

Food is Medicine: Let's Eat !

Jennifer M. Grenier DNP, RN-BC, Nicole Wynn, DNP, RN-BC, Stephanie Yohannan, DNP, MBA, NE-BC

Rush University Medical Center, Chicago, Illinois

Background

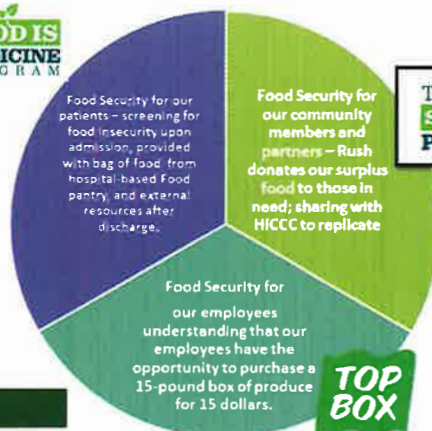
•The World Health Organization defines Social Determinants of Health (SDoH) as the conditions in which people are born, grow, live, work and age. The Social Determinants of Health are mostly responsible for health inequities-the unfair and unavoidable differences in health status seen within and between countries (WHO, 2012).

Literature Review

- Prior to 2008, there is little data available describing the magnitude of food insecurity because of lack of precise classification and measurement of this construct (Gundersen, 2013).
- There are hospitals donating food waste and have hospital-based food pantries (Grenier & Wynn, 2018), but there are no hospitals that have a hospital-based program which screens patients, provide food hospital pantry food, and connects patients with community resources prior to discharge.

Purpose

The purpose of this project is to decrease the prevalence of food insecurity at RUMC and the surrounding Chicago West Side community by implementing the Food is Medicine Program.



EMR SDOH Screening Tool

1. Do you have a doctor (primary care physician) or nurse that you see regularly?
2. Do you have health insurance or a medical card?
3. Are you worried that your food will run out before you have money to buy more?
4. In the last twelve months, have you run out of food that you bought and didn't have money to get more?
5. In the last two months, have you had difficulty paying your electric, gas or water bill?
6. Do you have a hard time finding transportation to and from your medical appointments?
7. Do you currently have a place to stay/live?
8. In the next two months will you have a place to stay/live?

Hospital Based Food Pantry



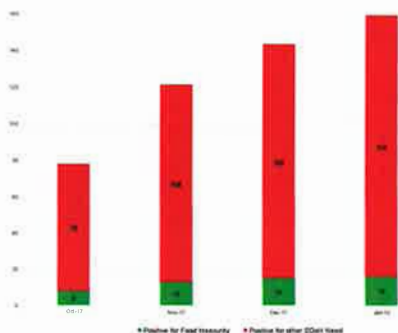
With our partnership with Greater Chicago Food Depository, the food is delivered to the hospital, bags are packed by the RN Volunteers and delivered to the patients at their bedside prior to discharge.

This program has delivered countless bags and continues to help patients meet the needs that previously were not always asked about.

Upon discharge the RN ask patients do you have enough medication and supplies to heal, but we never ask do you have enough food to heal because **FOOD IS MEDICINE** at RUMC now we do !

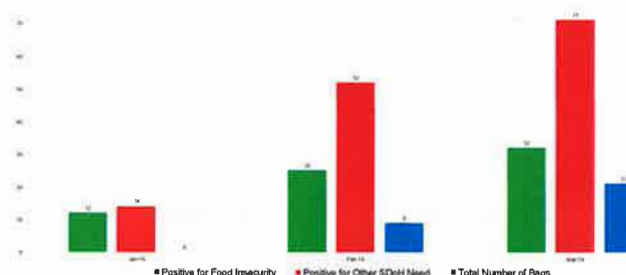
Pre-Data

Emergency Department SDOH Screening Data (Pre-Pilot)



Results

Results of Social Determinant of Health Screening Tool Implementation on Pilot Units



Social Determinants of Health: Food Insecurity



Social Determinants and Food Insecurity

Research shows that lack of access to food or affordable housing significantly affects health outcomes, limited access to transportation can lead to missed appointments, and these areas can impact health outcomes and the cost of care. According to Feeding America's 2014 Map the Meal Gap Study, one in six people in Cook County, IL will experience food insecurity this year. A progress report on Chicago's food desert population conducted by the Gallagher Group in 2011 showed over 350,000 of the city's residents living in food deserts — about 70 percent African-American and 30 percent Latino and mixed race. Lack of access to reliable sources of healthy food is both a cause of food insecurity and a determinant of health that leads to a greater risk of adults developing high blood pressure, high cholesterol and diabetes.

Internally, our early data shows that food security is the greatest social need in primary care. Additionally, as many as some 40% of patients on the inpatient units presented with symptoms of food insecurity per food and nutrition leadership. Lastly, in our community settings food is also referenced given food deserts or expense.

Rush's Commitment to Improving Health

Rush's mission to improve the health of the individuals we serve includes thinking about health broadly as defined by the World Health Organization – not just the presence of disease.

A representative from Rush serves as the co-chair of the Food Security leadership group of the Alliance for Health Equity – Cook County's regional hospital collaborative of 30+ hospitals working to improve health as well as serves on the leadership group of West Side United's Healthy Food Group – a collaborative approach to address food insecurity on the West Side.

Highlighted Food Efforts at Rush

- a. **Surplus Project:** Partnership between Rush hospitals and local pantry/shelter partners (Oak Park River Forest Food Pantry and Franciscan Outreach) to provide re-purposed food to supplement food and nutrition needs of those they serve
- b. **Food is Medicine:** Partnership between Rush and the Greater Chicago Food Depository to prescribe and distribute nonperishable foods to patients on inpatient units identified as having food insecurity at discharge
- c. **Farm to Neighbor (formerly Top Box Foods):** Partnership with a locally-sourced non-profit to provide fresh produce and local meats/poultry directly to employees and students to encourage healthy eating
- d. **Meal Delivery Pilot:** Federal Association for Community Living \$500K pilot program with AgeOptions, NowPow, Oak Street Health, and Mom's Meals to provide meal delivery to older adults who are experiencing food insecurity. Also exploring partnership with Blue Cross Blue Shield Institute to connect patients with meal services delivery program - FoodQ

Responses to food insecurity at Rush University System for Health

Aim: To offer specific responses to identified food insecurity/hunger

Scope: Respond to identified food insecurity - triangular approach of patients, community members, and employees/students

Strategy: Identify patients at risk for or suffering from food insecurity through a brief social needs screener conducted in multiple settings (ED, inpatient, primary care, and community programs)

Technology: Integrated social needs data into Epic, the electronic health record. Utilize NowPow, a social referral technology platform to provide curated lists of resources either directly to patients via text or email and through a print out with the AVS (after visit summary) documents with possible direct referral to partners such as Oak Park River Forest Food Pantry.

Funding: Rush has invested both operational dollars through staffing time, as well as actually funding the food interventions, such as hospital investment in Food is Medicine or a subsidized Top Box program for lower-wage employees in the amount of over \$50,000 in the current fiscal.

Measurement:

Quantitative: Core data collected on screening and referrals shared via Maestro dashboards and through reporting obtained from NowPow.

Qualitative: Using patient surveys to see how the meal at discharge impacted them as well as employee surveys regarding participation in Farm to Neighbor.