments

HARRISHEALTH SYSTEM

Conception: Why Food & Nutrition

Harris Health System's Top Ambulatory Diagnoses

High Blood Pressure

High Cholesterol/Lipids

Diabetes & Unmanaged A1c

Conception

Recommendation	Rationale	Action Steps
Frame hunger as a health issue	• Stigma • Health care is uniquely positioned to address hunger issues because of the link to nutrition, obesity, chronic disease and overall health	• Create an environment to minimize stigma and empower patients • Sensitivity training • Solicit feed back
Screen for food insecurity	• Health outcomes impacted by social and economic circumstances • Rooted food insecurity screening minimize stigma while enabling collection of essential data	• Validated risk assessment tool embedded in EMR • CCM engagement • Create access points that do not need a provider referral
Secure leadership support for access and immediate assistance	• Executive leadership sponsorship is critical in driving program success • Board member commitment to hunger issues drive action	• Create interventions addressing FI at a local and community level • Secure committed partners • Plan for cyclical fluctuations in FI demands
Clinician engagement	• Clinician often unaware of magnitude of food insecurity challenges in the population • Physician referrals drive patient engagement and resource utilization	• Data sharing with clinicians • Create data at all levels ie provider, clinic, department etc • Share utilization information to support closing the loop
Partnerships with organizations and set expectations	• A cast of wide partners helps with access and intervention • Clear expectations guide and ensure sustainable efforts and mutual benefits	• Wide network of partners to fill gaps • Community partnerships for unknown opportunities • Share clinical expertise
Create outcomes	• Sustainability	• Data demonstrating clinical and utilization

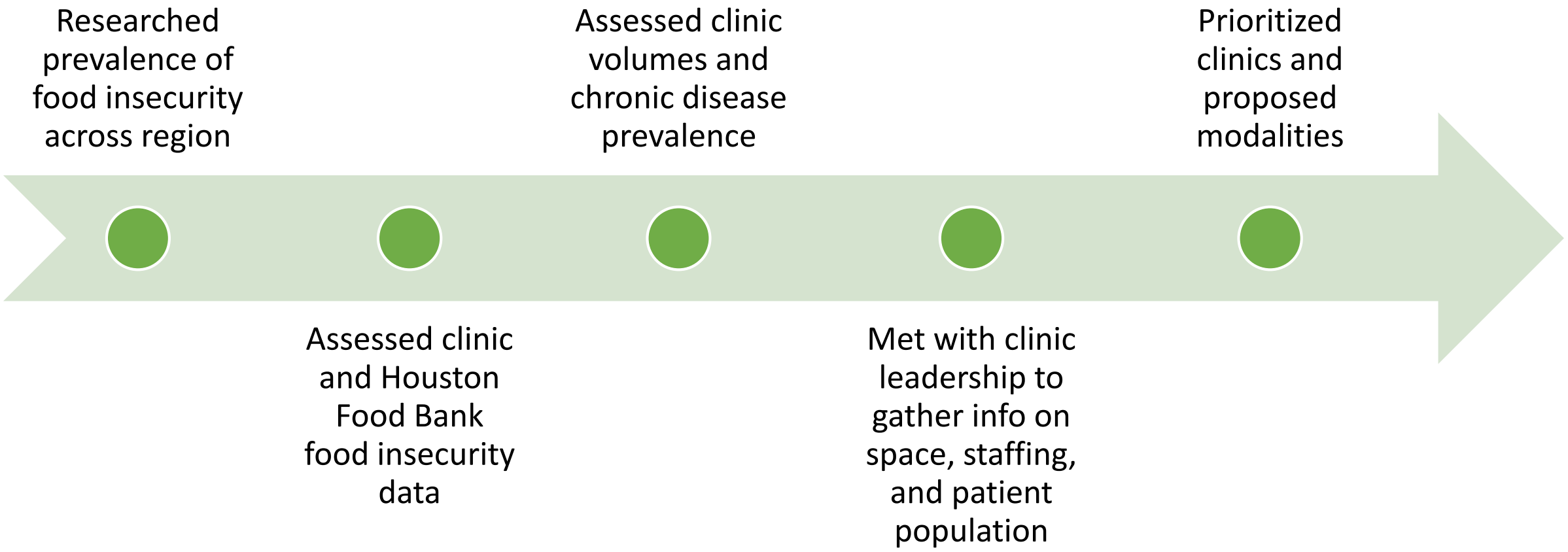
Source: Provider-Led-Strategies-to-Address-Food-Insecurity.pdf (advisory.com)

Planning: Best Practice Models

Program	Offerings	Partnerships
St. Cristopher Children's Hospital Hunger VS	Full service WIC office (started as a mobile unit) SNAP Food Rx and Farm (target population) (Farm 1FTE) purchase 1 FTE and volunteers Nutrition Education 3000 pts annually 25 boxes per week	Lancaster Farm Fresh Cooperative St. Christopher's Foundation
ProMedica* Outpatient Hunger VS	System food pharmacies Food selection for disease process Pantry 1 PT and 1FTE as well as 1-2 volunteers 30,000 screened inpatient since 2015 served 3,000 households	Seagate Food Bank-Ohio
Arkansas Children's Hospital No formal tool	Free year round meal program (federally subsidized) SNAP WIC 1 Director and community and hospital staff volunteers Nutrition Education 100 pts/day since 2013; 40,000 lunches	Arkansas DHHS USDA Helping Hands Hunger
Boston Medical Center Hunger VS	Preventive Nutrition education classes and 1:1 Pantry 1 FTE Pantry Manager, 2 non-clinical, 2 students Data sharing dept specific-pt activity & prevalence 80-100 pts/day Packing 3-4 minutes by staff	Boston Food Bank Whole Foods Walmart

Source: Provider-Led-Strategies-to-Address-Food-Insecurity.pdf (advisory.com)

Summary


Researched prevalence of food insecurity across region
Assessed clinic and Houston Food Bank food insecurity data
Assessed clinic volumes and chronic disease prevalence
Met with clinic leadership to gather info on space, staffing, and patient population
Prioritized clinics and proposed modalities

Implementation: Best Practice

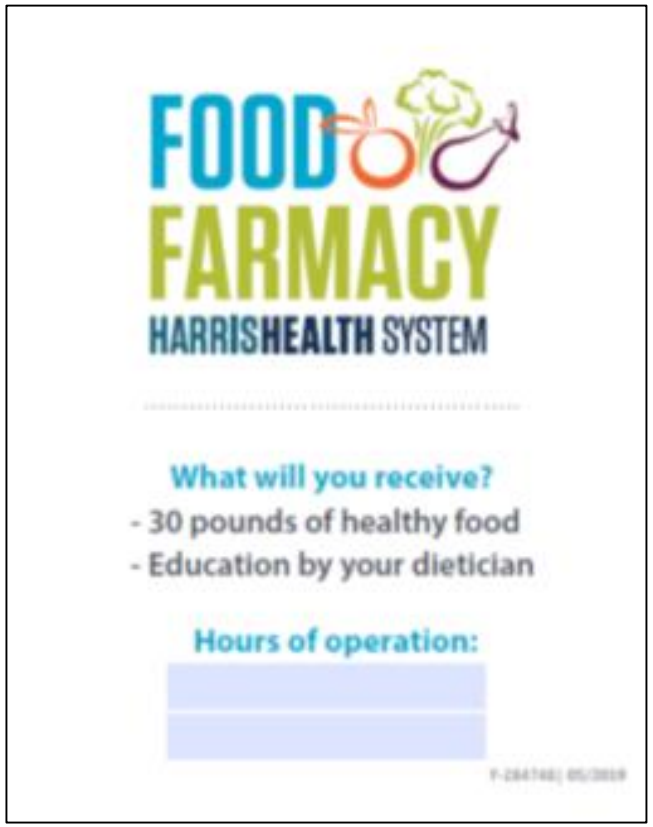
Hunger Vital Signs™ - English

1. **Within the past 12 months, we worried that our food would run out before we got money to buy more.**

- ☐ Never true
- ☐ Sometimes true
- ☐ Often true
- ☐ Don't know, refuse to answer

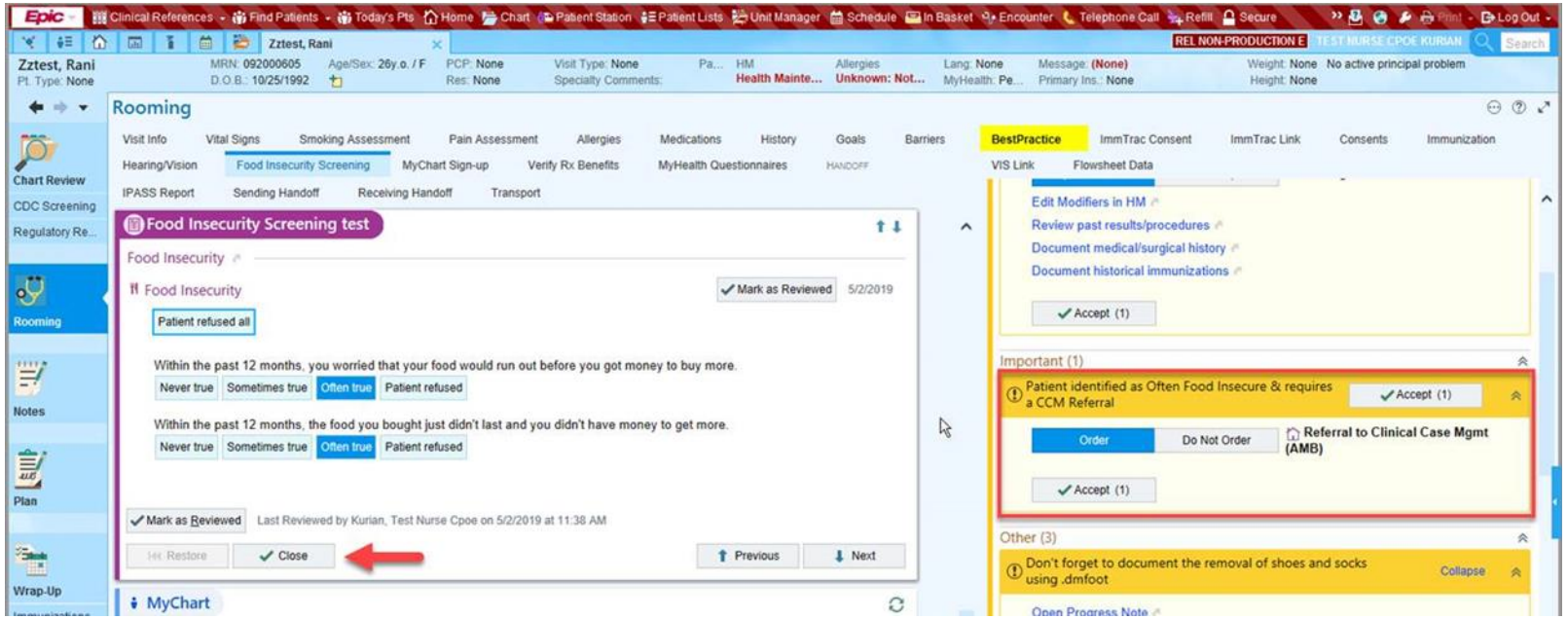
2. **Within the past 12 months, the food we bought just did not last and we did not have money to get more.**

- ☐ Never true
- ☐ Sometimes true
- ☐ Often true
- ☐ Don't know, refuse to answer



Screening Best Practice Advisory and EPIC

- Often AND Often True → once the section is “Closed”, a BPA will fire indicating that the patient is Food Insecure and requires a CCM Referral: the referral will default to “Order” and to place it, press “Accept” within the BPA



Risk Stratified Approach

FIRSTLink (positive screen for food insecurity)

- Emergency food distribution with nutrition education
- Connection to local resources and CAP navigator

Food Rx (positive screen for food insecurity + Chronic Disease component)

- Programmatic distribution-provide food and disease management education at a determined frequency and time period
- Disease management education provided by Registered Dietitian and/or Nurse Patient Educator
- Long term intervention-connection to local resources and CAP Navigator

Other Food Farmacy Considerations

- Site
  - stigma
- Access
  - transportation
- Staffing
  - Roles and responsibilities CHW, Patient Educator, Dietitian, and partners
- Permits
  - Food handling, infection control
- Hours
  - Community
- Delivery from HFB
  - Trucks, weight, staff
- Outreach
  - Enrolled and not enrolled clients

Into The Home . . .

FOOD FARMACY
HARRISHEALTH SYSTEM

- ✓ Up to 30 lbs of fresh food every 2 weeks
- ✓ Financial assistance navigation (e.g., SNAP, TANF)

To The Table . . .

Culinary Medicine:

NOURISH
SEED-TO-PLATE-TO-PREVENTION

UTHealth
The University of Texas
Health Science Center at Houston

- < $8
- A1c compliant
- Tastes good
- Culturally sensitive
- < 25 minutes

Back to the Patient . . .

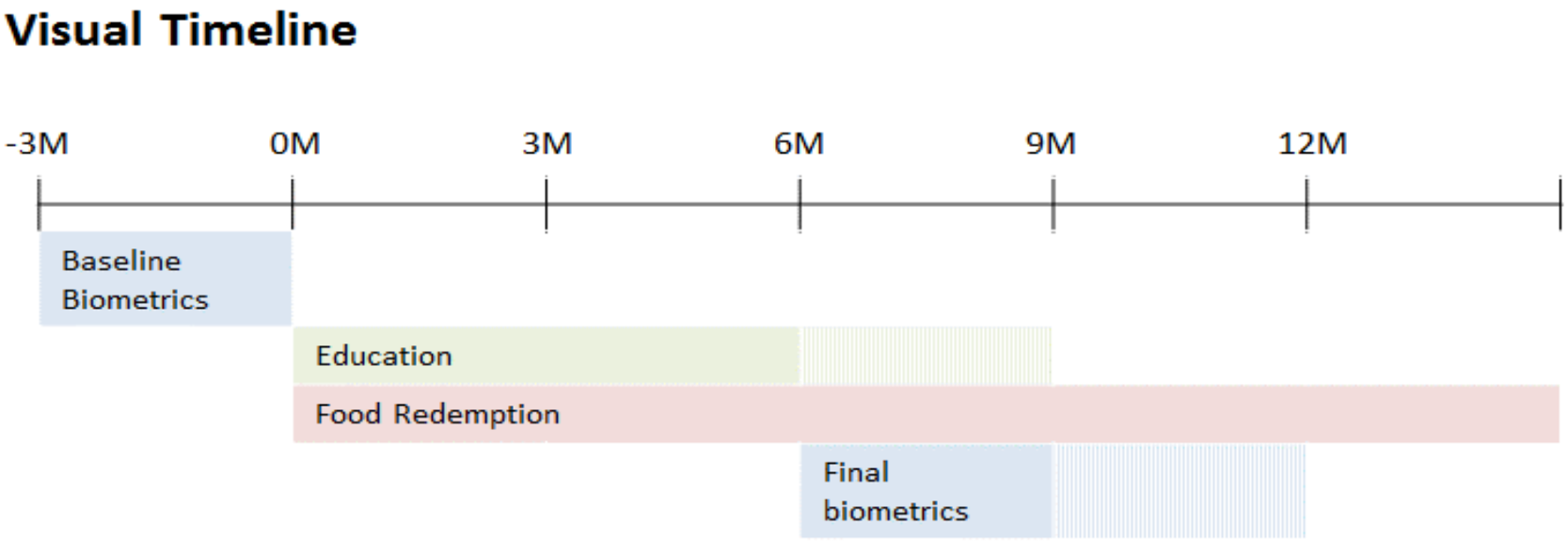
"Walk & Learns"

Disease Self-Management & Prevention

Education Topics

Month	Topic
January/July	Smart Snacking & Rethinking your Drink
February/August	Go Lean with Protein & Watch Out for Fats
March/September	Vary you Non-Starchy Vegetables
April/October	Get Energized with Grains and Starches
May/November	Focus on Fruit & Dairy
June/December	MyPlate & Intro to Carbs

Evaluation: Data Collection



Scorecard

Outcome	Data Sources (Method)	Data timepoint(s)	Measure for control group
Increasing consumption of fresh vegetables (self-report)	EPIC/Excel (survey)	Baseline, 3 months (mid-pt), 6 months	
Increased knowledge of how food impacts health	EPIC/Excel (survey)	Baseline, 3 months (mid-pt), 6 months	
Improving A1c control (A1c >9)	EPIC	As recommended clinically (usual care) Pre (month 1) & Post (month 9)	X
Improving LDL control (LDL < 100mg)	EPIC	As recommended clinically (usual care) Pre (month 1) & Post (month 9)	X
Blood Pressure Reduction	EPIC	As recommended clinically (usual care) Pre (month 1) & Post (month 9)	X
Process			
% Screened for FI (screened/eligible)	EPIC	Tracked monthly	
% Prescribed Food Rx (screened +)	EPIC	Monthly	
% Food Rx redemption	Link2Feed/EPIC	Monthly	
% Food for Change program retention	Link2Feed/EPIC	Monthly	
Satisfaction			
Patient	Excel Spreadsheet (Survey)	Baseline, 3 months (mid-pt), 6 months	
Provider	Excel Spreadsheet (Survey)	Baseline & 12 months	

Patient Satisfaction

I get the food for free, and because of that **I eat more fruits and vegetables.**

What I like the most is the **explanation** about the servings, ingredients, and it **helps me understand** the carbohydrates serving sizes, sugars, and fats.

The Food Farmacy helps us get our **A1C to a good level** and it helps us **eat better.**

I like the great variety of fruits and vegetables. I learn how to **eat healthier** and how to control portions.

Because Edis told me to talk to my doctor about my medication, my sugar levels have improved. **They have both educated me very well.**

The Food Farmacy is very informative. It assists along with my exercise program Livestrong Cancer Support. **I feel better and a little more energetic!**

Provider Satisfaction

Groundbreaking. Dealing directly with social determinants of health.

I feel empowered and supported when addressing food insecurity with my patient.

Excellent community service.

I really appreciate the efforts this team put into establishing the Food Farmacy. This is a big help for our patients with food insecurity and provides them with powerful resources to help them control their diabetes.

Current Food Farmacy Locations

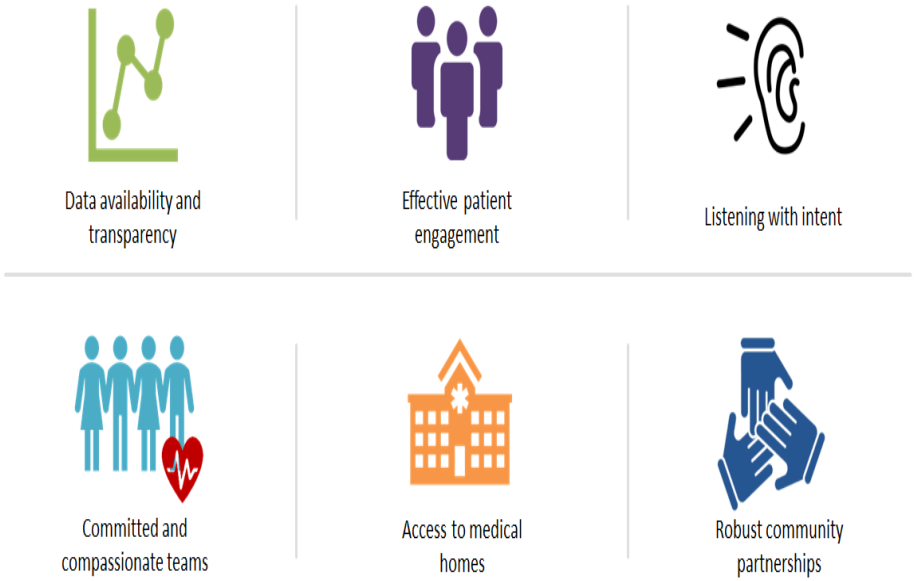
Strawberry Health Center
May 2019

LBJ Hospital Campus
May 2021

August 2020
Acres Home Health Center

Key to Success-It Takes a Village!

Components



Partners

UTHealth
The University of Texas Health Science Center at Houston

houston foodbank
Feeding America Food Bank of the Year

USDA U.S. DEPARTMENT OF AGRICULTURE

Anthem Foundation

Esperanza (Hope) Galvan PhD, MS, RN-BC, CDCES
Vice President Population Health Transformation
Harris Health System
Esperanza.Galvan@harrishealth.org