

## National Hunger Commission Report

### Thoughts on Implementation Possibilities for States and Municipalities

February, 2016

The Bi-partisan Report of the National Commission on Hunger was released January 4, 2016. Created by Congress in 2014 as part of the Farm Bill, the Commission was charged with providing policy recommendations to Congress and the USDA to more effectively use existing programs and funds of the Department of Agriculture to combat domestic hunger and food insecurity. While we hope that readers will review and consider the entire report (an hour's investment of time), the Executive Summary will provide basic background and context. The full Recommendations Section provides the complete set of twenty recommendations, including rationale and action items.

While some recommendations will require regulatory changes or action by Congress, there are important opportunities which can be addressed through policy change or administrative strategies at the State and/or municipal level - actions which do not require an Act of Congress.

This document seeks to identify and encourage action on certain Hunger Commission recommendations by the Governor's Task Force on Food Security and/or by the Governor's Office or various State Agencies. The Hunger Commission recommendations are bi-partisan, well-researched and thoroughly considered. The research and testimony is available for review. The following recommendations may represent an opportunity for Nevada to begin implementation at the state level:

#### **SNAP – Supplemental Nutrition Assistance Program (R 1-10)**

- Improve state support for job training, placement and career development for SNAP recipients, and ensuring that necessary supports and infrastructure are in place to facilitate finding work. (R1 – 4 action items)
- Address the CLIFF EFFECT – improving responsiveness to earned-income fluctuations (R2)
- Create a more streamlined and effective approach to re-certification for SNAP recipients (R2)
- Create a financial incentives program (healthy bucks, double your bucks) to encourage and facilitate purchase of high quality nutrition with SNAP funds at Farmers Markets and grocery stores.(R3)
- Reform of SNAP Nutrition Education (SNAP-ED) to ensure that investment produces positive impact on health improvement and food security – use of high quality evaluation tools (R6)
- Maximize SNAP's ability to promote well-being: “no wrong door” approach between SNAP and non-nutrition family support programs. This is NOT “one stop shop” – (R7- 3 action items)
- R8 encourages use of demonstration projects and speedy determination by USDA. If we have good and innovative ideas - let's put them forth!
- Improved training for front-line SNAP caseworkers and related metrics – (R9)
- Address wellbeing of military and former military families – high risk and high reward.

### **Child Nutrition Programs (R11-14)**

A number of the child nutrition program recommendations are included in various bills that comprise the Child Nutrition Reauthorization package – addressing the congregate meal requirements, changing areal eligibility from 50% F/R needy to 40% F/R; and expanded eligibility for Summer EBT (monthly \$ allocation of \$30-40 through a WIC-like EBT card) for families in locations where summer meal programs are inaccessible or unable to be implemented. Implementing summer EBT in Nevada wherever feasible could make more progress in reducing child hunger than creating 25 more summer lunch sites.

In addition, the recommendation to utilize Medicaid eligibility to establish F/R status has been made by the White House at its recent conference on childhood hunger. Many Medicaid families choose not to apply for SNAP although eligible due to stigma, which limits direct certification for school meals.

### **Seniors and Ill/Disabled R 15-16)**

The Commission identified the need to expand home-delivered meals for seniors beyond current funding levels through the Older Americans Act, and for those who are ill or disabled but not yet 65, (who are not eligible for meals under that funding stream). Changes to Medicare (federal issue) and use of Medicaid waivers and/or Medicaid Section 1915 (c) (state jurisdiction) can be used to afford ill/disabled and/or seniors between 60-65 the same nutrition assistance as those over 65. This is a challenge to health which can be easily mitigated.

### **Incentivize and Leverage Corporate, Nonprofit and Public/Private Partnerships - (R18)**

It is abundantly clear that the USDA nutrition programs and charitable food distribution alone cannot end hunger. The Commission identified the need for cross-sector engagement (food, affordable housing, health, jobs/income, child care, workforce development, etc.) as crucial to solving hunger. This particular recommendation identifies further opportunities, including Hunger Free Communities collective impact efforts, incentives to improve donations of food, eliminate food waste, improvement and wider dissemination of Good Samaritan laws, incentives for farmers and social enterprise that supports education, job training and employment, all opportunities for state and local action.

At this time, Washoe County is highly engaged in the Truckee Meadows Healthy Communities Initiative, a long-term, cross-sector, collective impact initiative supported by national funding, which could be used as a pilot for the state. Engaging business and economic development sectors in the conversation around solving hunger in Nevada can help address the jobs/income/workforce development piece which is so crucial to a successful outcome in addressing poverty and food insecurity.

### **White House Leadership Council To End Hunger (R19-20)**

As mentioned above, the root causes of hunger are many and varied, and the consequences of hunger are far beyond the reach and effectiveness of nutrition assistance programs. To improve the overall health and wellbeing of people in the United States this recommendation calls for the White House to mount a thoughtful, coordinated and focused effort to address hunger and its root causes.

This Commissioner believes that, by extension, each state should do the same. Much can be accomplished locally in the years it frequently takes for solutions to trickle down from Federal agencies and Congress. These recommendations involve a willingness to review all programs meant to assist low-income families for effectiveness, and a willingness to candidly discuss root cause issues. Cross agency collaboration at the state level, and among the eleven key Federal agencies which administer the wide variety of programs addressing these issues is crucial.

A strong Leadership Council will also include strong representation, participation and commitment from the corporate, non-profit, university and faith-based sectors, per the recommendation, along with civic engagement in our communities and the involvement of those experiencing hunger. ***The Governor's Council on Food Security could be the basis for this Leadership Council. Ensuring that our Council becomes permanent through legislation in the next session would be a great first step.***

Lastly, R20 calls on the Leadership Council to End Hunger to monitor hunger at the Federal and State levels of eight special, at-risk populations identified by the Commission as particularly vulnerable to hunger.

Recommendations 19 and 20 are perhaps the most important of all these carefully considered and crafted bi-partisan recommendations, because with these two, the first 18 could easily be addressed.

States and municipalities have an opportunity and perhaps a responsibility to take and encourage action to implement recommendations where possible and at the very least, begin a dialogue about how to begin solving hunger, community by community.

Respectfully submitted,

A handwritten signature in cursive script that reads "Cherie Jamason".

Cherie Jamason, CEO  
Food Bank of Northern Nevada  
Commissioner, National Hunger Commission



# A CASE TO END U.S. HUNGER USING COLLABORATION TO IMPROVE POPULATION HEALTH

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**By Randy Oostra, DM, FACHE,** President and Chief Executive Officer  
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Over the last 50 years, every U.S. president has worked, in some fashion, to address healthcare spending while improving the fundamental healthcare conditions for those in need. As healthcare leaders we often think in terms of three- to five-year plans. But if we think about the next 50 years, it brings into question ‘what’ and ‘how’ the investments we’re making now in our communities — whether new facilities, programs or initiatives — will impact the public by 2064.

As healthcare professionals we should think of our impact on communities as generational investments; and one critical aspect of this is redefining health care’s role in the health and well-being of those we serve. As we think about that, we must focus not only on how to deliver clinical excellence and efficiency, but how we can act as catalysts, innovators and leaders in how we impact health care; indeed how we put the ‘public’ back in health and health care, recognizing and giving due focus to the roots of our industry. We must be on parallel tracks to continue to advance clinical care while ensuring basic needs are met; because both are inevitably, and inextricably, intertwined.

The United States has both a high level of health spending per capita and a relatively high rate of real growth in spending. The share of GDP devoted to healthcare spending has grown steadily from 5% in 1965 — the year both Medicaid and Medicare were established — to 9% in 1980; crossing into double digits to nearly 13% in 1993; and is now close to 18%. Some projections put it pushing 20% by 2023. That’s not just unsustainable. As healthcare professionals, it’s unacceptable. Clearly, a new approach is needed and the solution to getting this runaway train back on the right track could be as simple as looking at basic needs, or the social determinants of health.

## **Hunger is a basic need. Hunger is a health issue.**

With more than 17.5 million U.S. households facing hunger<sup>(1)</sup> — or one in every seven households nationwide — healthcare systems and leaders must recognize that lacking nutritious food to eat is a dire public health concern. Food insecurity and its results, including true hunger, is a health issue causing distress in communities nationwide by taking an incalculable toll on unborn babies, youngsters, parents, middle-aged people, and the elderly. Malnutrition also causes financial burdens for healthcare systems, governments, insurance carriers, and taxpayers, especially

as more people become insured under healthcare reform. Yet hunger can be better identified and eradicated with the engagement of the healthcare industry. Throughout ProMedica’s service region of northwest Ohio and southeast Michigan, we have made a commitment to elevate the awareness of food insecurity and all of its effects and implications to health — physical, mental, and social — and call on colleagues throughout the industry to take up this public health issue in their communities. By working with government entities, nonprofit agencies, businesses, faith communities, schools and other community groups on anti-hunger efforts, the healthcare industry can make the fight against hunger a ‘winnable battle’ through aligned efforts that more effectively end hunger and improve health. Addressing hunger as a health issue is an initiative that should infiltrate healthcare systems nationwide for the sake of the country’s most vulnerable residents.

At ProMedica, a mission-based, nonprofit, locally owned healthcare system, hunger has been chief among many social determinants of health being addressed in recent years as part of our collaborative *Come to the Table* advocacy initiative. Driven by a mission to improve the health and well-being of the communities we serve, we began to look at hunger after becoming increasingly aware of its link to the nation’s obesity epidemic. While continuing to address all of obesity’s causes, we formed partnerships on local, state and national levels and examined additional health-related links to hunger. As a result, we are funding various anti-hunger programs in the community and heading up our own efforts, often in collaboration with other groups.

These partnerships have resulted in better availability of and access to nutritious food among residents of our region — not to mention more awareness nationwide of hunger as a health issue and about maintaining data on the problem. In many cases, these partnerships and programs also have ended up addressing and improving other social determinants of health, including education. In every case, we are working to prevent malnutrition and related health problems. ProMedica’s goal with our *Come to the Table* initiative is to help end the devastating and potentially debilitating problem that occurs when people don’t have a reliable, consistent source of a very basic human need: nutritious food. By addressing hunger as a health issue, we’re making a lasting impact to improve population health while identifying other social determinants of health.

## Food is Medicine

Hunger is a problem healthcare providers see every day among patients of all ages in emergency rooms, clinics, offices, and hospital beds. Babies born to malnourished mothers may be underweight, have developmental delays and continue to have health problems throughout life. Children experiencing food insecurity, meaning they live in households that at times are unable to acquire adequate food, are more likely to have behavioral health issues such as anxiety and depression. These children may also be at higher risk for developing chronic health conditions, including anemia and asthma.<sup>(2)</sup>

Among the elderly, another particularly vulnerable group, malnutrition increases disability and decreases resistance to infection. Both not only harm quality of life, but they extend hospital stays. People who are food insecure often have irregular eating patterns, which can lead to being overweight and obese. Additionally, people facing food insecurity typically consume food with less nutrients, so they have dietary shortfalls linked to the development of hypertension, diabetes and other chronic diseases.<sup>(3)</sup>

“For critically and chronically ill people, food is medicine,” opens a Harvard Law School Center for Health Law & Policy Innovation paper presenting the case for nutritional counseling and medically-tailored, home-delivered meals. “With adequate amounts of nutritious food, people who are sick have a better response to medication, maintain and gain strength, and have improved chances of recovery. Ultimately, access to healthy food leads to improved health outcomes and lower healthcare costs.”<sup>(4)</sup>

With the Affordable Care Act (ACA) changing the way the healthcare industry does business, hospital administrators and physicians must look beyond our four walls more than ever before in modern medicine. Preventing illness, improving population health and eliminating health disparities are critical for the shift both for clinical and social reasons. In many ways, the healthcare industry, while accelerating as necessary in technology to deliver state-of-the-art care that helps ensure safe and affordable care, must concurrently return to its charitable roots of more than a century ago, when hospitals were community pillars concerned with basic public health needs and overall health and welfare. The industry needs a unified system of common goals that builds from the fundamentals of health and wellness that value one’s overall health.

Basic needs are just that, basic. For example, it’s highly unlikely a 55-year-old man who is hungry and homeless would be worried about getting tests to detect prostate cancer, heart disease or other health conditions. Or a mother of three who is struggling to clothe and feed her children will not be as concerned about preventive screenings and often delay basic health and wellness needs. They, and more than 49 million other people nationwide<sup>(1)</sup> who do not know where their next nutritious meal will come from, need to have their basic needs met first.

## Hunger Solutions

Some collaborative solutions to hunger, malnutrition and food insecurity that we identified were relatively easy and inexpensive to launch. ProMedica employees, for example, repackage unserved food that otherwise would be thrown out at the local casino and hospital cafeterias for homeless shelters and other feeding sites. Other examples include adding healthy groceries to our flagship hospital’s nearby flower shop in a neighborhood without access to healthy food, and screening patients for hunger so we can send them home with emergency supplies and connections for more assistance.

Higher up the difficulty and cost scale, a \$1.5 million donation from a dedicated philanthropist is helping create a center in a disadvantaged Toledo neighborhood to combat hunger and poverty overall. The ProMedica Ebeid Institute for Population Health not only will have a food market with healthy groceries not currently available or affordable to neighborhood residents, but it will feature a kitchen with classroom space, employment and training opportunities, and room for other community programs.

Clearly, philanthropists and community partners — such as Hollywood Casino Toledo and Seagate Foodbank of Northwest Ohio, which distributes the food ProMedica reclaims — are key to our anti-hunger programs. ProMedica is committed to numerous anti-hunger programs and partnerships as part of its *Come to the Table* initiative to address hunger as a health issue. Through our efforts, we have seen firsthand how important it is for families and other residents to have access to healthy food.

## A Common Problem

One college-educated, single Toledo mother working two jobs yet still relying on food assistance shared details of her routine struggle to put healthy food on the table with this heartbreaking insight into caring for her 5-year-old son: “Before his eyes open, he’ll ask: ‘Can I have breakfast?’ Food is his world.”

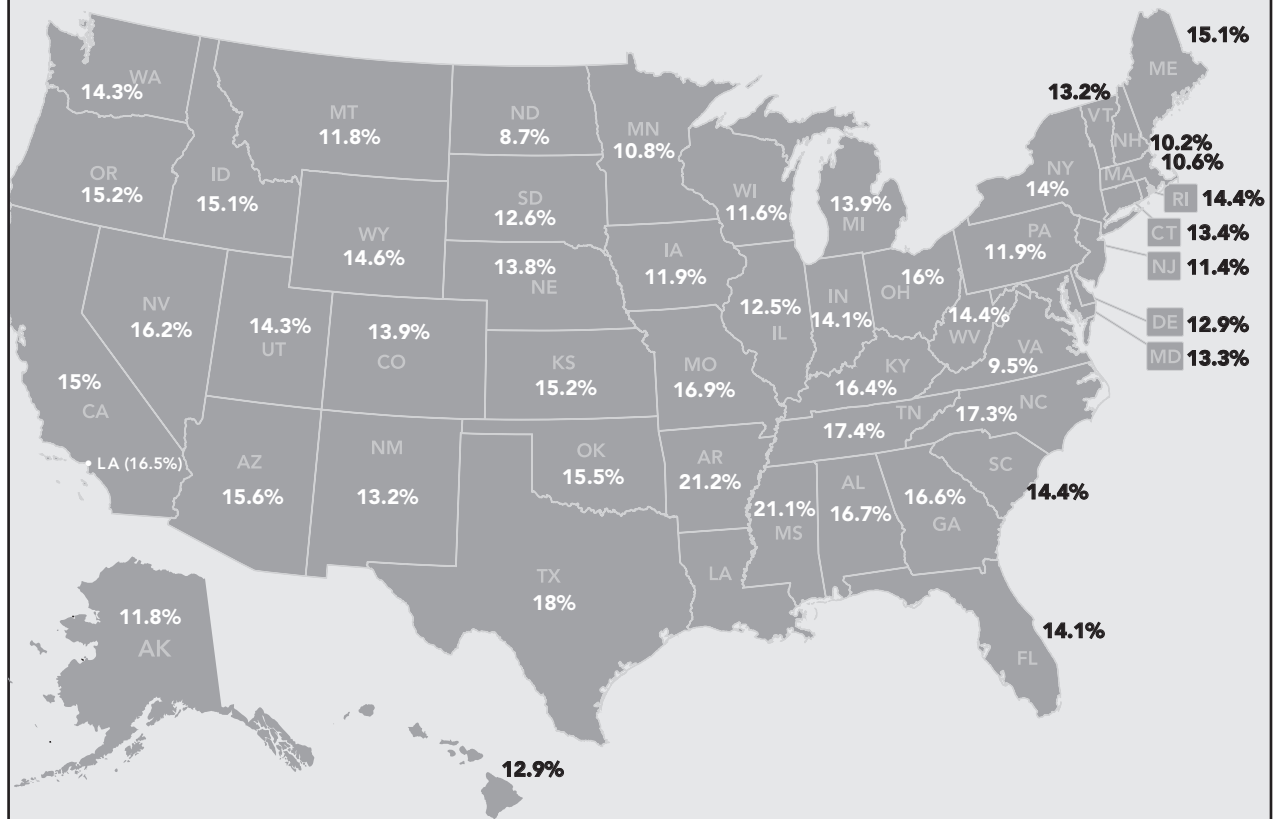
Sadly, in ProMedica’s home base of Lucas County, Ohio, many children live in food insecure households: 13% of 5<sup>th</sup> and 6<sup>th</sup> graders and 11% of 7<sup>th</sup> to 12<sup>th</sup> graders admit they go to bed hungry at least one night a week.<sup>(5)</sup> And 1% of Lucas County youth in both categories go to bed hungry every night of the week.<sup>(5)</sup>

In Lucas County’s largest school district, Toledo Public Schools, nearly 80% of students qualify for free or reduced-price meals. In some Toledo schools, 98% of students qualify for the U.S. Department of Agriculture’s (USDA) school meal program.

Lucas County is not the only place where hunger and food insecurity abound. Nationwide, 19.5% of households with children are considered to be food insecure and unable to acquire adequate nutrition, a problem that is even more prevalent among single women with children at 34.4%.<sup>(1)</sup>

# FOOD INSECURITY ACROSS AMERICA

Eight states — Arkansas, Georgia, Missouri, Mississippi, North Carolina, Ohio, Tennessee and Texas — have higher three-year rates of overall food insecurity than the national average of 14.6%.



Among all households nationwide, three-year food insecurity rates range from 21.1% in Arkansas to 8.7% in North Dakota, with Ohio at 16% and Michigan at 13.9%.<sup>(1)</sup> Ohio and Arkansas are among eight states where the prevalence of food insecurity is higher than the overall national average of 14.6%, along with Georgia, Missouri, Mississippi, North Carolina, Tennessee and Texas.<sup>(1)</sup>

Learning that food insecurity and hunger are so common in America is indeed shocking. The latest recession and its lingering effects have worsened the situation for many families, and income disparities continue to persist. Addressing hunger as a health issue is paramount for both the healthcare industry and the nation as a whole. And the effort makes good business sense, too, as the healthcare industry undergoes changes related to reform.

## Affordable Care Act

The ACA is changing the way health care is being delivered and reimbursed, and U.S. hospitals will increasingly be paid based on outcomes instead of volumes of care. As a result, healthcare organizations are considering innovative ways to both improve care and decrease costs. ProMedica operations are working on various initiatives aimed at better coordinating care, including participating in the Medicare Shared Savings Program as an Accountable Care Organization and transitioning to a single electronic health record platform throughout the system. More and more

innovations related to the ACA will be implemented in the industry, and ways to address hunger, food insecurity and malnutrition can, and should, be among them.

For instance, the ACA mandates that the Centers for Medicare & Medicaid Services reduce payments to hospitals with high rates of readmissions within 30 days of patients being discharged. One international study showed patients who have been malnourished are nearly twice as likely to be readmitted within 15 days of discharge than those who are not, as well as have longer hospital stays and have a much higher risk of death.<sup>(6)</sup> It stands to reason, then, that improving nutrition among residents will both help boost population health and a hospital's bottom line.

Consider how often patients are discharged from the hospital with prescription medication and instructions to take it with food. Far too many Americans, however, can't afford one or the other, much less both. More than 11% of chronically ill adults reported experiencing both food insecurity and cost-related medication underuse, highlighting how difficult it is to successfully manage chronic disease.<sup>(7)</sup> Those with more chronic conditions and who have dependent children are more likely to buy food instead of their medications, jeopardizing their own health.<sup>(7)</sup> All together, about a third of chronically ill adults are not able to afford food, medications or both.<sup>(7)</sup>

Making sure people are able to recover — and able to get both the medicine they need and food often directed to go with it — is the right thing for healthcare systems to do both from a mission perspective and financially. To truly make an impact on and improve population health, the healthcare industry and its leaders must focus on social determinants of health. Hunger, specifically, is a social determinant that is straight forward. With a coordinated approach, hunger could be the first of many social determinants to be eliminated in decades to come.

## Food for Patients

In early 2014, at ProMedica, we began screening hospital patients for hunger and food insecurity using \$65,000 raised by employees in our annual giving campaign. Patients are asked about their food security as part of the admission process, using a two-question screen that has been validated by Children's HealthWatch,<sup>(8)</sup> a nonpartisan network of pediatricians, public health researchers and children's health and policy experts committed to improving children's health in America. Our hospital patients who are identified as food insecure are referred to a social worker or care navigator for additional assessment.

At discharge, patients who need assistance are given an emergency, one-day food supply and connected to community resources for further assistance. In many cases, people simply do not know they qualify for assistance, or how they can access it. With the move to a common electronic health record platform, ProMedica hospitals are working to keep track of hunger-related statistics, providing a better look at the problem and how it affects community health.

We believe that this two-question screen is a tool that can easily be implemented by all hospitals and physicians offices and should, in fact, be a requirement within the Community Health Needs Assessment, to help highlight and identify the need for increased focus on social determinants and further linking basic needs to clinical care; how addressing the former supports the latter. Such a screen should be factored into a hospital's total performance score calculation in order to receive their full value-based percentage for Medicare payments, further engaging hospitals and the government to work collectively to address issues that improve health, well-being and communities as a whole.

ProMedica Physicians, our system's physician group that uses patient-centered medical homes as a care model, has launched a pilot program to see how hunger affects patients and their health conditions. Hunger-related data will be tracked for up to three months at select physician offices, the place where most people get the bulk of their health care. And to help patients who need high-quality, nutritious food for their health, ProMedica is developing plans to open prescription food pharmacies, starting in the ProMedica Center for Health Services in early 2015. The urban Toledo center houses a wide range of outpatient primary, specialty and preventive care services, including those for women and children.

## Government's Role

While ProMedica and other healthcare providers are making strides with our anti-hunger efforts; government needs to play a key role, too, by continuing to help cover costs for nutritious food and otherwise recognizing efforts to address hunger and food insecurity.

There are several government-funded programs in place that associate nutrition with medical treatment. Nationally, the Ryan White HIV/AIDS Program defines "medical nutrition therapy" as a core medical service for which those in need can get assistance. In Ohio, the PASSPORT Medicaid waiver program helps eligible older residents get long-term services they need to stay in their homes, including home-delivered meals, some of which are prepared specifically for those with diabetes and other health conditions. One study even showed that for every \$1 invested in Meals on Wheels Association of America programs, there could be a savings of \$50 on Medicaid expenses.<sup>(9)</sup>

Other statistics illustrate how nutritious food saves money. A Philadelphia area program serving chronically ill patients demonstrated that receiving public health nutrition services, including healthy meals and nutrition education, lowered healthcare costs among participants by 28% on average after six months.<sup>(10)</sup> Participants also had 31% lower monthly healthcare costs on average than a similar group of chronically ill patients not receiving services.<sup>(10)</sup>

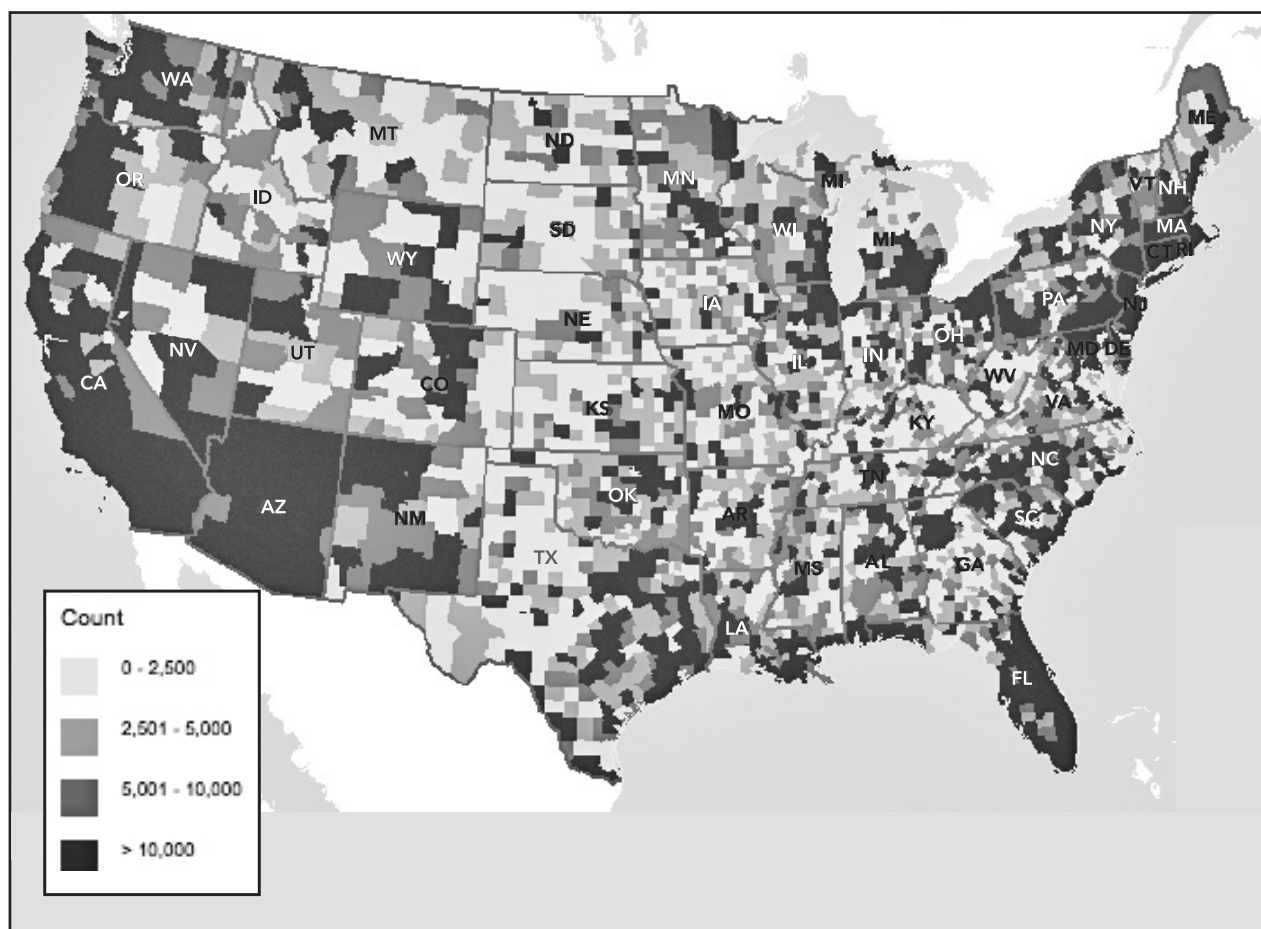
By opening prescription food pharmacies, ProMedica expects to help chronically ill patients unable to afford groceries needed to manage their conditions. We believe these pharmacies would be more readily adopted by hospitals if the government would partner with hospitals and consider ways to reimburse for, or supply, healthy food items prescribed to those in need.

Various healthcare efforts to combat hunger in communities nationwide also should be counted as community benefit for tax-exempt hospitals. With more emphasis on ensuring tax-exempt hospitals are responsive to pressing community health needs, certainly efforts to eliminate hunger, food insecurity and other health disparities can and should be among what is considered community benefit.

And as noted in the previous section, a greater emphasis on social determinants within the Community Health Needs Assessment would help identify areas of greatest need in communities and prioritize the work that would help achieve better health outcomes for all. To ensure this can be carried out, we must also recognize the need for adequate staffing of primary care physicians within health systems to drive these efforts forward. This will require additional allocations of primary care slots, with an emphasis in training on the social determinants.



Food deserts throughout the nation, provided by USDA.



## Market and More

Food insecurity and poverty are forever intertwined, and alleviating U.S. hunger will take more than the immediate solution of offering people nutritious food. We believe hungry people also need education, jobs and other assistance to help lift them out of poverty and make solutions sustainable. One ProMedica project under way will meet all of those demands and be a definite benefit to a disadvantaged Toledo community.

Philanthropist Russell Ebeid donated \$1.5 million to establish the ProMedica Ebeid Institute for Population Health, which will offer a full-service market in early 2016 followed by other services. Plans call for the institute to be located in a four-story central city building that the City of Toledo deeded to ProMedica for a nominal amount, with the market on the first floor. Upper floors will house kitchens and education workstations for nutrition classes and rooms for basic health screenings, as well as services offered by our partners such as mental health counseling, dental care and literacy programs.

Toledo has many underserved areas, but we used a scientific approach to select the institute's first location. With consultation from Mari Gallagher Research & Consulting Group of Chicago, ProMedica conducted a block-level study of food access and health outcomes to determine the best location.

The institute will be located within a low-income area identified by the U.S. Department of Agriculture as a food desert, where a significant number of residents are more than a half mile away from the nearest supermarket. It also is within a few blocks from a low-income swath of Toledo where residents are more than a mile away from the nearest supermarket, which is also known as a food desert because there is limited access to fresh produce, low-fat dairy products and other healthy foods at an affordable price.

Food deserts are located across the United States, and throughout northwest Ohio and southeast Michigan, they are areas where we have concentrated many of our efforts. We expect the ProMedica Ebeid Institute for Population Health will serve as a place where people also will be able to access job training and employment so they can learn how to help themselves establish solid skills to improve their economic stability as well as self-confidence. Income disparity continues to plague the United States, and health care has a role in helping to make sure people are equipped to land jobs and earn better wages.

## Other ProMedica Efforts

ProMedica has several concrete examples of how we have been able to benefit the community and work on ending hunger in northwest Ohio and southeast Michigan. Besides the ProMedica Ebeid Institute for Population Health,

hunger-screening programs among patients and the food prescription program, here are some other ways our *Come to the Table* initiative to address hunger as a health issue has made strides. We encourage other healthcare systems to use our examples as models to create programs tailored for their communities and partners.

### **Community Funding**

Developed in 2009, the ProMedica Advocacy Fund annually awards an average of \$300,000 to non-profit community partners that provide basic needs services, including food, clothing and shelter. Funding has been granted to programs that provide weekend food to school children who qualify for free and reduced-priced meals during the week, for example, and programs that need kitchen renovations, equipment or vehicles to provide meals for those in need of all ages.

### **Repackaging Food**

In February 2013, two part-time ProMedica employees began working at Hollywood Casino Toledo, where they repackaged salads, meats, side dishes, and other unserved food. Other foodservice providers joined the effort, including ProMedica Toledo Hospital's cafeteria and more than 75,000 pounds of food was collected in the first nine months. That was enough for local partner Seagate Foodbank of Northwest Ohio to distribute food for more than 55,000 meals. ProMedica's food reclamation program expanded in 2014, adding the Toledo Mud Hens' foodservice venue at baseball games and other community partners. Through the first nine months of 2014, approximately 100,000 pounds of food was collected, or enough for 75,000 meals. The community benefit is far reaching, not just for those who receive the meals, but to all who collaborate and share a greater purpose in helping others in need. And it costs just about \$30,000 a year to employ two part-time food packers, both of whom are very committed to helping combat hunger.

### **Mobile Farmers Markets**

To help improve access to fresh fruits and vegetables in a rural Michigan county where two of our hospitals are located, the Veggie Mobile debuted in 2013 to make stops at senior centers and other community locations. The Veggie Mobile sells and distributes fresh produce, including seasonal offerings from area farmers' markets and local producers, as part of a community health program started by ProMedica and a community group of which we are a member. Parts of the county are designated as food deserts, low-income areas without supermarkets offering fresh produce and other healthy food. The van was funded through a U.S. Department of Agriculture grant secured by ProMedica.

Recently, ProMedica was awarded a second U. S. Department of Agriculture grant to assist Seagate Foodbank in expanding its mobile farmer's market in 2015. This mobile market visits senior housing complexes, community centers and other underserved neighborhoods

and provides an opportunity for residents to access fresh fruits and vegetables. The program will expand from 16 to 28 sites and also provide nutrition counseling and education by a registered dietitian during the expanded stops.

### **Food in Unlikely Places**

Our flagship hospital is located in an area of Toledo where local residents must travel at least a half mile for healthy food, so The Flower Market gift shop was an ideal place to add nutritious groceries. Fresh vegetables, low-fat dairy products and other healthy items are for sale in a section of the shop called the Garden Grocer, and recipes including the items are handed out, too. Further, one of our dietitians gives monthly demonstrations and answers questions before a physician leads participants on a walk to a nearby park.

### **Food Drives**

ProMedica holds annual contests among schools in our service area to challenge students to plan and hold seven-day food drives benefitting a hunger-relief agency or other community organization of their choice. The school that collects the most donated food per student wins \$1,000. Twice a year, our employees also hold food drives to benefit food banks and other charities in their communities. Additionally, our employees donate their time to help staff food drives at Toledo Walleye hockey games and other community venues that benefit charities, as well as at various food-related agencies.

### **ProMedica: Revealing Hunger**

This exhibition featuring photos by nine local residents facing hunger made its debut in the Toledo Museum of Art's Community Gallery in 2013 to help raise awareness about hunger. From there, the exhibition traveled to Washington, D.C., for our national hunger summit held in partnership with the Alliance to End Hunger. The exhibition returned to the Buckeye State to be on display at the Ohio Arts Council's Riffe Gallery in Columbus, followed by a tour of our hospitals and other venues through early 2015. We have numerous partners, the Toledo Museum of Art, American Frame, Toledo Portrait, Food for Thought, Hickory Farms, Inc., and another local food-related business, The Andersons, Inc.

### **National Collaborations**

On the national level, we also have several partnerships to help address hunger as a health issue. ProMedica is a member of Stakeholder Health, a coalition of healthcare systems that work with the U.S. Department of Health and Human Services to improve public health through innovative practices and community partnerships. The coalition's aims are to lower healthcare costs, improve access to care, elevate the health status of the communities it serves, and reduce health disparities. Hunger and food insecurity have been the topics ProMedica has focused on in discussions with the group, and we are learning from other's efforts as well.

To further develop and deploy anti-hunger efforts among healthcare organizations and their partners, including government officials, we are partnering with the Alliance to End Hunger to hold summits nationwide with an array of experts on hunger and health. A national summit was held on Capitol Hill in February 2014, and a series of regional summits are under way.

These summits held in collaboration with the U.S. Department of Agriculture are designed to motivate healthcare organizations to work with community partners on anti-hunger efforts. They also serve to encourage local, state and national government officials to protect food-related policies and programs. Boston Medical Center and Aurora Health Care of Milwaukee are among other hospital providers that have joined the conversation, and regional summits are expected to be held into 2016.

## Obesity's Link to Hunger

Like many healthcare organizations, rising obesity rates have been a concern for ProMedica, and it was while examining causes for obesity that the often-related problem of hunger and food insecurity came to our attention. The link between obesity and hunger became clearer as we began working with Share Our Strength, as a No Kid Hungry Ally Partner, and other partners. So did the industry's lack of focus on hunger, which prompted our decision to pay some much-needed attention to food insecurity while continuing to work on obesity.

Oftentimes, part of the problem with obesity is a lack of access to nutritious food at affordable prices, which is another reason why some of our projects involve selling produce and other healthy items in food deserts.

In Lucas County, Ohio, where ProMedica is based, adult obesity rates have increased to 36%.<sup>(5)</sup> The latest figure is up from 35% in 2011 and 33% in 2007.<sup>(5)</sup> Obesity is declining among high school students, however, going from 15% in 2011 to 13% in 2013/2014.<sup>(5)</sup>

Only 6% of Lucas County adults ate the government-recommended five or more servings of fruits and vegetables a day.<sup>(5)</sup> Among barriers to consuming fruits and vegetables are the expense, not having transportation to purchase them and not know how to prepare the produce.<sup>(5)</sup> And 53% of adults reported that cost is the reason they chose the types of food they eat.<sup>(5)</sup>

Proper nutrition is needed to help manage obesity and other health problems associated with hunger and food insecurity. Nationwide, more than half of households getting assistance from the Feeding America hunger-relief network have at least one member with high blood pressure.<sup>(11)</sup> Plus, a third of households have at least one member with diabetes.<sup>(11)</sup> These figures present opportunities for the healthcare industry to make a real impact on health outcomes by addressing conditions that are often the primary causation of disease.

## Health Care Must Have a Permanent Seat at the Table

There is plenty of evidence to show hunger harms a community's health and well-being. In addition to being able to address the most pressing clinical and acute care needs we must — as a mission based, not for profit health system, continue to identify ways in which we can prevent ailments caused or exacerbated by hunger, food insecurity and other social determinants of health — and ensure local residents have what they need to live productive lives.

## A Call to Action

The healthcare industry *must* make fundamental changes. Currently, the model is defined as a hospital 'four walls' approach when we need a completely new model that reverses the trend of unaffordable and unsustainable health care. We have a fragmented system with no common goals around changing the very fundamentals of health and wellness. We have created a massive industry that responds to challenges by designing new ways to maximize revenue and build gleaming new facilities while failing to address the *basic building blocks* of overall health.

Health care must focus on the most common social determinants—starting with hunger as a health issue. Strategic, purposeful and intentional changes can create an improved model to deliver better public health care.

## A New Way Forward

1. Add hunger screening and increased focus on social determinants to Community Health Needs Assessment and develop appropriate interventions.
2. Require hunger screening in Medicare value based reimbursement and at all Medicare facilities and include it in community benefit reporting.
3. Be diligent in adding new physician slots and requiring them to be based predominantly in primary care, with an emphasis on social determinants training.
4. Begin a public healthcare demonstration project in which Medicare and Medicaid payments are fixed for designated communities where the providers adopt a public healthcare focus. Further, assign case managers to all patients and actively address the social determinants of health beginning with hunger.
5. Develop Medicaid and Medicare incentives for taking personal responsibility, similar to those being developed in the private sector.

## It's Time

It's time for healthcare leaders nationwide to focus on addressing hunger as a health issue in their communities, as well as working with policy leaders to ensure it *becomes* and *remains* a priority. Our collective voice is strong and we must use it to lead as we move forward.

For more information about ProMedica's *Come to the Table* initiative and programs — or to join our national effort — please contact ProMedica Chief Advocacy and Government Relations Officer Barbara Petee at [CTTT@promedica.org](mailto:CTTT@promedica.org) or 419-469-3894.

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# A CASE FOR BECOMING TRUE CARE INTEGRATORS TO IMPROVE POPULATION HEALTH

**By Randy Oostra, DM, FACHE,** President and Chief Executive Officer  
ProMedica, Toledo, Ohio

Over the last 50 years, every U.S. president has tried to manage healthcare spending while improving the fundamental health conditions for those in need. As healthcare leaders, we often think primarily in terms of three- to five-year plans. But let's consider the next 50 years and question 'what' and 'how' the investments we're making in our communities — new facilities, programs, initiatives, and more — will impact the public by 2065.

To achieve meaningful results, we believe our industry should take the lead on being the true integrators of care so that both physical and mental health are treated in tandem while other needs are addressed through widespread community collaborations. That includes marshalling our industry's resources — including 5,000 hospitals and 650,000 physicians — coupled with a much needed influx of public health funding to improve outcomes nationwide. Primary care providers should not just treat physical health symptoms without consideration for contributing economic and social conditions; they should be repositioned and armed to care for their patients' overall well-being, including mental health. And we should change the way our industry has operated for the last 50 years. The model remains lacking even after moving from a fee-for-service to a value-based care model, and it is time we transition to this integrated approach.

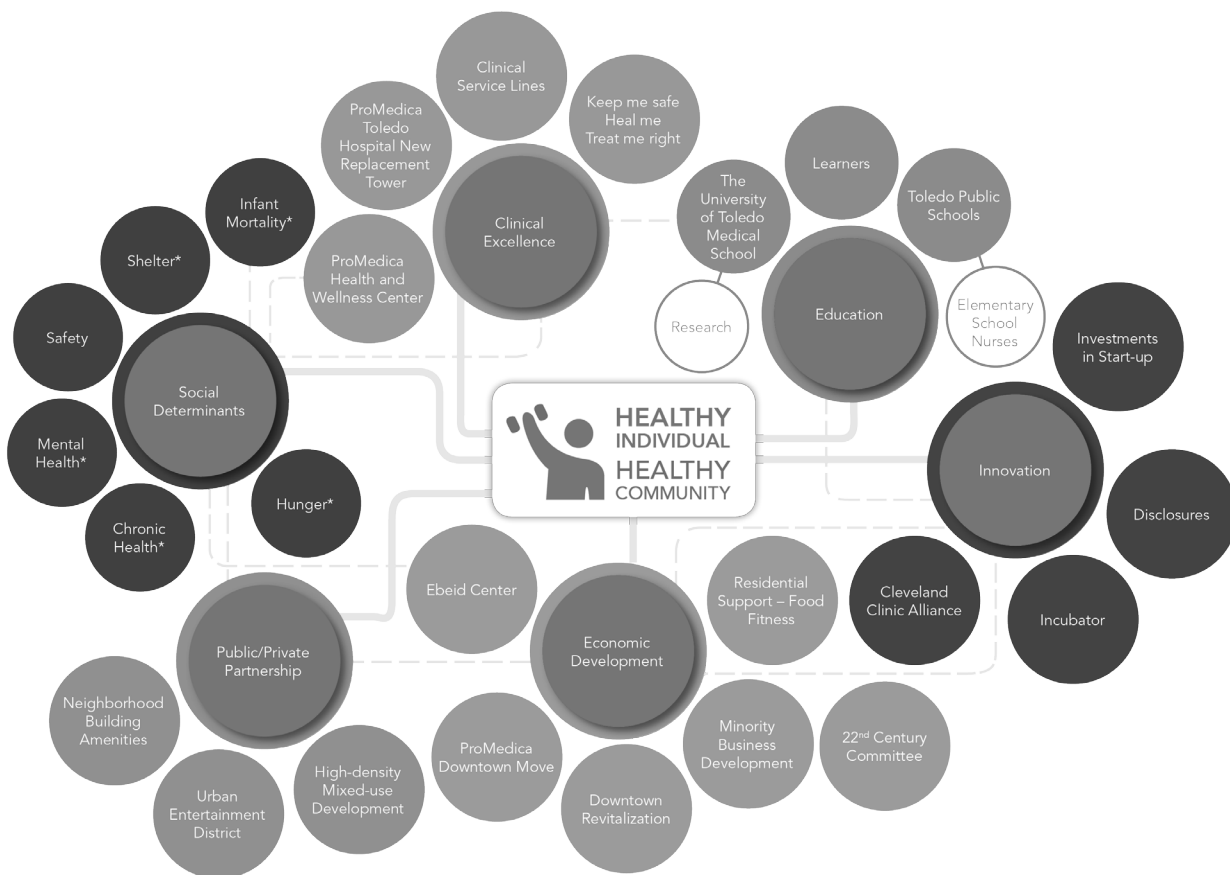
There is no question our industry's current path is unsustainable. The United States has both a high level of health spending per capita and a relatively high rate of real growth in healthcare spending. The share of U.S. gross domestic product devoted to healthcare spending has grown steadily from 5% in 1965, the year Medicaid and Medicare were established, to 9% in 1980. After crossing into double digits to nearly 13% in 1993, that share is now close to 18%; some projections have



it pushing 20% by 2023. Still, despite leading on healthcare expenditures, life expectancy in the United States lags that of many other developed countries. As healthcare providers, this path is not only unsustainable but unacceptable. It fails to benefit the health and well-being of residents in our communities, the very core of our industry's mission, and our financial health increasingly will depend on making strides in both quality and length of life.

For the Affordable Care Act (ACA) to truly make a difference long term, the healthcare industry must return to its holistic roots and focus on health-related conditions where people live, learn, work and play, as well as foster economic development, educational advancement and social equality. The





ACA gives more people access to health care, but that makes little difference if they still can't afford it or face bankruptcy as a result. America will benefit from our efforts to end a fragmented care system that often doesn't address mental and physical health together, much less the social determinants of health that have such a major influence on wellness: education, employment, housing, neighborhoods and more. While clinical care is important, getting to the root cause of why people have diabetes, asthma, poor nutrition, heart conditions and other ailments as a result of their surroundings and behaviors is necessary, too. Research is clear these other factors play an even larger part in determining a community's overall health than the medical care people receive. We need to work with various partners to provide valuable resources that meet community health needs, both inside and outside of our traditional facilities. The illustration above depicts how health care must interface with myriad partners, agencies and organizations.

The healthcare industry must not only deliver clinical excellence and efficiency, we must hone in on how we can act as catalysts, innovators and leaders to improve the health of our entire communities. We must straddle parallel tracks to continue advancing clinical care while ensuring basic needs plus educational opportunities, adequate housing, employment, and other social determinants of

health are met. All are inevitably and inextricably linked, and the industry must act to understand and address this relationship.

The social determinants of health are about going beyond our four walls, beyond the episodic moments of care people receive at our hospitals and our physician offices, to those moments where health is actually impacted – in our homes, our schools, and our communities. Hospitals and health systems will need to focus increasingly on being the integrators of care for communities. We need to concentrate on a model that yields a healthy individual and a healthy community including clinical excellence, social determinants of health, public and private partnerships, economic development, innovative models of care, and education – which ultimately will achieve better outcomes, enhanced quality, greater efficiencies, reduced costs, and improved margins.

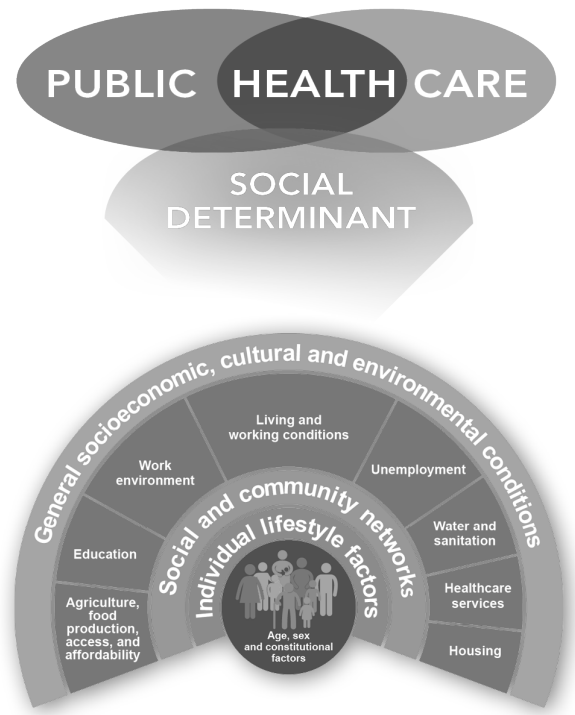
People living in the United States certainly know that environmental and social factors affect their health. From a list of 14 factors that might cause ill health, the top five causes cited as extremely important are: lack of access to high-quality medical care; personal behavior; viruses or bacteria; high stress; and exposure to air, water or chemical pollution, according to results of an NPR/Robert Wood Johnson Foundation/Harvard T.H. Chan School of Public Health poll released in early 2015.

Clearly, a new approach to health care is needed. We believe the key to that approach is as straightforward as addressing our citizens' basic needs, such as food and clothing, and the social determinants of health. At ProMedica, a healthcare system serving northwest Ohio and southeast Michigan, we have made strides by collaborating with various individuals and organizations to address hunger as a health issue. With hunger, we are acting as a convener and catalyst to bring individuals, organizations and businesses together. We also are working on integrating mental health and removing barriers related to other social determinants, including housing, economic development and education. Many of our investments are strategically based on findings from our Community Health Needs Assessment. These investments should make a difference in and add value to our health outcomes and related environmental and social conditions for the next half century.

### Nutritious Food is a Basic Need – Hunger is a Health Issue

With more than 17.5 million U.S. households facing hunger<sup>(1)</sup> — or one in every seven households nationwide — healthcare systems and leaders must recognize that lacking nutritious food to eat is a dire public health concern. Food insecurity and its results, including true hunger, are a health issue causing distress in communities nationwide by taking an incalculable toll on unborn babies, youngsters, parents, middle-aged people, and the elderly. Malnutrition also causes financial burdens for healthcare systems, governments, insurance carriers, and taxpayers, especially as more people become insured under healthcare reform.

Yet hunger can be better identified and eradicated with the engagement of the healthcare industry. Throughout ProMedica's service region, we have made a commitment to elevate the awareness of food insecurity and all of its effects and implications to health — physical, mental and social — and call on colleagues throughout the industry to take up this public health issue in their communities. By working with government entities, nonprofit agencies, businesses, faith communities, schools and other community groups on anti-hunger efforts, the healthcare industry can make the fight against hunger a 'winnable battle' through aligned efforts that more effectively end hunger and improve health. Addressing hunger as a health issue is an initiative that should infiltrate healthcare systems nationwide for the sake of the country's most vulnerable residents and because it is good business.



### HUNGER IS A HEALTH ISSUE

Breaking out the health care costs of hunger  
 Costs of hunger-induced illnesses, 2007 and 2010, in billions of 2010 dollars

Adverse health condition	2007	2010	Increased cost over three years
Poor health (excluding items below)	\$28.7	\$38.9	\$10.2
Depression	\$2.2	\$29.2	\$7.1
Suicide	\$15.8	\$19.7	\$3.9
Anxiety	\$12.9	\$17.4	\$4.5
Hospitalizations	\$12.1	\$16.1	\$4.0
Upper gastrointestinal disorders	\$4.2	\$5.7	\$1.4
Colds, migraines, and iron deficiency	\$2.5	\$3.5	\$1.0
<b>Total illness costs caused by hunger</b>	<b>\$98.4</b>	<b>\$130.5</b>	<b>\$32.1</b>

### Breaking educational costs from hunger

Costs of poor educational outcomes due to food insecurity, 2007 and 2010, in billions of 2010 dollars

Component	2007	2010	Increase
Drop out due to grade retention	\$5.1	\$6.0	\$1.9
Drop out due to absenteeism	\$4.2	\$5.8	\$1.6
Special education	\$4.6	\$6.4	\$1.8
<b>Total cost of poor educational outcomes and annual value of reduced lifetime earnings</b>	<b>\$13.9</b>	<b>\$19.2</b>	<b>\$5.3</b>

At ProMedica, a mission-based, nonprofit, locally owned healthcare system, hunger has been chief among many social conditions being addressed in recent years through our collaborative Come to the Table advocacy initiative. Driven by a mission to improve the health and well-being of the communities we serve, we took a closer look at hunger and food access after becoming increasingly aware of their link to the nation's obesity epidemic. While continuing to address all of obesity's causes, we formed partnerships on local, state and national levels and examined additional health-related links to hunger. As a result, we are funding various anti-hunger programs in the community and are developing and implementing our own efforts, often in collaboration with other groups. And, in October 2014, AARP Foundation and ProMedica partnered to establish a nonprofit organization to address hunger as a health issue and other social determinants. Titled **The Root Cause Coalition**, the primary goal is to become the nation's leading advocate of programs, policies and research to eradicate hunger, food insecurity and health disparities. Members of the coalition work together to establish a sustainable national framework for addressing these issues, with special emphasis on engaging the healthcare community. A key focus area for the coalition is research to deeply explore the cycle of hunger and food insecurity, and their causal links to chronic diseases and acute medical conditions. An initial research study entitled *Tackling Hunger to Improve Health in Americans* is being commissioned by The Root Cause Coalition with the CDC Foundation, in collaboration with the Centers for Disease Control and Prevention (CDC).

These partnerships have resulted in better availability of and access to nutritious food among residents of our region, not to mention more awareness nationwide of hunger as a health issue and about gathering data on the problem. In many cases, these partnerships and programs also have resulted in addressing and improving health outcomes related to social determinants of health, including education. In every case, we are working to prevent malnutrition and related health problems. ProMedica's goal with our Come to the Table initiative is to help end the devastating and potentially debilitating problem that occurs when people don't have a reliable, consistent source of a very basic human need: nutritious and affordable

food. By addressing hunger as a health issue, we're making a lasting impact to improve population health while identifying other social determinants of health.

## Food is Medicine

Hunger is a problem healthcare providers see every day among patients of all ages in emergency rooms, clinics, offices, and hospital beds. Babies born to malnourished mothers may be underweight or overweight, have developmental delays and continue to have health problems throughout life. Children experiencing food insecurity, meaning they live in households that at times are unable to acquire adequate food, are more likely to have behavioral health issues such as anxiety and depression. These children may also be at higher risk for developing chronic health conditions, including anemia and asthma.<sup>(2)</sup>

Among the elderly, another particularly vulnerable group, malnutrition increases disability and decreases resistance to infection. Both not only harm quality of life, but they extend hospital stays. People who are food insecure often have irregular eating patterns, which can lead to being overweight and obese. Additionally, people facing food insecurity typically consume food with fewer nutrients, so they have dietary shortfalls linked to the development of hypertension, diabetes and other chronic diseases.<sup>(3)</sup>

A Harvard Law School Center for Health Law & Policy Innovation paper succinctly presents the case for nutritional counseling and medically-tailored, home-delivered meals. "For critically and chronically ill people, food is medicine," the paper opens. "With adequate amounts of nutritious food, people who are sick have a better response to medication, maintain and gain strength, and have improved chances of recovery. Ultimately, access to healthy food leads to improved health outcomes and lower healthcare costs."<sup>(4)</sup>

With the ACA changing the way the healthcare industry does business, hospital administrators and physicians must look beyond our four walls more than ever before in modern medicine. Preventing illness, improving population health and eliminating health disparities are critical for the shift both for clinical and social reasons. In many ways, the healthcare industry, while accelerating as necessary in



technology to deliver state-of-the-art care that helps ensure safe and affordable care, must concurrently return to its charitable roots of more than a century ago. At the core of their establishment, hospitals were community pillars concerned with basic public health needs and overall health and welfare. The industry needs a unified system of common goals that builds from the fundamentals of health and wellness that value one's overall health.

Basic needs are just that, basic. For example, it's highly unlikely a 55-year-old man who is hungry and homeless would be worried about getting tests to detect prostate cancer, heart disease or other health conditions. A mother of three who is struggling to clothe and feed her children will not be as concerned about preventive screenings and may delay basic health and wellness needs. They, and more than 49 million other people nationwide<sup>(1)</sup> who do not know where their next nutritious meal will come from, need to have their basic needs met first.

## Mental Health Needs

Just as a person's ability to get nutritious food and other basic needs met affects physical health, social determinants play into mental health as well. Stress, poverty, housing, and other environmental factors can influence mental health. This is especially true for substance abuse, which affects 19.7 million Americans, or nearly 8.5% of the population, because people often turn to illicit drugs and alcohol to cope with stress and symptoms.<sup>(5)</sup>

Far too often, mental health is approached in a disjointed manner, if at all, instead of similarly to other chronic conditions. Overall, more than 18% of adult Americans, or 42.5 million people, live with a mental illness; yet only 41.5% of those report receiving treatment.<sup>(5)</sup> Mental health also has an impact on physical health, making the case even stronger to integrate the two along with other social determinants in the U.S. healthcare system. ProMedica is forging ahead.

In fall 2014, ProMedica formed a joint operating company with Harbor, a local behavioral health provider, to address a growing community need for mental health services in northwest Ohio and southeast Michigan. This joint operating company helps the region's residents access behavioral

health services and enhanced care through a more integrated, coordinated model.

The need for behavioral health services is great in Lucas County, Ohio, where ProMedica is based. A staggering 8% of high school students in Lucas County attempted suicide, and 18% had considered it in the last year.<sup>(6)</sup> And while 19% of Lucas County adults had a period of two or more consecutive weeks where they felt so sad or hopeless that they stopped doing usual activities, that rate jumped even higher to 28% among those making less than \$25,000 a year.<sup>(6)</sup>

Substance abuse also is common in Lucas County. More than a fifth of Lucas County adults are considered binge drinkers, while 10% had used marijuana in the past six months.<sup>(6)</sup> Plus, 10% of Lucas County adults had used medication not prescribed to them, or took more than prescribed to feel good or high and/or more active or alert in the past six months.<sup>(6)</sup>

## Integrating Behavioral Health

ProMedica and Harbor are focusing on clinical integration where appropriate by implementing standard care protocols, guidelines and best practices for managing behavioral health disorders. While ProMedica previously had focused on inpatient intensive care for behavioral health patients, Harbor has a wide range of outpatient mental health programs and services at 23 locations. The combination shows great promise for advancing population health.

Among the joint operating company's goals are to integrate electronic health records so each patient's clinical assessment and treatment history can be shared instantly among providers, as well as to use medical homes and case managers to help patients navigate the system. The joint operating company has many integration initiatives for its first year alone, including:

- Improving access to outpatient services.
- Using telehealth technology to expand care to patients in rural areas.
- Reducing emergency center wait times for inpatient behavioral health.

- Standardizing behavioral health medical clearance criteria for emergency centers.
- Using a multi-disciplinary team to begin behavioral health discharge planning at hospital admission.

We also plan to recruit more psychiatrists to the region, as well as to co-locate psychiatric services in ProMedica primary care practices and elsewhere. Integrating primary care and behavioral health is an area where we will also do research to demonstrate what benefits there are to improving outcomes.

Nationwide, the healthcare industry should expand partnerships or increase tools to identify patients who need mental health treatment. Additionally, we must enable primary care providers to administer holistic care or even add mental health professionals to their practices. There also should be longitudinal studies done to observe whether integrating mental health care is beneficial to population health over time.

ProMedica’s approach of integrating mental health is not as far along as our efforts with addressing hunger. Much more work needs to be done, but we are on our way. Electronic health records and telehealth, both of which are key to treating physical health, will help with behavioral health as well.

## Hunger Solutions

Our electronic health records system plays a critical part in one of our solutions to address hunger. ProMedica is screening patients for hunger at admission so we can send them home with emergency supplies and connections for more assistance. This and some other solutions to hunger, malnutrition and food insecurity that we identified were relatively easy and inexpensive to launch. ProMedica employees, for example, repackage unserved food that otherwise would be thrown out at the local casino and hospital cafeterias and have it delivered to homeless shelters and other feeding sites. And healthy groceries were added to our flagship hospital’s nearby flower shop in a neighborhood without access to healthy food.

Higher up the difficulty and cost scale, a \$1.5 million donation from a dedicated philanthropist is helping create a center in a disadvantaged Toledo neighborhood to combat hunger and

poverty overall. The ProMedica Ebeid Institute for Population Health not only will have a food market with healthy groceries not currently available or affordable to neighborhood residents, but it will feature a kitchen with classroom space, employment and training opportunities, and room for other community programs. This model has the ability to be replicated throughout communities across the nation so that the most specific needs can be addressed and met to ensure all residents are afforded the opportunity to thrive and meet their full potential.

Clearly, philanthropists and community partners — such as Hollywood Casino Toledo and Seagate Foodbank of Northwest Ohio, which distributes the food ProMedica reclaims — are key to our anti-hunger programs. ProMedica is committed to numerous anti-hunger programs and partnerships as part of its Come to the Table initiative to address hunger as a health issue. Through our efforts, we have seen firsthand how important it is for families and other residents to have access to healthy food.

## A Common Problem

One college-educated, single Toledo mother working two jobs yet still relying on food assistance shared details of her routine struggle to put healthy food on the table with this heartbreaking insight into caring for her 5-year-old son: “Before his eyes open, he’ll ask: ‘Can I have breakfast?’ Food is his world.”

Sadly, in ProMedica’s home base of Lucas County, Ohio, many children live in food insecure households: 13% of 5<sup>th</sup> and 6<sup>th</sup> graders and 11% of 7<sup>th</sup> to 12<sup>th</sup> graders admit they go to bed hungry at least one night a week.<sup>(6)</sup> And 1% of Lucas County youth in both categories go to bed hungry every night of the week.<sup>(6)</sup>

In Lucas County’s largest school district, Toledo Public Schools, nearly 80% of students qualify for free or reduced-price meals. In some Toledo schools, 98% of students qualify for the U.S. Department of Agriculture’s (USDA) school meal program.

Lucas County is not the only place where hunger and food insecurity abound. Nationwide, 19.5% of households with children are considered to be food insecure and unable to acquire adequate nutrition, a problem that is even more prevalent among single women with children at 34.4%.<sup>(1)</sup>

Among all households nationwide, three-year food insecurity rates range from 21.1% in Arkansas to 8.7% in North Dakota, with Ohio at 16% and Michigan at 13.9%.<sup>(1)</sup> Ohio and Arkansas are among eight states where the prevalence of food insecurity is higher than the overall national average of 14.6%, along with Georgia, Missouri, Mississippi, North Carolina, Tennessee and Texas.<sup>(1)</sup>

Learning that food insecurity and hunger are so common in America is indeed shocking. The latest recession and its lingering effects have worsened the situation for many families, and income disparities continue to persist. Addressing hunger as a health issue is paramount for both the healthcare industry and the nation as a whole. And the effort makes good business sense, too, as the healthcare industry undergoes changes related to reform.

## **Affordable Care Act**

The ACA is changing the way health care is being delivered and reimbursed, and U.S. hospitals will increasingly be paid based on outcomes instead of volume of care. As a result, healthcare organizations are considering innovative ways to both improve care and decrease costs. ProMedica operations are working on various initiatives aimed at better coordinating care, including participating in the Medicare Shared Savings Program as an Accountable Care Organization and transitioning to a single electronic health record platform throughout the system. More and more innovations related to the ACA will be implemented in the industry, and ways to address hunger, food insecurity, malnutrition, mental health, and other social determinants can, and should, be among them.

For instance, the ACA mandates that the Centers for Medicare & Medicaid Services reduce payments to hospitals with high rates of readmissions within 30 days of patients being discharged. One international study showed patients who have been malnourished are nearly twice as likely to be readmitted within 15 days of discharge than those who are not, as well as have longer hospital stays and have a much higher risk of death.<sup>(7)</sup> It stands to reason, then, that improving nutrition among residents will both help boost population health and a hospital's bottom line.

Consider how often patients are discharged from the hospital with prescription medication and instructions to take it with food. Far too many Americans, however, can't afford one or the other, much less both. More than 11% of chronically ill adults reported experiencing both food insecurity and cost-related medication underuse, highlighting how difficult it is to successfully manage chronic disease.<sup>(8)</sup> Those with more chronic conditions and who have dependent children are more likely to buy food instead of their medications, jeopardizing their own health.<sup>(8)</sup> All together, about a third of chronically ill adults are not able to afford food, medications or both.<sup>(8)</sup>

Making sure people are able to recover — and able to get both the medicine they need and food often directed to go with it — is the right thing for healthcare systems to do both from a mission and financial perspective. To truly make an impact on and improve population health, the healthcare industry and its leaders must focus on social determinants of health. Hunger, specifically, is a social determinant that is straightforward and easier for the healthcare industry to address than income, education, housing, and the like. With a coordinated approach, hunger could be the first of many social determinants to be eliminated in decades to come.

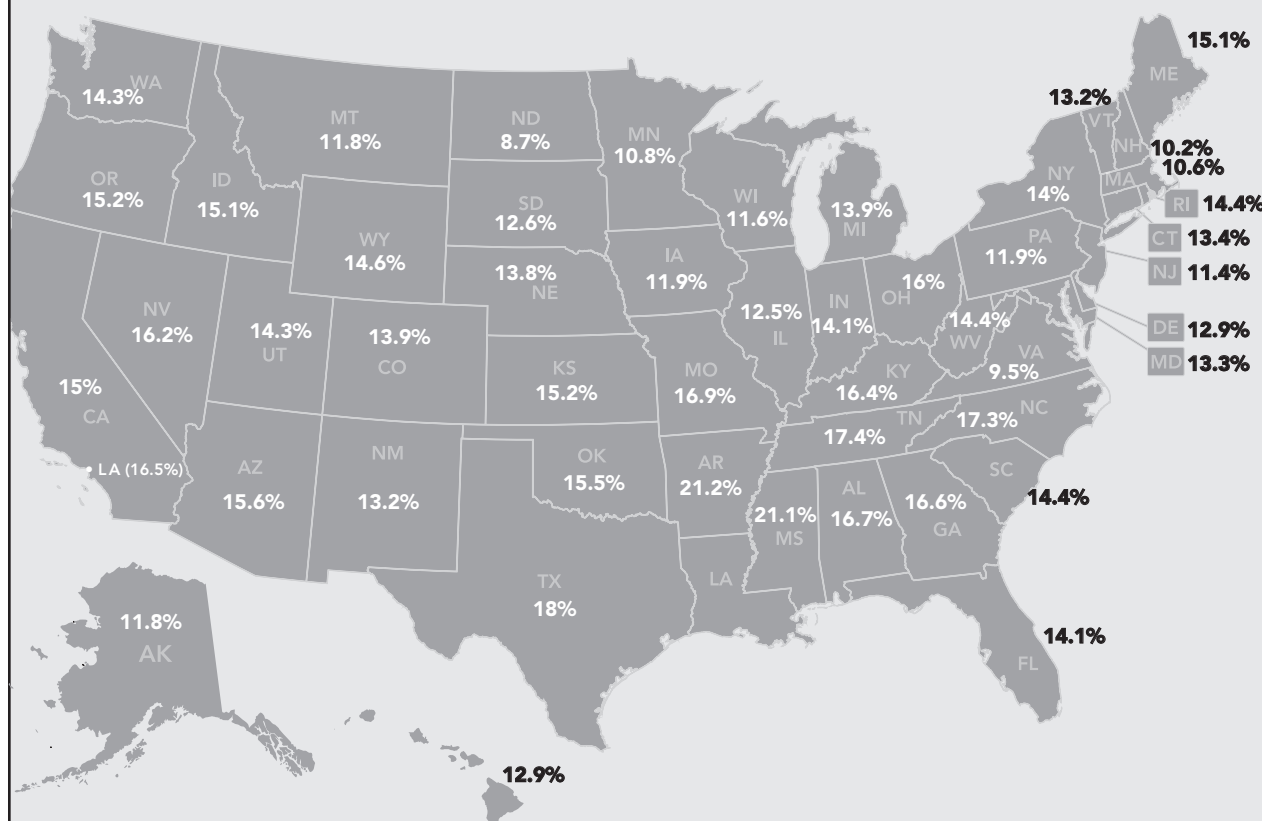
## **Food for Patients**

At ProMedica, we began screening hospital patients for hunger and food insecurity in early 2014 using \$65,000 raised by employees in our annual giving campaign. Patients are asked about their food security as part of the admission process, using a two-question screen that has been validated by Children's HealthWatch,<sup>(9)</sup> a nonpartisan network of pediatricians, public health researchers and children's health and policy experts committed to improving children's health in America. Our hospital patients who are identified as food insecure are referred to a social worker or care navigator for additional assessment.

At discharge, patients who need assistance are given an emergency, one-day food supply and connected to community resources for further assistance. In many cases, people simply do not know they qualify for assistance, or how they can access it. With the move to a common electronic health record platform, ProMedica hospitals are working to keep track of

# FOOD INSECURITY ACROSS AMERICA

Eight states — Arkansas, Georgia, Missouri, Mississippi, North Carolina, Ohio, Tennessee and Texas — have higher three-year rates of overall food insecurity than the national average of 14.6%.



hunger-related statistics, providing a better look at the problem and how it affects community health.

research results from one practice indicate that nearly one in five respondents is food insecure.

We believe that this two-question screen is a tool that can easily be implemented by all hospitals and physicians offices and should, in fact, be a requirement within the Community Health Needs Assessment, to help highlight and identify the need for increased focus on social determinants and further linking basic needs to clinical care; how addressing the former supports the latter. Such a screen should be factored into a hospital's total performance score calculation in order to receive their full value-based percentage for Medicare payments, further engaging hospitals and the government to work collectively to address issues that improve health, well-being and communities as a whole.

To help those patients who need high-quality, nutritious food for their health, ProMedica is opening prescription food pharmacies, with the first started in April 2015 at the ProMedica Center for Health Services. The urban Toledo center houses a wide range of outpatient primary, specialty and preventive care services, including those for women and children. The same two-question, validated screen used in our hospitals helps determine whether patients visiting the center's physician practices are food insecure. During the first 10 weeks of the food pharmacy's operation, 122 patients from trained practices filled prescription referrals for up to three days' worth of healthy food for themselves and their families. Those initial 122 food prescriptions, which can be filled once a month for six months, helped 82 seniors, 195 other adults and 86 children. Patients also receive counseling by a registered dietitian, as well as healthy eating handouts, recipe cards, information about cooking on a budget, and connections to other community resources for food.

ProMedica Physicians, our system's physician group that uses patient-centered medical homes as a care model, has launched a pilot program to see how hunger affects patients and their health conditions. Hunger-related data will be tracked for up to three months at select physician offices, the place where most people get the bulk of their health care. Initial

## Government's Role

ProMedica and other healthcare providers are making headway with anti-hunger efforts. Government needs to play a key a role, too, by continuing to help cover costs for nutritious food and otherwise recognizing efforts to address hunger and food insecurity.

There are several government-funded programs in place that associate nutrition with medical treatment. Nationally, the Ryan White HIV/AIDS Program defines "medical nutrition therapy" as a core medical service for which those in need can get assistance. In Ohio, the PASSPORT Medicaid waiver program helps eligible older residents get long-term services they need to stay in their homes, including home-delivered meals, some of which are prepared specifically for those with diabetes and other health conditions. One study even showed that for every \$1 invested in Meals on Wheels Association of America programs, there could be a savings of \$50 on Medicaid expenses.<sup>(10)</sup>

Other statistics illustrate how nutritious food saves money. A Philadelphia area program serving chronically ill patients demonstrated that receiving public health nutrition services, including healthy meals and nutrition education, lowered healthcare costs among participants by 28% on average after six months.<sup>(11)</sup> Participants also had 31% lower monthly healthcare costs on average than a similar group of chronically ill patients not receiving services.<sup>(11)</sup>

By opening prescription food pharmacies, ProMedica expects to help chronically ill patients unable to afford groceries needed to manage their conditions. We believe these pharmacies would be more readily adopted by hospitals if the government would partner with hospitals and consider ways to reimburse for, or supply, healthy food items prescribed to those in need. The U.S. Centers for Disease Control and Prevention, meanwhile, is well positioned to take the lead on researching ways hunger and other social determinants of health should be addressed, both directly and by funding projects.

Various healthcare efforts to combat hunger in communities nationwide also can be counted as community benefit for tax-exempt hospitals, which many healthcare systems don't realize. With more

emphasis on ensuring tax-exempt hospitals are responsive to pressing community health needs, efforts to eliminate hunger, food insecurity and other health disparities should be community-benefit priorities as applicable for our industry.

And as noted in the previous section, a greater emphasis on social determinants within the Community Health Needs Assessment would help identify areas of greatest need in communities and prioritize the work that would help achieve better health outcomes for all. To ensure this can be carried out, we must also recognize the need for adequate staffing of primary care physicians within health systems to drive these efforts forward. This will require additional allocations of primary care slots, with an emphasis in training on the social determinants. Physicians should be incentivized to focus on hunger, mental health and other social determinants as well.

## Market and More

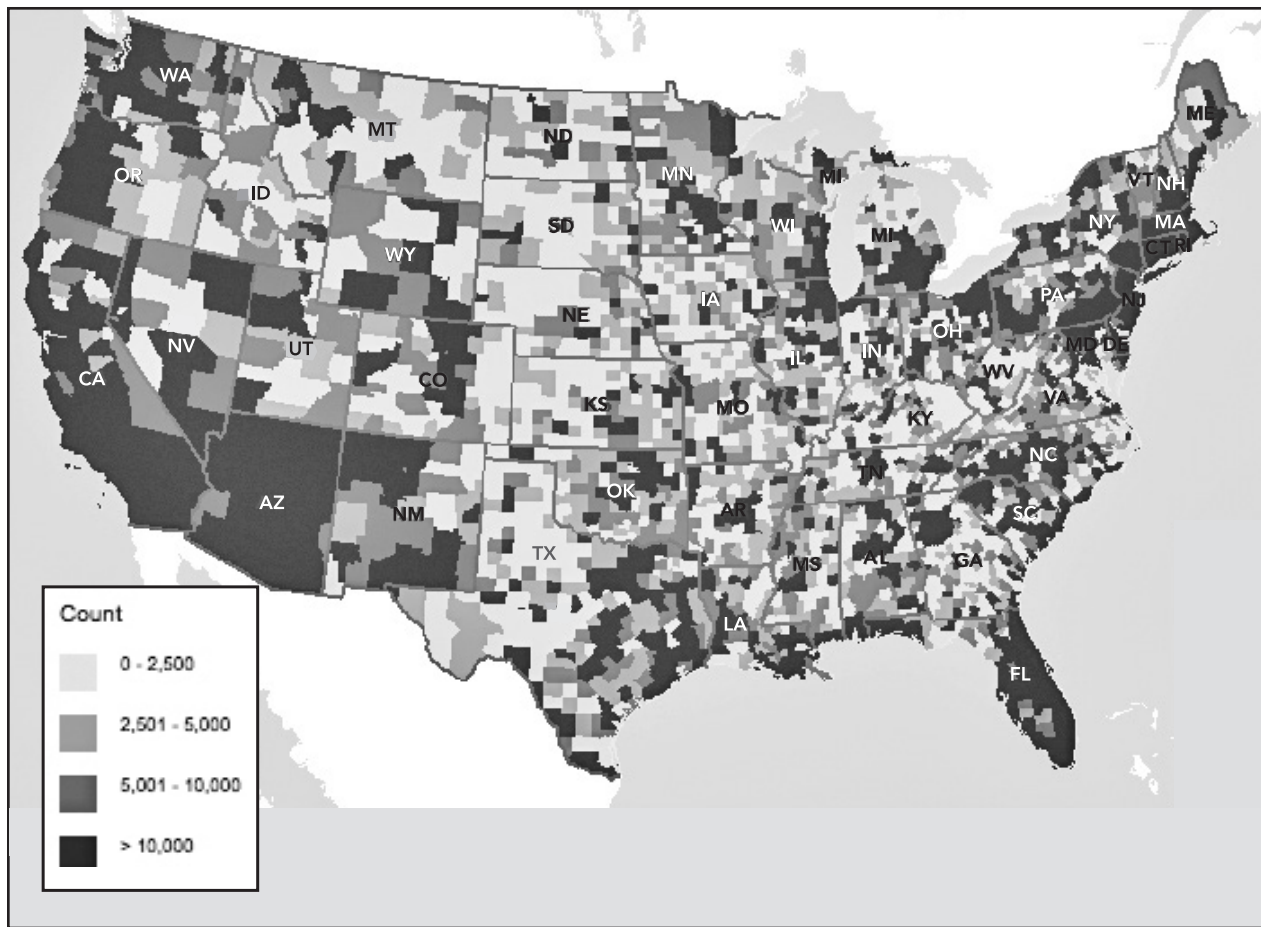
Food insecurity and poverty are forever intertwined, and alleviating U.S. hunger will take more than the immediate solution of offering people nutritious food. We believe hungry people also need education, jobs and other assistance to help lift them out of poverty and make solutions sustainable. One ProMedica project under way will meet all of those demands and be a definite benefit to a disadvantaged Toledo community.

Philanthropist Russell Ebeid donated \$1.5 million to establish the ProMedica Ebeid Institute, which will offer a full-service market in early 2016 followed by other services. The institute will be located in a four-story Uptown building that the City of Toledo deeded to ProMedica for a nominal amount, with the market on the first floor. Upper floors will house kitchens and education workstations for nutrition classes and rooms for basic health screenings, as well as services offered by our partners such as mental health counseling, job training, financial literacy, and basic literacy programs, to name a few.

With about one in seven Toledoans living in food environments that could contribute to a variety of premature diet-related deaths, the city has many underserved areas, but we used a scientific approach to select the institute's location. With consultation



Food deserts throughout the nation, provided by USDA.



from Mari Gallagher Research & Consulting Group of Chicago, ProMedica conducted a block-level study of food access and health outcomes to determine the best site.

The institute will be located within a low-income area identified by the USDA as a food desert, where a significant number of residents are more than a half mile away from the nearest supermarket. It also is within a few blocks of Toledo where low-income residents are more than a mile away from the nearest supermarket, which is also known as a food desert because there is limited access to fresh produce, low-fat dairy products and other healthy foods at an affordable price.

Mari Gallagher Research & Consulting Group also helped identify some key statistics about diet-related health conditions. Pregnant women who live near a Toledo food retailer that typically carries chips and other convenience items with little nutritional value instead of healthy food, for example, are more likely to deliver an overweight baby, which can pose serious health issues during childhood and later

in adulthood. And for every one-mile increase in residential distance from a mainstream supermarket in Toledo, deaths from heart disease rise 2.2%. That means more than 6,300 Toledoans could be affected by shortened lifespan due to heart disease.

Food deserts are located across the United States, and throughout northwest Ohio and southeast Michigan they are areas where we have concentrated many of our efforts. Still, hunger and food insecurity cannot be addressed alone. One estimate shows U.S. hunger costs at least \$167.5 billion due to the combination of lost economic productivity per year, more expensive public education because of the rising costs of poor education outcomes, avoidable healthcare costs, and the cost of charity to keep families fed.<sup>(13)</sup> It will take a concerted effort by multiple community partners to reverse these trends, and the healthcare industry is uniquely positioned to be the convener and catalyst to drive this community work due to our physical and economic size.

Besides improving food access, we expect the ProMedica Ebeid Institute will serve as a place

where people also will be able to access job training and employment. There they can learn how to help themselves establish solid skills to improve their economic stability, as well as self-confidence. Income disparity continues to plague the United States, and health care has a role in helping to make sure people are equipped to land jobs and earn better wages.

In addition to helping to address the social determinants of health, the Ebeid Institute is one example of how ProMedica is helping lead economic development in the communities we serve. We believe health care also has a responsibility to lead communities in economic development and in public/private partnerships. For example, the organization is in the process of moving more than 1,000 system employees from 17 locations in the metro area and relocating them to downtown Toledo, which will be the largest influx of employees to the downtown area in generations. This transition, which includes plans to refurbish a long-vacant, historical steam plant on the Maumee River, will have a significant impact on revitalizing the downtown area. In addition, ProMedica and other business leaders in the community, have recently formed the 22<sup>nd</sup> Century Committee, which is a public/private partnership dedicated to the revitalization of the downtown community.

### **Other ProMedica Efforts**

ProMedica has several concrete examples of how we have been able to benefit the community and work on ending hunger, as well as alleviating concerns from social determinants of health in northwest Ohio and southeast Michigan. Many involve community collaborations, such as efforts to reduce infant mortality in our home county.

With African American women more than twice as likely as Caucasians to deliver low birth weight babies, a joint effort coordinated by the Northwest Ohio Pathways HUB to help connect low-income pregnant women to medical and social services has made an impact on this high-risk population. In 2013 and 2014, low birth weight babies were delivered by 9.5% of African American women enrolled in the Pathways program - which includes training for and data collection from care coordinators working at ProMedica and other sites - compared to 13.4% of African American women in the county overall.

ProMedica is making a concerted effort to assess pregnant women for food insecurity, mental health issues, tobacco use, and other risks that contribute to babies not living to see their first birthdays. Women enrolled in Pathways averaged 7.4 of these social risk factors in 2014.

With our Come to the Table initiative to address hunger as a health issue, here are some other ways we have made strides along with the ProMedica Ebeid Institute, hunger-screening programs among patients and the food prescription program. We encourage other healthcare systems to adapt our examples to create programs tailored for their communities and partners.

### **Community Funding**

Developed in 2009, the ProMedica Advocacy Fund annually awards an average of \$300,000 to non-profit community partners that provide basic needs services, including food, clothing and shelter. Funding has been granted to programs that provide weekend food to school children who qualify for free and reduced-priced meals during the week, for example, and programs that need kitchen renovations, equipment or vehicles to provide meals for those in need of all ages.

### **Repackaging Food**

In February 2013, two part-time ProMedica employees began working at Hollywood Casino Toledo, where they repackaged salads, meats, side dishes, and other unserved food. Other foodservice providers joined the effort, including ProMedica Toledo Hospital's cafeteria, and more than 75,000 pounds of food was collected in the first nine months. That was enough for local partner Seagate Foodbank of Northwest Ohio to distribute food for more than 55,000 meals. ProMedica's food reclamation program expanded in 2014, adding the Toledo Mud Hens' foodservice venue at baseball games and other community partners. Since its inception, the program has reclaimed more than 250,000 pounds of food, or enough for nearly 175,000 meals. The community benefit is far reaching, not just for those who receive the meals, but to all who collaborate and share a greater purpose in helping others in need. And it costs just about \$30,000 a year to employ two part-time food packers, both of whom are very committed to helping combat hunger.

## Mobile Farmers Markets

To help improve access to fresh fruits and vegetables in a rural Michigan county where two of our hospitals are located, the Veggie Mobile debuted in 2013 to make stops at senior centers and other community locations. The Veggie Mobile sells and distributes fresh produce, including seasonal offerings from area farmers' markets and local producers, as part of a community health program started by ProMedica and a community group of which we are a member. Parts of the county are designated as food deserts, low-income areas without supermarkets offering fresh produce and other healthy food. The van was funded through a United States Department of Agriculture (USDA) grant secured by ProMedica.

ProMedica was awarded a second USDA grant to assist Seagate Foodbank in expanding its mobile farmer's market in 2015. This mobile market visits senior housing complexes, community centers and other underserved neighborhoods and provides an opportunity for residents to access fresh fruits and vegetables. The program is expanding from 16 to 28 sites, and it will provide nutrition counseling and education by a registered dietitian during the expanded stops.

## Food in Unlikely Places

Our flagship hospital is located in an area of Toledo where local residents must travel at least a half mile for healthy food, so The Flower Market gift shop was an ideal place to add nutritious groceries. Fresh vegetables, low-fat dairy products and other healthy items are for sale in a section of the shop called the Garden Grocer, and recipes including the items are handed out, too.

## National Collaborations

On the national level, we also have several partnerships to help address hunger as a health issue. ProMedica is a member of Stakeholder Health, a coalition of healthcare systems that work with the U.S. Department of Health and Human Services to improve public health through innovative practices and community partnerships. The coalition aims to lower healthcare costs, improve access to care, elevate the health status of the communities it serves, and reduce health disparities. Hunger and food insecurity have been the topics ProMedica has focused on in discussions with the group, and we are learning from other's efforts as well.

To further develop and deploy anti-hunger efforts among healthcare organizations and their partners, including government officials, we are partnering with the Alliance to End Hunger to hold summits nationwide with an array of experts on hunger and health. A national summit was held on Capitol Hill in February 2014, and as a result of that gathering, the USDA invited ProMedica to host regional summits to ensure the message of why and how healthcare has a stake in addressing hunger as a health issue is delivered to as wide an audience as possible. To date, regional summits have been held in Chicago, Atlanta and Albuquerque, with plans for events in New York, Boston and the west coast under way.

These summits held in collaboration with the USDA are designed to motivate healthcare organizations to work with community partners on anti-hunger efforts. They also serve to encourage local, state and national government officials to protect food-related policies and programs. Presbyterian Healthcare Services of Albuquerque and Boston Medical Center are among other hospital providers that have joined the effort.

## Obesity's Link to Hunger

Like many healthcare organizations, rising obesity rates have been a concern for ProMedica, and it was while examining causes for obesity that the often-related problem of hunger and food insecurity first came to our attention. The link between obesity and hunger became clearer as we began working with Share Our Strength, as a No Kid Hungry Ally Partner, and other partners. So did the industry's lack of focus on hunger, which prompted our decision to pay some much-needed attention to food insecurity while continuing to work on obesity.

Oftentimes, part of the problem with obesity is a lack of access to nutritious food at affordable prices, which is another reason why some of our projects involve selling produce and other healthy items in food deserts.

In Lucas County, Ohio, adult obesity rates have increased to 36%.<sup>(6)</sup> The latest figure is up from 35% in 2011 and 33% in 2007.<sup>(6)</sup> Obesity is declining among high school students, however, going from 15% in 2011 to 13% in 2013/2014.<sup>(6)</sup>



Only 6% of Lucas County adults ate the government-recommended five or more servings of fruits and vegetables a day.<sup>(5)</sup> Among barriers to consuming fruits and vegetables are the expense, not having access to purchase them and not knowing how to prepare the produce.<sup>(6)</sup> And 53% of adults reported that cost is the reason they chose the types of food they eat.<sup>(6)</sup>

Proper nutrition is needed to help manage obesity and other health problems associated with hunger and food insecurity. Nationwide, more than half of households getting assistance from the Feeding America hunger-relief network have at least one member with high blood pressure.<sup>(12)</sup> Plus, a third of households have at least one member with diabetes.<sup>(12)</sup> These figures present opportunities for the healthcare industry to make a real impact on health outcomes by addressing conditions that are often the primary causation of disease.

## **A Call to Action**

The healthcare industry must make fundamental changes. Currently, the industry's model is defined as a hospital 'four walls' approach, but we need a completely new model that reverses the trend of unaffordable and unsustainable health care. Our system is fragmented, with no common goals around changing the very fundamentals of health and wellness. We have created a massive industry that responds to challenges by designing new ways to maximize revenue and build gleaming new facilities while failing to address the basic building blocks of overall health.

As key economic drivers in most communities, let's use our might to improve population health through an array of collaborations and innovations targeted to meet each community's needs. Health care must be integrated and focus on the most common social determinants, starting with mental health and hunger, to ensure Americans have what they need to live productive lives. Strategic, purposeful and intentional changes can create an improved model to deliver better public health care.

## **A New Way Forward**

1. Add hunger screening and increased focus on social determinants to Community Health Needs Assessments and develop appropriate interventions.
2. Use Community Health Needs Assessments to pinpoint specific priorities and drive change.
3. Require hunger screening in Medicare value-based reimbursement and at all Medicare facilities, and include it in community benefit reporting.
4. Build robust social determinants of health questions in every electronic health record system, and use the answers to approach specific community needs.
5. Incentivize physicians to focus on the social determinants of health, starting with mental health and hunger.
6. Be diligent in adding new physician slots and requiring them to be based predominantly in primary care, with an emphasis on social determinants training.
7. Begin a public healthcare demonstration project in which Medicare and Medicaid payments are fixed for designated communities where the providers adopt a public healthcare focus. Additionally, assign case managers to all patients and actively address the social determinants of health, beginning with mental health and hunger.
8. Have the U.S. Centers for Disease Control and Prevention take the lead on doing research with social determinants of health and funding community-based projects nationwide.
9. Develop Medicaid and Medicare incentives for taking personal responsibility, similar to those being developed in the private sector.
10. Launch longitudinal studies to demonstrate whether integrating mental health and other social determinants, such as into primary care practices, is the right direction for the healthcare industry.

## It's Time

It's time for healthcare leaders nationwide to focus on integrating health care and addressing hunger as a health issue in their communities, as well as working with policy leaders to ensure these and other social determinants become and remain a priority. Our collective voice is strong, and we must use it to lead as we move forward.

For more information about ProMedica's *Come to the Table* initiative and programs — or to join our national effort — please contact ProMedica Chief Advocacy and Government Relations Officer Barbara Petee at [barb.petee@promedica.org](mailto:barb.petee@promedica.org) or 419-469-3894.

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# **magnolia**

## **community initiative**

### **What We Hope and Dream...**

The 35,000 children and youth, especially the youngest ones, living in the neighborhoods within the 500 block Catchment Area will break all records of success in their education, health, and the quality of nurturing care and economic stability they receive from their families and community.

### **Lo Que Esperamos y El Sueño...**

Los niños y jóvenes que viven en los vecindarios dentro de las 5 milias cuadradas/500 cuadras dentro del Area del Centro Magnolia quiebren todos los niveles de éxito en cuatro objetivos: que los niños y jóvenes crezcan sanos, experimenten el éxito en el kinder y otros niveles de estudio mas altos, experimenten la atención y el amor de sus padres y que sus familias esten económicamente estables.

## Magnolia Community Initiative Improving Well-Being of a Population



The Magnolia Community Initiative (MCI) is an approach for improving population well-being at a community scale. MCI is a voluntary network of 70 organizations in partnership with residents. This network came together with the vision of 35,000 children living in the neighborhoods within a 500 block catchment area breaking all records of success in their education, health, and the quality of nurturing care and economic stability they receive from their families and community. The goal is to create a systemic approach that improves conditions and outcomes for a local population of children and families.

MCI breaks a number of paradigms as it strives for population-level change. The approach combines *knowledge* of what to change to improve child well-being, with expertise in *how to change within a complex adaptive system*. MCI draws from the best evidence and theory (see *Getting to Scale: The Elusive Goal*) to develop effective, sustainable strategies. MCI strives for local change, even as the approach and specific innovations inform regional and national efforts. The focus is on strategies that could work in any community, using existing programs and resources as building blocks. The emphasis is aligning multiple sectors and programs so that they work together as a system of care for families. Organizations in the network focus on how they can be more effective with the resources that they have. This is essential for the scale, spread and sustainability of the improvements and innovations that emerge. MCI partner organizations from a range of service sectors test innovations that could be supported by policy change, once their feasibility and value is demonstrated. This enables MCI to inform local, regional, state and national policy.

***Prevention and wellness for a population.*** MCI strives to create a continuum of wellness supports for a population of 110,000. Themes of prevention and human capital formation underlie all network activities. There is growing evidence that wellness behaviors—which include healthy habits as well as consistently following care plans for chronic conditions and health risks—begin in childhood and are heavily shaped by family and neighborhood environments. Rather than focus on a specific health concern, or several health concerns, MCI focuses on aspects of well-being that are the foundation for learning, productivity, and social functioning across the life course. There is a particular focus on individual resilience and social connections because these are critical capacities for coping and thriving in the face of life challenges. For disadvantaged populations in particular, these are especially important capacities to emphasize, partly because these are existing strengths to build on, and partly because strengthening these capacities helps families who face daily significant struggles to weather the storm. The MCI approach recognizes that nearly all desirable health and social behaviors are heavily influenced by these capacities so that focusing on these root causes is a high leverage strategy for reaching most population health goals.

The concept of population health management is that the right investments in prevention and treatment can increase lifespan and quality of life. So far, health delivery systems use the term “population health” to emphasize symptom management and care utilization patterns for small subgroups of patients who have cost-intensive health care needs. There is an opportunity to expand this definition to address the upstream determinants of health for full geographic populations. A novel feature of MCI is using an explicit design and implementation process that is based in a deep understanding of population health determinants, and how to achieve population health goal targets in complex, often fragmented systems of health and related services and supports. The focus is population-level strategies for wellness that can scale and spread. These innovations have a good chance of taking hold, given the greater focus in many service sectors toward more effective family engagement and accountability for achieving family and child outcomes. Head Start and home visiting are examples of programs that help to advance these strategies.

As another example, the Affordable Care Act (ACA) creates incentives for population, prevention and wellness

strategies within health care reform. It will only be possible to take advantage of these new motivations if we have the tools and methods to incorporate population-focused prevention and wellness into cost- and outcomes-focused organizations. To achieve this, we must demonstrate how to achieve wellness behaviors, supports and outcomes with long-term time horizons, understanding that existing incentive structures tend to view “value” through the traditional lens of care patterns that achieve immediate returns (i.e., reducing costs in populations that are expensive now; maintaining revenues by focusing on volume rather than quality).

**Addressing upstream determinants of health and well-being.** MCI actions are guided by a holistic model of the formation, maintenance and improvement of health and well-being. Poor health and educational outcomes are common for children living in the catchment area. About 65% live in poverty, 35% are overweight, 70% are not proficient in reading by third grade, and 40% will fail to graduate from high school. Many neighborhood and family conditions interact to produce these outcomes. Adults in the catchment have low levels of formal education with 33% having less than a 9<sup>th</sup> grade education and another 21% having less than high school education. About 31% of parents with young children meet all criteria for being individually resilient, while 61% have social connections, including knowing their neighbors and having someone to discuss personal problems with. Community assessments show that few families feel that their neighborhoods are safe, walkable, and have places for children to play. Families are not equipped with all of the skills and resources that they need to optimize the health, development and learning of children. At the same time, community assessments show that parents have strengths (such as some aspects of resilience) that offer a scaffolding to build from. Attending to a broad range of neighborhood and family conditions, and equipping parents to understand and respond to their child’s health and developmental needs, are a hallmark of the Initiative.

**Galvanizing action by the public sector, CBOs, and local residents.** The Initiative galvanizes residents, public and private organizations to shape a local response that creates safe and supportive environments for families. Partners include the Los Angeles County Chief Executive Office (CEO) and multiple county departments; regional organizations responsible for populations of children (such as the Los Angeles County Unified School District, WIC, and child care resource and referral); patient centered medical homes (including federally qualified health centers); Head Start and Early Head Start; home visiting programs; family support programs; and economic services and supports. Partner organizations try to work collectively on key drivers of child and family outcomes. This includes building parent skills to adopt positive home routines, and activating parents to pursue the supports and services that they need. Because resources are limited, partners focus on aligning their activities towards the mission and strategies of the Initiative. They also focus on what it would take to change outcomes for all children in the catchment area, rather than just those families that they serve as clients. MCI strives to inform state and local policy by coming up with the constellation of practice and system changes that will optimize the value and impact of care, and optimize population health outcomes. The building blocks are key federal and state programs for families (health, early education, family support) that exist in nearly all communities.

**Focusing on a continuum of supports, not just services.** A guiding principle is that services are not enough to address the multiple influences that shape health outcomes. A major focus is strengthening *protective factors* for individuals, families and neighborhoods. This targets the aspects of family life that shape families’ abilities to provide positive environments for young children. Residents and parents work toward taking positive actions in their own sphere of influence – family and neighborhood life. Residents engage in discussions and interactions with neighbors in ways that forge connection. This occurs through information sharing about protective factors, belonging, and neighborhood resources, and by promoting protective factors in their own lives. Launched in 2012, the MCI’s **Belong** campaign offers residents ways of connecting with their neighbors to improve neighborhood life. This resident organizing is also a vehicle for other campaign topics, relating to parenting and family life. This campaign also extends to organizations in the MCI network, assisting providers and staff to understand how belonging is also a network concept and how this informs their daily work.



**Introducing measures of population health and development.** To encourage attention to the conditions that shape children’s developmental progress, a holistic measure of health and well-being – the Early Development Instrument (EDI) – is administered in local kindergartens. This measure is mapped to the 14 neighborhoods in the MCI catchment area. This measure, and other measures of family well-being in neighborhoods that are regularly collected – such as ties to neighbors, social connections, depression, and positive parent-child routines– are geocoded and mapped to neighborhoods, using boundaries defined by local residents. Maps showing rates of these measures by neighborhood are shared with residents to encourage changes in family and neighborhood life.

**Enhancing the customer/family focus in services.** The protective factors orientation also helps organizations think holistically about client needs. The MCI strives to change institutional approaches from delivering isolated human services (such as Food Stamps, child support services, child care programs) to a preventive and holistic approach to each client regardless of the organization’s primary mission. *Empathy* is a core philosophy for improving the quality and responsiveness of the services and supports that network partners provide. Empathy also builds relationships between residents to reduce social isolation and increase community belonging.

**Improving linkage and flow between organizations.** Effective linkage and client flow are essential for meeting the unique needs, and mobilizing the unique strengths, of each child and family. Organizations acting as a “one stop network” helps families take advantage of other resources that they need, including education and economic stability resources. Several innovations are helping the network partners put this vision into practice. The partners are developing care pathways so that they can be more consistent in linking families with supports. These pathways offer guidance in how organizations can identify, respond and link clients to supports in several priority areas: parent concerns about their child’s development, depression, and social isolation. The goal is increase the ease and timeliness of linkage/referral between all of the necessary services and supports. A web-based linkage system sponsored by the Los Angeles County Chief Executive Office encourages consistent practice by introducing a form that prompts network partners to inquire about a holistic range of needs. This is complemented by a database of network partner services and supports, and a simple process for linkage. The MCI is introducing web-based forms, referral, and tracking functions in 2013.

**Increasing accountability for population outcomes with regular, interpretable data.** Using a Community Dashboard makes the holistic approach more tangible to the network. The Dashboard provides a “visual narrative” that mobilizes residents, providers and policymakers to take effective actions that improve conditions for families. The Dashboard encourages systems thinking by displaying population outcomes and the most essential family and social conditions influencing child development. The Dashboard also shows real-time, monthly progress on process of care measures – overall, and by service sector – to connect diverse programs and providers to shared accountability and a common change process. Monthly measures collected by physicians, child care programs, and other network partners show which care processes are not happening consistently, and where there is variation in practice within the network. Organizations use short parent surveys to monitor their progress. These data make it easier for organizations to learn from each other.

**Supporting change in practice through a learning system.** The concept of a “learning health organization” reflects the importance of innovation and improvement in the operating logic of any organization or system providing health/human services. MCI has introduced a learning system that provides the structure and functions to support collective actions across the network. The focus is how to form and function as a system to improve conditions and outcomes for the full population of children. In MCI, innovations build from a shared understanding about what children and families should experience – in their neighborhoods, and in their interactions with service systems. There is ongoing problem solving and learning about how to achieve this. The disciplined approach to learning enables organizations to move quickly from an idea for change to actually testing and implementing that change. In this way, the network “acts” rather than “plans” its way into a new system. In a complex adaptive system, there is a constant interplay of actors and actions that cannot be



controlled or for which one can even plan. The learning system equips partners to adopt new practice and policy, as it emerges. It enables organizations to translate cutting-edge ideas into care processes that work in their motivated, but challenged settings.

For example, by linking Head Start, home visiting, and patient-centered medical homes to a larger network, it is possible for the philosophies and strategies of these efforts to spread through a community network. Rather than having disparate efforts to improve parenting behaviors including home routines (such as daily reading) and nutrition, it is possible to pool expertise of the network and improve and upgrade practice across a range of family support programs.

The MCI helps network partners participate in the learning system in a variety of ways.

- **Move the Dot** meetings, and coaching support during and between meetings, enable the partners to design, test and prototype innovations that move MCI design concepts from theory to practice.
- Informal, facilitated **Brown Bag** discussions enable frontline staff who interact directly with clients to share their experiences and reactions to changes in practice, and to discuss ways of making it easier.
- **Community of Practice** meetings support individuals in supervisory roles to learn about, test and share strategies for supporting the human element of change, with an emphasis on providing care that is consistent with brain science, trauma, and empathy. The focus is on improving and pooling local resources for professional development (training, coaching, reflective practice) across organizations and sectors.
- The **Fellowship Series** enables network partners to learn in-depth about the concepts and strategies of the Initiative, based on the latest knowledge in a range of fields, such as health care, social networks, and behavioral economics. Fellows become familiar with the concepts and strategies, sharing this information with their home organizations, and session leaders (also from partner agencies) strengthen their connection with MCI.
- In monthly **Care Pathways** discussions, network partners that play important linkage and “hub” roles for current network priorities (developmental concerns, depression and social isolation) are testing pathways that organizations can follow. This group streamlines these processes so they are feasible and meet the needs of most families with these concerns, and develop scripts and prompts that help partners follow the pathways.
- **Ambassadors/Champions** convene to guide the approach to spreading the MCI working philosophy and systems thinking through each participant’s professional network(s) and spheres of influence. Ambassadors with policy and executive roles identify and act on opportunities to integrate the concepts and strategies into local planning, implementation and funding.
- **Research and Evaluation** develops the measurement system for the Initiative, including measures for the network partner, client, and population surveys; selecting appropriate research design and data collection methods and protocols; and identifying methods of data capture and display that spread the Initiative concepts.

**Attending to the “human element” of change.** MCI’s learning system includes all of the features that are needed to spark and sustain major change. These include leadership, process improvement and measurement strategies that support organizations, residents and families to take their desired actions. The learning system helps organizations introduce ideas and strategies for how to effectively and consistently respond to the continuum of family needs. MCI also attends to the human element of change, helping staff cope with new demands. This supports providers and staff working in stressed, under-resourced organizations as they undertake new activities and philosophies of care that demand intensive, personal interactions with clients around their family life and neighborhood context.

**Taking a “lead user” approach to testing, scale and spread.** It is challenging to put multiple aspects of practice change into place at one time. For practice changes that are especially new or challenging to organizations, MCI takes a “lead user” approach so that organizations that are more ready for that change can bear the burden of making that idea work in practice. For example, MCI focused its efforts to introduce a holistic

prompting form and linkage system among the county departments because they were more prepared than other partners to test and adopt these practices. There are different lead users for different MCI design ideas, following the evidence-based approach to testing and diffusion described by Rogers (*Diffusion of Innovations*) and Deming (*The New Economics for Industry, Government, Education*). Organizations with a particular interest and expertise in a change idea, and that have the necessary leadership for decision-making, accountability, and driving toward results, take the lead on different types of innovations that ultimately would be adopted by all network partners.

**Impact and effectiveness:** The MCI is seeing positive results from the initial design and implementation phase. During this phase, MCI created the scaffolding for the network functions that we believe are necessary to drive the scope and scale of transformation that we seek. Completion of this phase offers the proof of concept necessary to progress to the next phase of spread and scale. Based on these results, MCI staff, partners and consultants are beginning to offer consultation to communities across the U.S., sharing the concepts, methods, tools and communication strategies that enabled MCI to achieve its key milestones.

**Key milestones accomplished:**

- Developed a theory of change and key driver diagram to guide collective actions of the network
- Formed a comprehensive/holistic volunteer network that has a shared mission/vision and agreement on strategies
- Designed and established an innovative population-based measurement system, including the Community Dashboard
- Created a Leadership/Improvement Dashboard for leaders to review progress and identify ways of accelerating change and addressing barriers
- Developed and fielded new measures of cross-sector network functions, in areas ranging from population reach to linkage to learning culture within partner organizations
- Designed and introduced care pathways
- Created orientations and curricula to introduce MCI concepts to current and new network partners
- Introduced practice changes into a number of network partner organizations
- Created a web-based referred and linkage system, hosted by 211
- Informed countywide strategies by the Los Angeles County Chief Executive Office (CEO) in promoting services integration
- Launched community resident organizing (Belong campaign)
- Launched a design process to extend regional and national consultation to philanthropies, public agencies, community initiatives, and other strategic audiences
- Forged partnerships with funders including Keck, Casey Family Programs and Doris Duke Charitable Foundation to test and share innovations.

**Qualitative examples of impact.** Several examples show how network partners are putting the MCI philosophy into practice.

- **Improving in-reach:** While MCI network organizations currently reach 89% of local residents, most residents are connected to only one network partner. WIC and the Los Angeles County departments housed at the Magnolia Family Center (Child Support Services Division, Public Social Services, Children and Family Services) created an “in reach” strategy so that WIC participants (more than 65% of local families) would be more aware of the services that these departments are offering.
- **Eliciting family needs:** In traditional practice, organizations focus on the quality of their own services, rather than thinking about the family experience with services outside their walls. Los Angeles County department staff were the first to introduce MCI’s holistic prompting form, asking their clients about other needs they may have besides what they came for that day. Coupling this process change with greater empathy in staff-client interactions—another change in practice that was supported by the MCI—produce significant increases in client reports of positive experience and satisfaction.

- **Cross-sector care pathways:** Depression and social isolation are major impediments to adults being able to take care of their child's needs. The USC Family Medicine Center at Eisner Pediatric & Family is testing enhancements to self-management support/wellness coaching for its patients by introducing occupational therapists into primary care teams, and by introducing routine perinatal depression screening in partnership with the Los Angeles Perinatal Mental Health Task Force.
- **Increasing impact of programs:** Integrating new concepts into existing programs helps organizations be more effective with the resources that they already have. The Children's Nature Institute is testing ways of introducing protective factors into neighborhood-based parent-child nature programs, and STEM education in local schools, to increase an early appreciation of science and nature, reduce social isolation of families, and link parents with supports offered by partner agencies.
- **Supporting parents to promote their child's development:** Creating self-propagating approaches for parent peer-to-peer support is ideal for reaching the entire population of families in the catchment area. The Children's Bureau is prototyping an early literacy program that can be led by parents in a train-the-trainer approach that can scale within neighborhoods, and throughout the catchment area.
- **Supporting residents to take actions that increase belonging:** MCI is launching a campaign with residents to promote actions that increase a sense of belonging, leading to collective efficacy and to residents being able to meet their own needs and also be a resource for others.

**Quantitative examples of impact.** Key results/milestones include the following:

**1. Successful adoption of the MCI working philosophy by the Los Angeles County Department of Public Social Services (DPSS), the Child Support and Services Division (CSSD), and Children and Family Services (DCFS).**

Progress between the third quarter of 2011 and the fourth quarter of 2012, using three month averages, shows the following improvements in client encounters:

- asking about depression (increase from 36% to 83%)
- asking about family stressors (increase from 73% to 91%)
- asking parents about child development concerns (increase from 35% to 83%)
- discussing local resources for families (increase from 64% to 100%)
- discussing resources for social support (increase from 34% to 51%)

**2. Meaningful participation of network partners in the learning system, as measured by:**

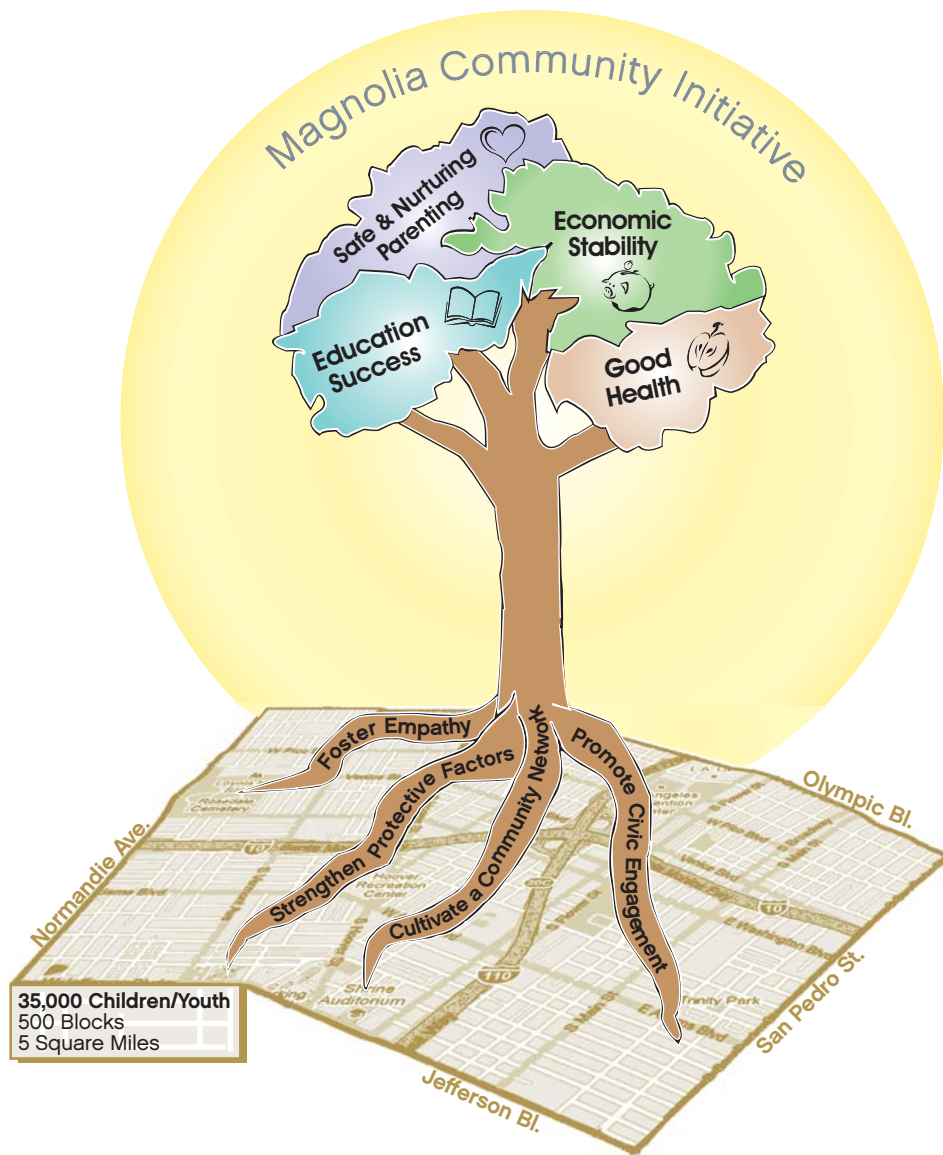
- curiosity in and reaction to data about the network and experiences of the local population;
- creation of organizational aims with measurable and ambitious goal targets;
- regular collection of client surveys to understand the client experience;
- efforts to improve empathy and linkage;
- employing meaningful reflection, linked with action (using plan-do-study-act cycles)

**For more information about the MCI approach:**

Getting to scale: The elusive goal. 2011. Magnolia Community Initiative. Bowie P. Casey Family Programs: Seattle, WA.

Inkelas M, Bowie P. 2014. The Magnolia Community Initiative: The Importance of Measurement in Improving Community Well-Being. Community Investments. Vol 26, Issue 1. Federal Reserve Bank of San Francisco.

Bowie P, Inkelas M. 2015. Using data to drive change in complex community systems. In What Counts: Harnessing Data for America's Communities (N Cytron, D Erickson, GT Kingsley, KLS Pettit, ES Seidman, eds.). pp. 378-95. The Federal Reserve Bank of San Francisco and The Urban Institute: San Francisco, CA.



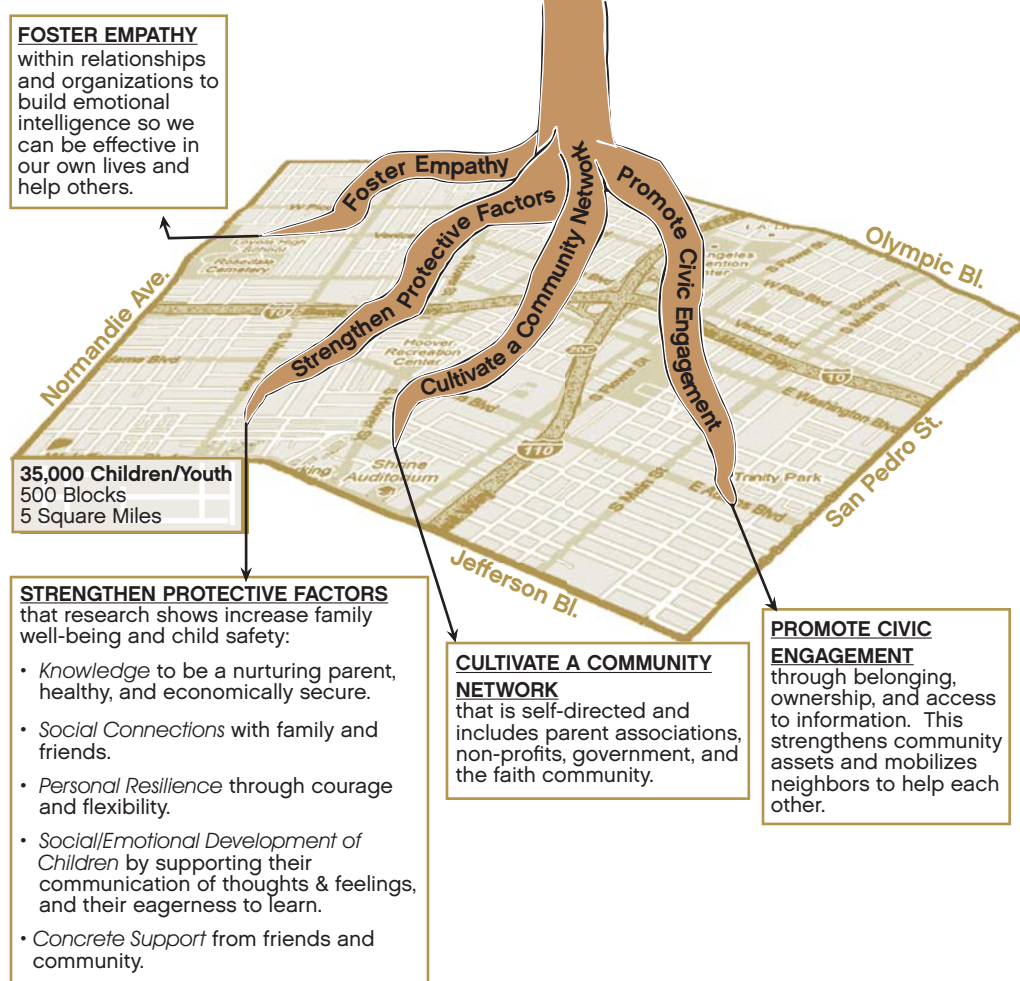
## What We Hope and Dream...

The 35,000 children and youth, especially the youngest ones, living in the neighborhoods within the 500 block Magnolia Catchment Area will break all records of success in their education, health, and the quality of nurturing care and economic stability they receive from their families and community.

TURN OVER ➤

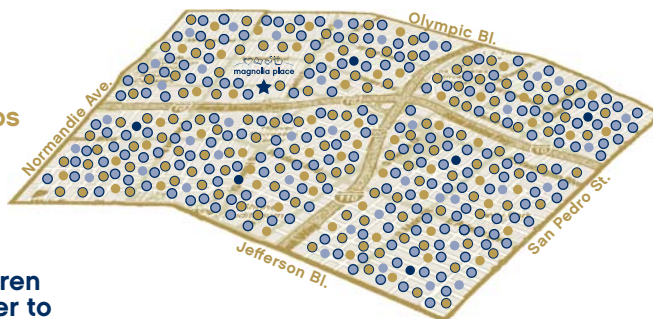


## TRANSFORMATIONAL STRATEGIES:

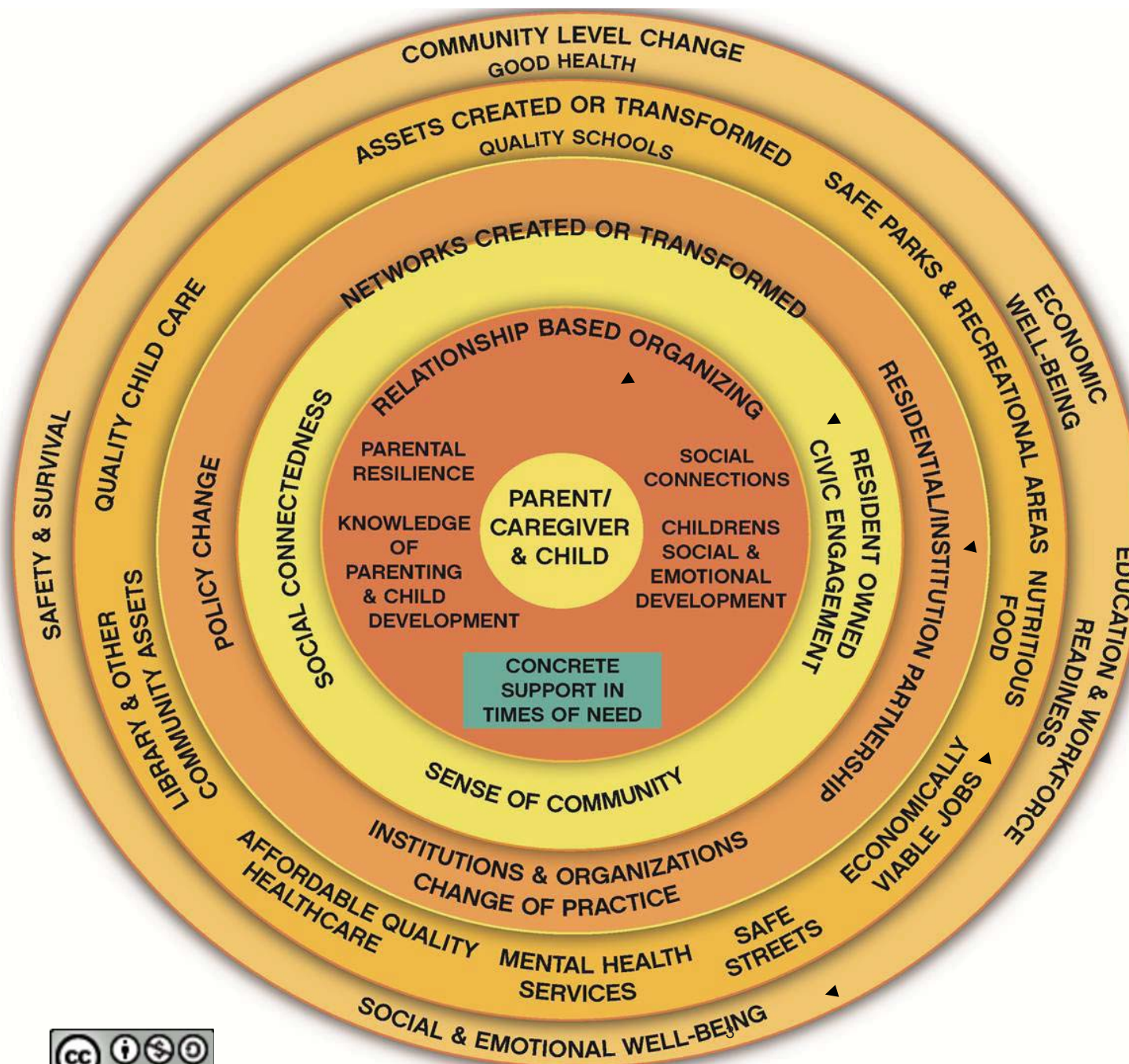


## A COMMUNITY MOVEMENT TO GO BEYOND SERVICES:

- **6 Hubs**
  - **75+ Partners**
  - **100 Community Groups**
  - **500 Neighborhood Ambassadors**
  - **14,000 Families**
- **nurturing 35,000 children and helping each other to break all records of success.**



➤ For more information, contact Lila Guirguis, Director of Magnolia Community Initiative at 213.342.0109  
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Increasing the Protective Factors through Relationship building strategies

Builds Community Belonging & Civic Engagement.

Fostering interaction between & among Individuals & organizations.

Creates & strengthens networks of individuals & organizations with shared values & norms leading to collective efficacy.

Increasing & improving community assets & access.

Contributes to good health, economic well-being, education & workforce readiness, social & emotional well-being, & safety & survival.



## Leadership and Improvement Drivers

**Cultivate accountable leadership focused on population outcomes**

**Active participation in an organized process improvement effort**

**Support the human element of change**

**Measure & share data on how the system is working**

**Use networks to innovate, sustain, scale and spread**

## Practice Drivers

**Support parents to manage their child's needs & promote development**

**Develop cross-sector care pathways**

**Improve flow to supports and services**

**Increase effectiveness of services & supports**

**Increase effectiveness through greater empathy in care**

**Increase relationships among and between residents, community groups and organizations**

## Goal Targets

10% annual increase in % of parents sharing books daily  
 90% of mothers report a positive relationship with their child  
 90% of parents have ties to neighbors  
 90% of parents receive empathic care  
 90% of parents asked if they have child development concerns  
 90% of parents report having discussed resources for families in their community  
 90% of parents report having discussed resources for social support  
 90% of parents asked about depression  
 90% of parents asked about family stressors  
 90% of parents have a bank account

< 10% of children are developmentally vulnerable at school entry  
 % proficient in third grade reading  
 % families achieving economic stability goals  
 % families with food security  
 % families with concrete supports  
 % families with social support  
 % parents with depression  
 % preschoolers with BMI <85<sup>th</sup> percentile

% junior high students with positive emotional and academic scores  
 % high school graduation  
 Rate of child abuse & neglect







**magnolia**  
community initiative  
NETWORK OF PARTNERS

211 LA County	Eisner Pediatric & Family Medical Center	<b>Patricia Bowie*</b> <i>Thought Partner/Contributor</i>
1736 Family Crisis Center	Esperanza Community Housing Corporation	Pico Union Neighborhood Council
All Peoples Christian Center	EveryoneOn	Public Counsel
Alianza Magnolia	Families in Schools	Public Health Foundation Enterprises: - Women Infants & Children (WIC)
Angelica Center for Arts and Music	First 5 LA	<b>Ruth Beaglehole*</b> <i>Thought Partner/ Founder of Echo Parenting &amp; Education</i>
Asian Pacific American Legal Center	Grandparents as Parents	The Salvation Army: - Los Angeles Red Shield Youth & Community Center
Austism Speaks	Green Dot	SCOPE
<b>Belong Campaign*</b>	Jewish Family Service of Los Angeles (JFS)	South Central Los Angeles Regional Center
-Neighborhood Ambassadors	Jewish Free Loan Association (JFLA)	South Los Angeles Child Welfare Initiative
-Block Captains	John Wesley Community Health Institute (JWCH)	Southern California College Access Network
Beyond Shelter	Jump Start	St. John's Well Child & Family Center
Broadway Federal Bank	Koreatown Youth & Community Center (KYCC)	St. Thomas the Apostle Catholic Church
California Food Policy Advocates	Levitt Pavilion—MacArthur Park	Strategic Actions for a Just Economy (SAJE)
Camino Nuevo Charter Academy	LIFT	The RightWay Foundation
Casey Family Programs	Los Angeles County Economic Development Corporation	TRUST South LA
Center for Lifelong Learners	Los Angeles County Perinatal Mental Health Task Force	<b>University of California Los Angeles (UCLA):*</b> - Health Care Institute
Centro Latino for Literacy	Los Angeles Housing Partnership	- Clinical & Translational Science Institute
<b>Children's Bureau of Southern California*</b>	Los Angeles Neighborhood Initiative	- Community Engagement Research
Children's Institute, Inc.	Los Angeles Neighborhood Land Trust	- <b>Center for Healthier Children, Families &amp; Communities*</b>
Church of the Redeemer Los Angeles	Los Angeles Unified School District (LAUSD):	United Way of Greater Los Angeles
City of Los Angeles:	- Berendo Middle School	University of Southern California (USC):
- Community Development Department	- John Mack Elementary School	- Clinical & Translational Science Institute
- Department of Recreation and Parks	- Leo Politi Elementary School	- Center for Religion & Civic Culture
- Los Angeles Police Department (LAPD)	- Magnolia Elementary School	- Early Headstart
Community Financial Resource Center (CFRC)	- Norwood Elementary School	- Eisner Family Medicine Clinic
Community Services Unlimited, Inc.	- San Pedro Elementary School	- Family of Schools
<b>County of Los Angeles:*</b>	- West Adams Preparatory High School	- Government Partnerships & Programs
- <b>Chief Executive Office (CEO)*</b>	Maternal and Child Health Access (MCHA)	- Metamorphosis Project
- Child Support Services Department (CSSD)	National Association on Mental Illness (NAMI)	- School of Social Work
- County of Los Angeles Public Library	Occidental College:	Wildwoods Foundation
- Department of Children and Family Services (DCFS)	- Urban & Environmental Policy Institute	With Love Market and Café
- Department of Mental Health (DMH)	Operation HOPE	Worksite Wellness LA
- Department of Public Health (DPH)	Pacific Asian Consortium in Employment (PACE)	
- Department of Public Social Services (DPSS)	Padres Unidos	
- Office of Child Care	Para Los Niños; Best Start	
Crystal Stairs, Inc.	Pathways L.A.	
Dignity Health:		
- Hope Street Family Center		