



# A5: Building Relationships and Fostering Connections to Decrease Food Insecurity at the Local and State Level

July 1, 2024, 10:30 am – 11:45 am

# CME and CE Information

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# Today's Speakers



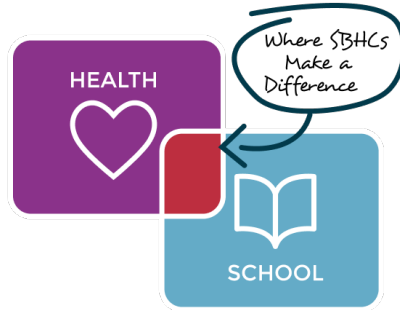
- **Ngone Diop (she/her)**, Program Manager, School-Based Health Alliance
- **Sarah Mills (she/her)**, Senior Manager Health Systems, Share Our Strength
- **Reem Aly (she/her)**, Executive Director, Ohio School-Based Health Alliance
- **Rebecca Gostlin (she/her)**, Director of Clinical Initiatives, Youth Healthcare Alliance

# Agenda

- No Kid Hungry and School-Based Health Alliance Partnership
- Brief Overview of Addressing Food Insecurities in SBHCs
- Expansion to State Learning Networks (Ohio & Colorado)
- Ohio Learning Network
- Colorado Learning Network
- Key Takeaways and Lessons Learned
- Summary & Wrap-up



# Who We Are



## School-Based Health Alliance

*The National Voice for School-Based Health Care*

Working to improve the health of children and youth by advancing and advocating for school-based health care. When health and education come together, great things happen.

Learn more: [www.sbh4all.org](http://www.sbh4all.org)



## No Kid Hungry

*A Campaign by Share our Strength*

An organization dedicated to ending hunger and poverty. Through proven, effective campaigns, that connect people who care to ideas that work.

Learn more: [www.nokidhungry.org](http://www.nokidhungry.org)

# Our Collaborative Vision

The School-Based Health Alliance and Share Our Strength's No Kid Hungry campaign believe that by working together to embrace and build on families' trust in school-based health centers, we can promote federal nutrition programs and nutritious food consumption in support of positive health outcomes and improved food security.



# NKH and SBHA Food Security Learning Networks

## 2022

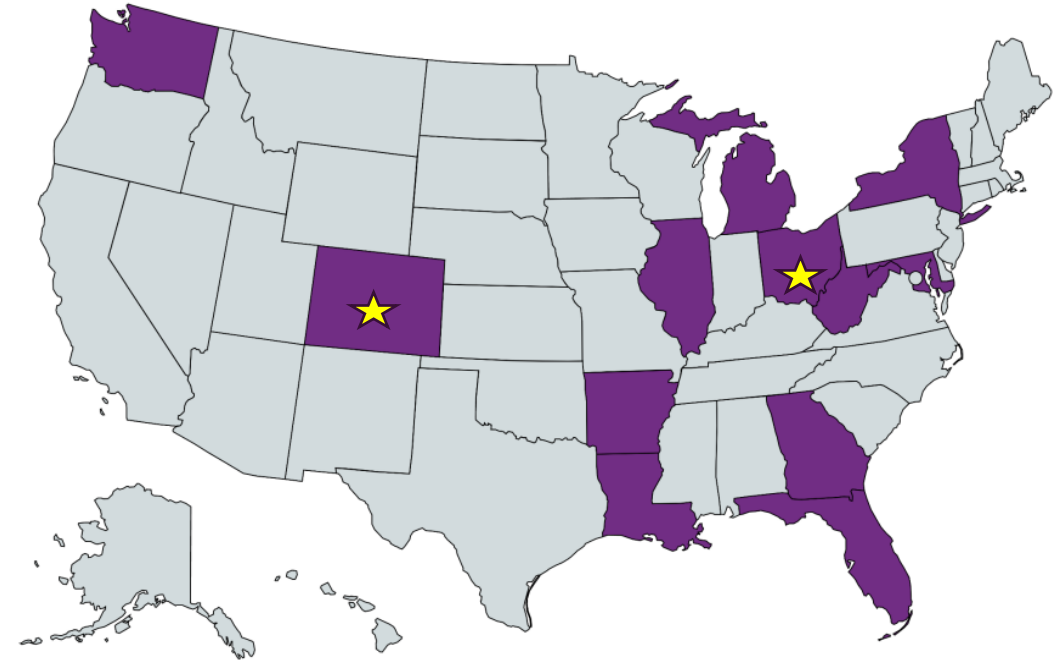
- 16 school-based health centers representing 12 states piloted integration of a range of food access interventions.

## 2023

- Toolkit of promising practices and learnings

## 2023-2024

- 2 State Affiliate organizations (Colorado and Ohio) supporting SBHCs in their states

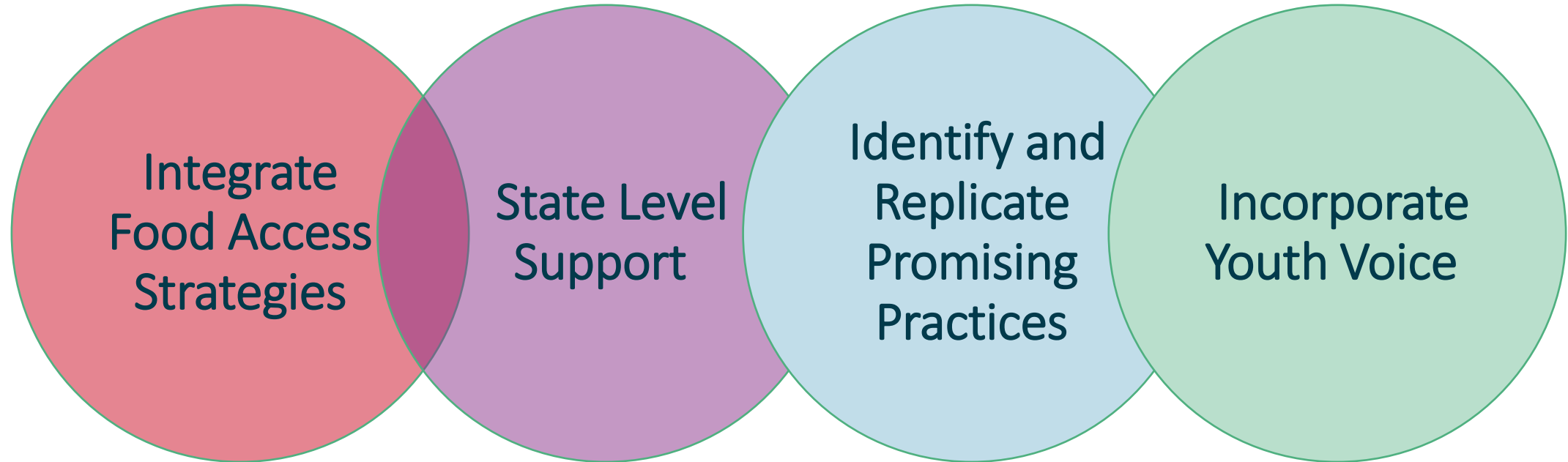


Learning Networks and Toolkit  
generously funded by:





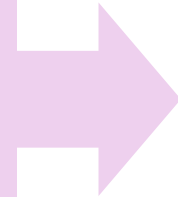
# State Learning Network Objectives



# State Learning Network Metrics and Evaluation Plan Development

Collaboratively created state-specific

- Logic Models
- Evaluation Plans



## Metrics of Interest

- Learning Community
  - SBHC engagement, TA delivery, sustainability activities
- Referral Pathway Implementation
  - Clients screened for food insecurity
  - Positive clients referred to federal nutrition programs
  - Referred clients enrolled in federal nutrition programs
- State-specific outcomes of interest

# Successes Across All Learning Networks

## Other Food Supports Established:

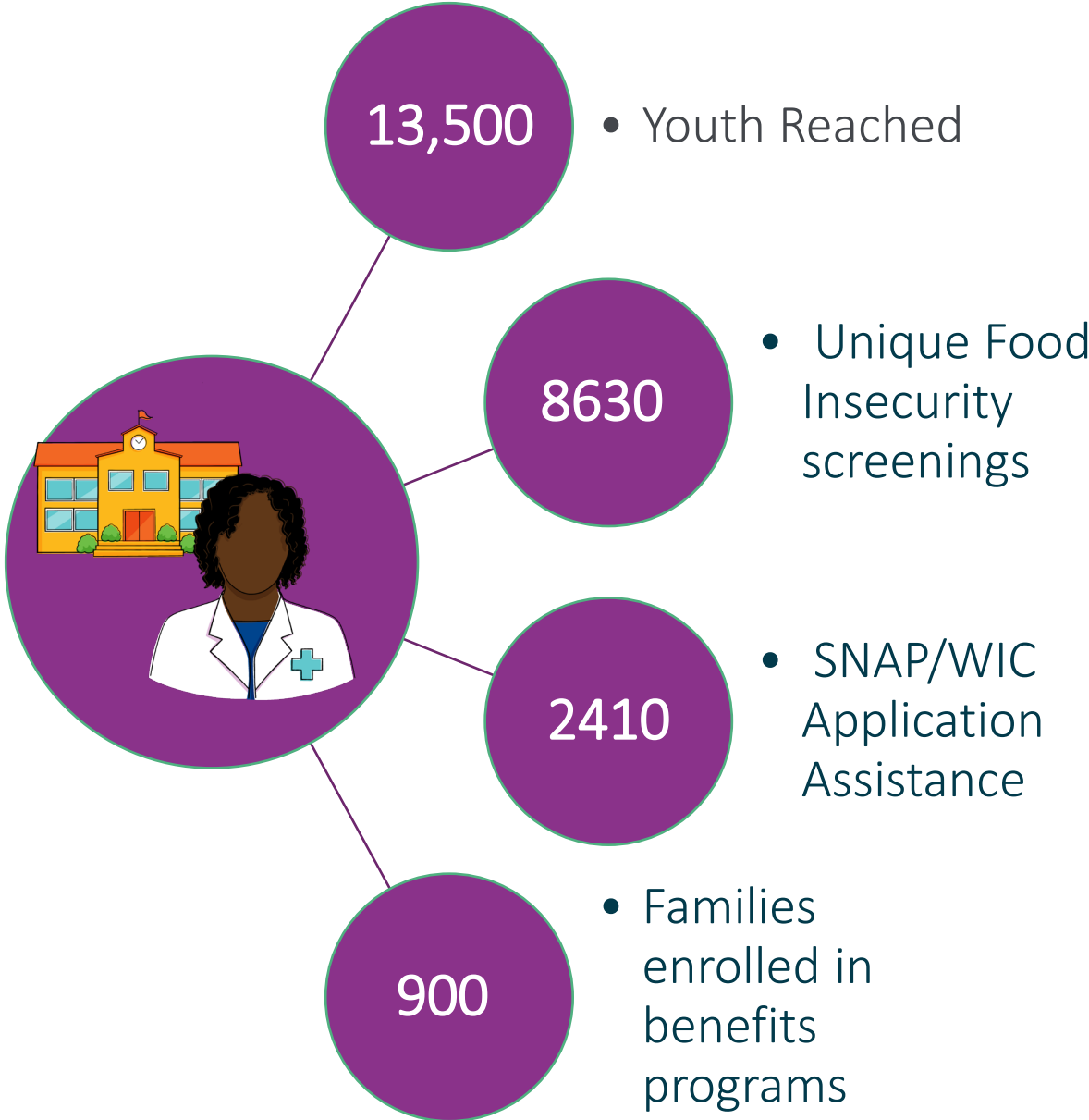


- Food Pantry or Food Box program
- Meal or Snack Program
- Produce Rx

## Other Program Supports:



- Nutrition and Cooking Education
- Garden Programming



# Emerging Models and Resources to Address Food Insecurity



# Youth and No Kid Hungry Learning Network



- Sites involved students in pantry operations and material development
  - Youth Advisory Committee providing feedback on pantry recipes
  - Youth intern input on the pantry program
  - Student council cleaning and organizing pantry, making distribution boxes
  - Students generate ideas for future work, help plan events
- Youth Advisory Council field trip to a local farm
- Ohio School-Based Health Alliance state-level youth volunteer
- Student involvement in programming led to reduced stigma and an increase in the use of on-site resources
- All sites expressed that more youth involvement was needed and wanted

# Ohio SBHC Food Access Innovation & Learning Network

Ohio School-Based Health Alliance



# Ohio School-Based Health Alliance

“Ohio Alliance”



Serves as the only statewide organization created to advance and support the sustainability and expansion of school-based health care

- Founded in 2002 as the Ohio School Based Health Care Association
- Relunched statewide in 2021 as the **Ohio School-Based Health Alliance**
- State affiliate of the national School-Based Health Alliance



# Vision

Build a future in which **every student**, family, and community has the **equitable health services, supports and systems** they need to achieve **optimal health and education outcomes**.

# Mission

Improve access to **comprehensive, integrated health services through school-based health care** to **advance equity** and **improve health and education outcomes for students**, their families, and communities.





# Areas of Focus

Capacity  
building

Policy  
transformation

Data tracking  
and evaluation

# Project Goals

- Integration of food access interventions into health center services and workflows
- Improved food security for youth and their families
- Improved dietary health and connection to preventative care
- Greater understanding for integrating nutrition assistance in SBHC services can be supported at the state level

# Need in Ohio

If gaps in food access and security outcomes were eliminated...



**36,972 children** living in families experiencing economic disadvantage would not experience food insecurity

(Source: Analysis from Health Policy Institute of Ohio, 2018-2021)

# Need in Ohio

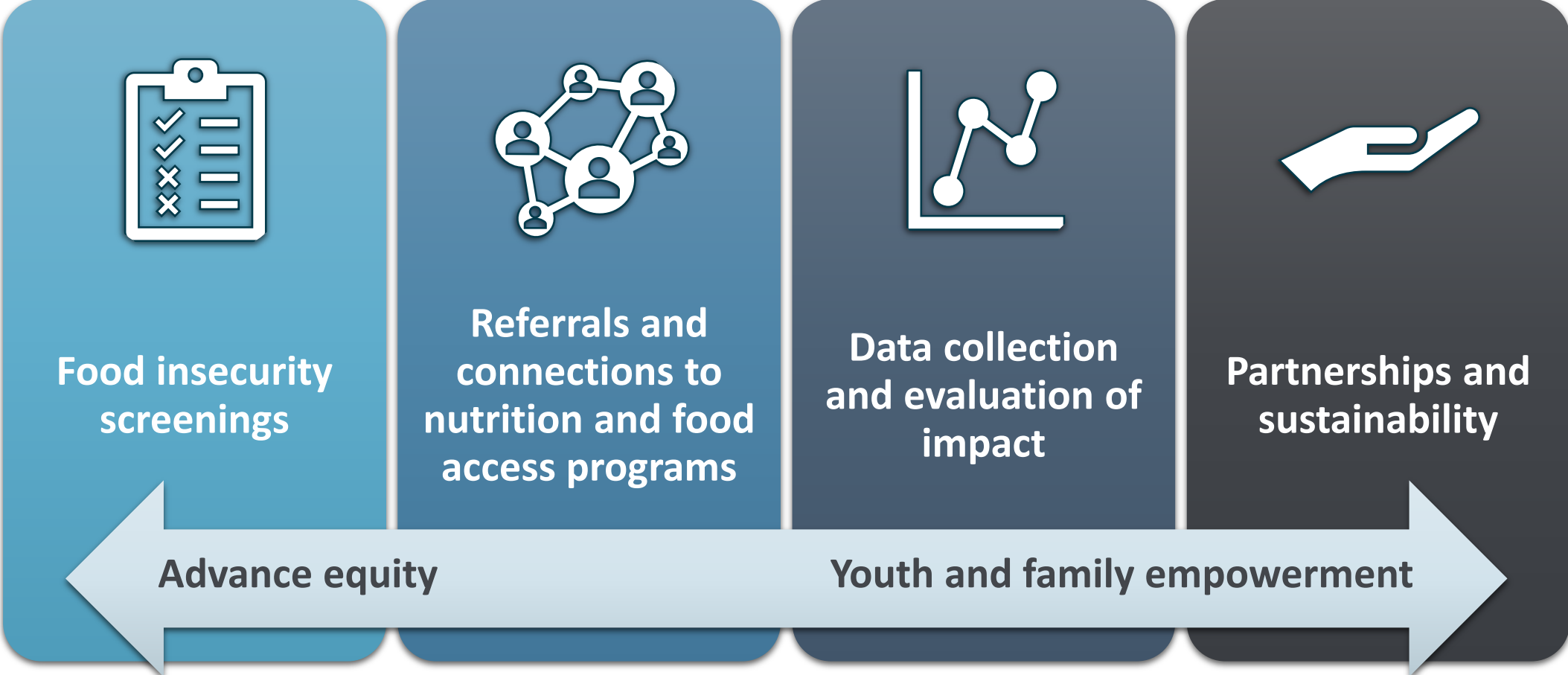
In 2022, 505,430 (19.8%) Ohio children experienced food insecurity

An estimated 31% of these children were likely **ineligible** for federal nutrition programs

Source: Feeding America, Map the Meal Gap



# Project components



# Timeline

## Sept. 2023

- Grant agreements and orientation

## Oct. 2023 – Aug.2024

- Learning Network meetings
- Site technical assistance
- Data collection

## Sept. 2024

- Final report and data summary

## Oct. 1, 2023

- Intervention launched

## Aug. 2024

- Project wrap-up
- Sustainability plan



# Interventions – All sites



Universal food insecurity screening



Resource referral and follow-up process



Strengthen & leverage community partnerships

# Screening Tools

- RAAPS
- PRAPARE
- Hunger Vital Sign
- In-house Social Determinants of Health (SDoH) screeners





# Interventions – Site-specific

Unique interventions designed to address food access gaps within each community



Food pantry/closet



Cooking/nutrition classes

Food delivery



Youth Advisory Councils

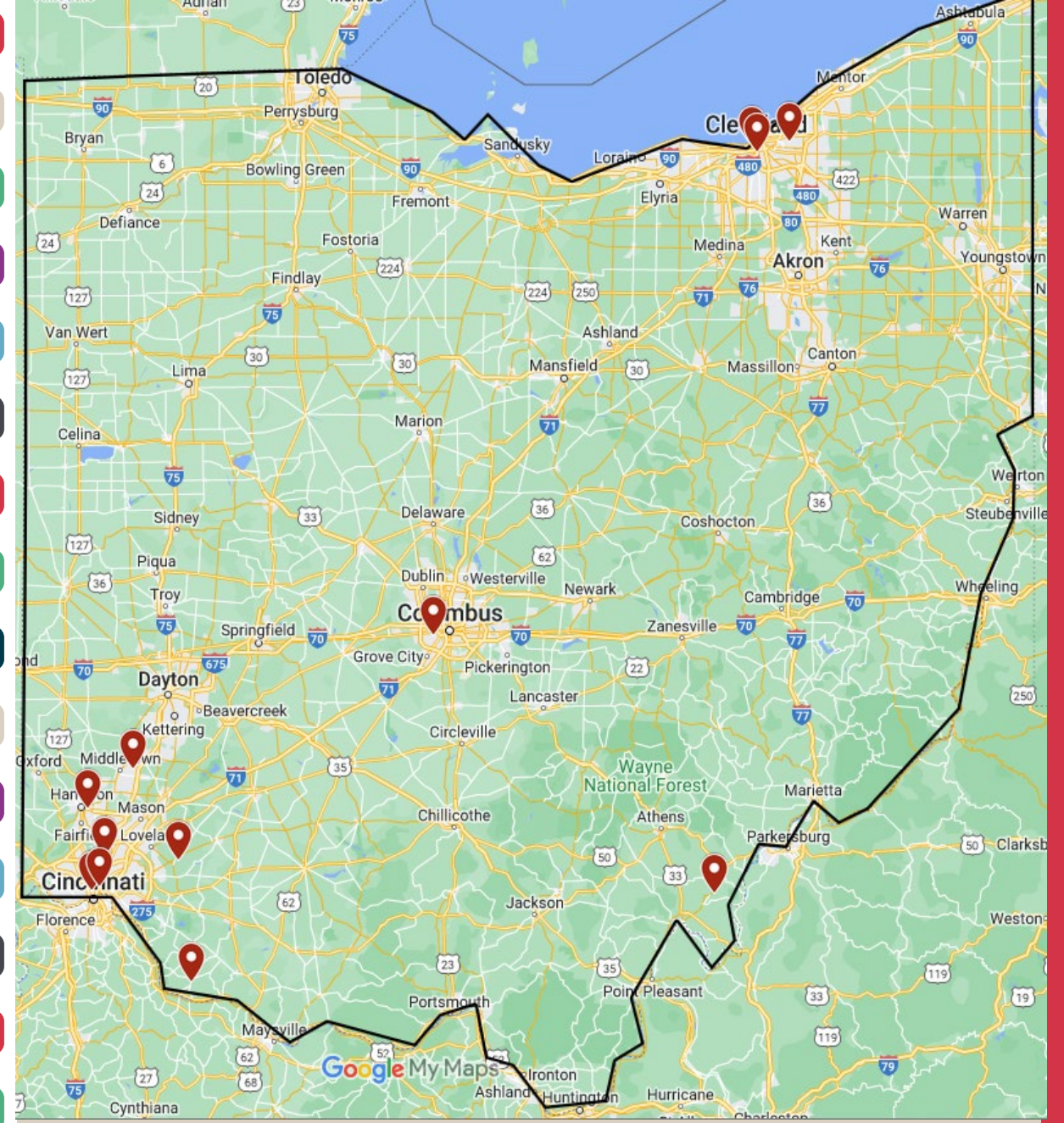


Power packs



Community Lunch and Learns

# 2023-2024 Grantees



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# Previous Grantees



# Learning network – Monthly meetings



Topic-specific meetings



Site check-ins



Resources



Partner connections

# Statewide Partners



Learn more: [www.cdfohio.org](http://www.cdfohio.org)



Learn more: [www.ohiofoodbanks.org](http://www.ohiofoodbanks.org)



# Learning community topics

Food access  
policy

Screening and  
referral

Engaging with  
families and  
youth

Metric  
collection and  
documentation

Establishing and  
maintaining  
partnerships

Developing a  
sustainability  
plan

# Grantee Evaluation

## Program evaluation

- Metrics that capture impact of the intervention

## Process evaluation

- Documentation of lessons learned, processes established, and youth and family engagement efforts
- Identification and collection of best practices and lessons learned



# Monthly Data Pull



## Data reporting form

Core set of metrics + customized metrics to capture unique interventions



## Core metrics

Number of visits, screenings, positive screenings, and referrals



## Fields for data point and time frame





# [Enter SBHC site] Food Access Monthly Metric Reporting

**Note:** Data entered should only be for applicable.  
Do not enter data into the percent row

Metrics			Sep-23	Oct-23
			9/1-9/30	10/1-10/31
Metric	Definition	Notes		
1. SBHC clients	Number of <b>unduplicated youth (0-18 yrs)</b> that received at least one service from SBHC			
2. Food access screening	Number of <b>unduplicated youth (0-18 yrs)</b> that were screened for food insecurity/food access using a standardized screening tool			
<i>Percent screened</i>				
3. Food insecurity - Identification through screening	Number of <b>unduplicated youth (0-18 yrs)</b> that were identified through a standardized screening tool to be experiencing food insecurity			
<i>Percent of youth screened identified as experiencing food insecurity though screening</i>				
4. Food insecurity- Identification through other means	Number of <b>unduplicated youth (0-18 yrs)</b> that were identified as experiencing food insecurity through means other than food insecurity screening	Examples: Referral from a teacher, identification through a conversation with a family member in non-clinical settings, etc. Note: If food insecurity is only identified through screening, leave blank.		
5. Referrals- All	Number of <b>unduplicated youth (0-18 yrs)</b> identified to be experiencing food insecurity who were <b>referred</b> to <b>ANY</b> food assistance program or resource			





# [Enter SBHC site] Food Access Monthly Metric Reporting

**Note:** Data entered should only be for applicable.  
Do not enter data into the percent row

## Metrics

Sep-23	Oct-23
9/1-9/30	10/1-10/31

Metric	Definition	Notes
1. SBHC clients	Number of unduplicated youth (0-18 years) that received at least one service from	

2. Food access screening



## Process Notes

3. Food insecurity - Identification through screening

**Feel free to use this space to take process notes. Be specific in your documentation to help you better respond to the process surveys we will be administering throughout the project cycle.**

- What process changes have you implemented? (i.e., workflow, screening tools, staffing, evaluation, etc.)
- What challenges or barriers have you run into? How have you addressed them?
- What successes have you had?

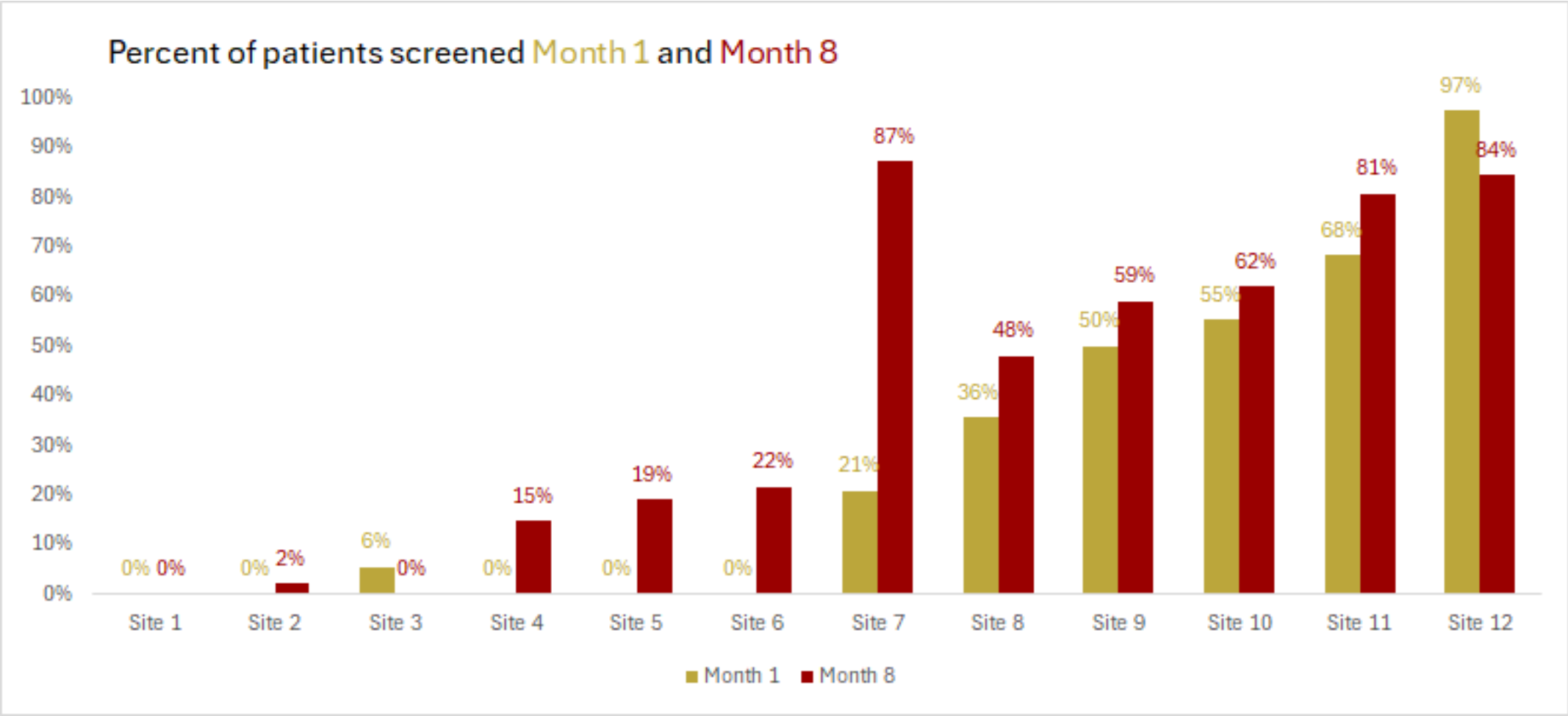
4. Food insecurity- Identification through other means

- Is there anything you wish you had done differently?
- What gaps in food access have you become aware of through this project?

5. Referrals- All



# Patients Screened Month 1 to Month 8 (%)



# Food Insecurity

## November 2023 – April 2024

- 8048 patients ages 0-18 received SBHC services
- 3894 patients\* (48%) were screened for food insecurity
- Of those patients, 1491 (38%) were identified to be experiencing food insecurity

## Unduplicated Referrals

- 1496 referrals made to SNAP, WIC, and/or Medicaid
- 2099 referrals made to other forms of assistance, such as local food access resources, programming, and support

# Process evaluation

**Survey one:** Screening and referral process

**Survey two:** Progress, process, and outcomes reflections



# Grantee Challenges

Screening challenges	Referral challenges
Time constraints (n=4)	Difficulty following up (n=3)
Staff capacity (n=4)	Difficulty coordinating with partners (n=3)
EHR challenges (n=3)	EHR challenges (n=1)
Difficulty changing workflow (n=3)	Workflow challenges (n=1)
Stigma (n=1)	

# Grantee Key Lessons Learned

- Connect SBHC to broader healthcare sponsor system processes
- Prioritize documentation when designing workflows
- Build a follow-up process to referrals into workflows
- Prioritize community partnerships and interventions
- Engage youth to increase awareness and combat stigma

# State Affiliate Key Lessons Learned

- Leverage state partners to provide resource, education, and policy support
- Automate and simplify aggregate data collection for sites
- Balance logistical ease while encouraging effective interventions
- Provide a forum for mutual learning and support among partners





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@OSBHAlliance



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# Connect with the Ohio Alliance

Sign up for news  
and updates

[http://eepurl.com/h\\_D7HX](http://eepurl.com/h_D7HX)



# Youth Healthcare Alliance

Colorado Learning Network



# Colorado's Youth Healthcare Alliance

## Who We Are



Champions for Colorado School-Based Clinics

Youth Healthcare Alliance is the voice of Colorado's school-based health centers, providing essential resources, guidance, and services.

**Our Mission** is to optimize health outcomes among young people through access to quality, integrated healthcare in schools.

**Our Vision** is that all Colorado school-based clinics provide high-quality, equitable, comprehensive healthcare in support of positive academic outcomes.



# Need in Colorado

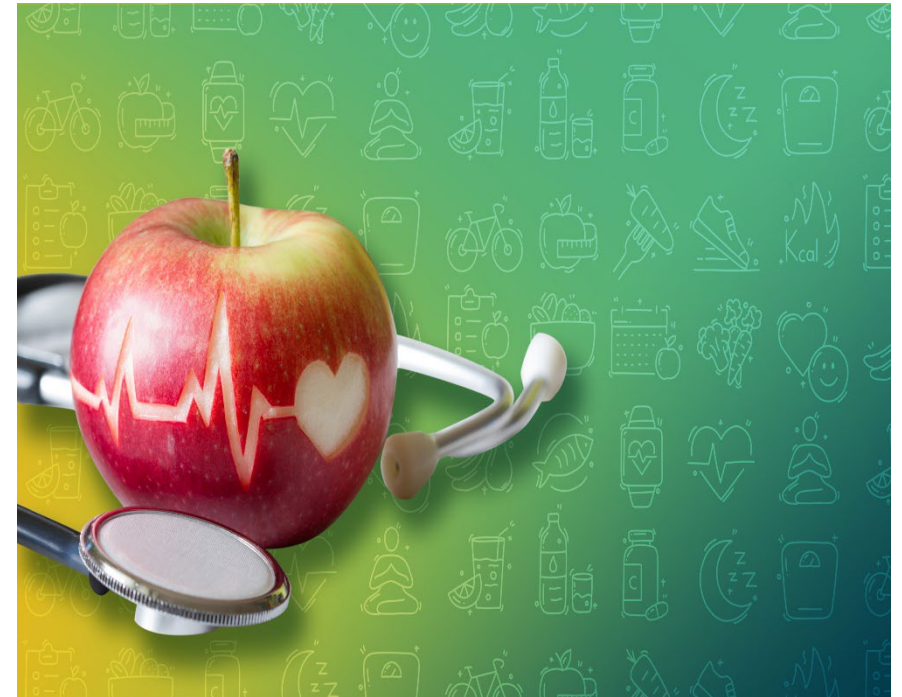
## SBHC State Affiliate Interest in the NKH Project

- In 2018, Colorado ranked 44th in the country for enrolling eligible individuals and families in SNAP and 48th for WIC
- Over the course of the pandemic, food insecurity amongst Colorado kids increased from 1 in 6 children to 1 in 3
- 16% of Colorado children are not getting adequate nutrition due to financial constraints
- 25.4% of young adults in rural areas and 22.2% of Black Coloradans experience food insecurity
- 12.0% of Coloradans in rural areas and 9.3% in urban areas reported food insecurity

# Getting Started

## Recruiting SBHCs, Building on Strengths, Data Considerations

- Open call for letters of interest
- Targeted outreach to school-based health centers
- Clear communication of expectations and capacity asks
- Emphasis on not reinventing the wheel
- Working with existing data points



# Colorado SBHC No Kid Hungry Grantees

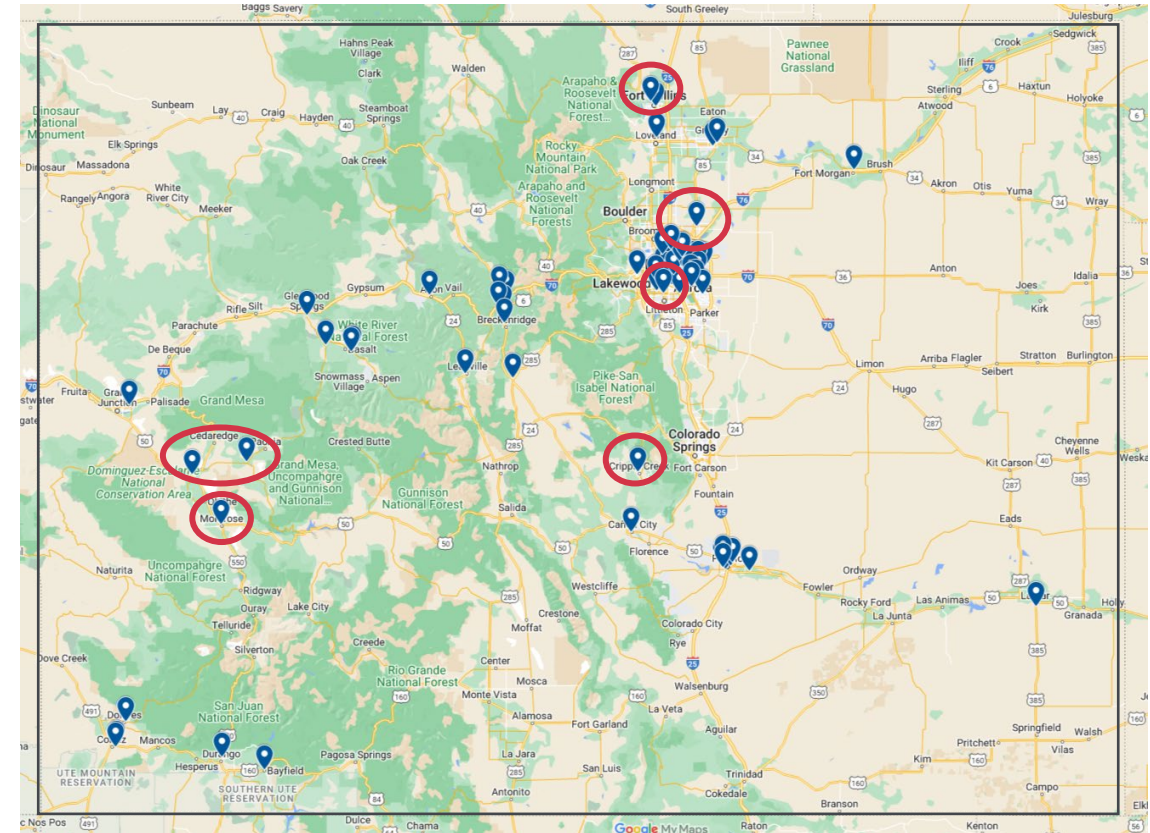
6 Organizations supporting 10 Clinics Statewide

## 6 Urban School-Based Health Centers

- Kids First Health Care
- Every Child Pediatrics' The Health and Wellness Center
- University of Colorado Denver dba Sheridan Health Services

## 4 Rural School-Based Health Centers

- A Kidz Clinic
- Northside Health Center
- Gorman Medical



# Project Data

## Evaluation Plan and Quarterly Reports

- Guided by Evaluation Plan developed by Youth Healthcare Alliance with SBHA
- SBHCs submit quarterly report with qualitative and quantitative project data
- Pre-Post Knowledge Survey is given at the end of each Learning Network session



# Data Snapshot

## Summary of SBHC data through Quarter 2

- 2,106 screenings completed
- On average, 10% of youth screened are identified as in need of food support
- Most common referral is to local food resources (139 referrals made)



# Engaging Partners



**COLORADO**  
Department of Public  
Health & Environment



Colorado Department of Public Health and the  
Environment



&  
Healthy Eating Active Living (HEAL) Unit at the  
Colorado Department of Public Health and  
Environment



# Network Implementation and Support

## SBHC-Level Efforts

- Creation and implementation of workflows for routine screening
- New and strengthened community partnerships and referral resources
- Direct connection to food resources by SBHC

## Youth Healthcare Alliance Support

- Monthly check-ins
- Resource distribution
- Learning Network Session facilitation



# Youth and Family Engagement

## SBHC Successes and State Challenges

- Youth Healthcare Alliance is two steps removed from students
  - Working to improve youth engagement through inaugural Youth Advisory Board
  - Balance of wanting specific input and youth-driven choice of topics to focus on
- Site-level Success at SBHCs
  - Sheridan's youth-driven food pantry input
  - A Kidz Clinic family outreach



# Colorado No Kid Hungry Project Takeaways

- SBHCs are well positioned to do this work, and most already are in some capacity. Formalizing the process allows for more routine screening, normalizes it, and creates stronger community partnerships.
- Food is a personal topic and food security can be uncomfortable for patients and their families to discuss
- Billing for food-security work is a challenge, though not a barrier.



# Colorado No Kid Hungry Project Takeaways

- Screening patients with families present and screening adolescents accessing services on their own requires different processes and approaches.
- SNAP and WIC meet some needs and there is a big need for local resources to fill in gaps.
- The resources available do not always match the need



# State Affiliate Lessons Learned

- Start the project by engaging each site in community-specific asset mapping
- Recognition of limits of SNAP and WIC programs
- Nutrition Security and Culturally Appropriate Food Access
- Different process and needs for elementary verse secondary students
- State agencies and efforts are developing rapidly, though not always in sync

# Looking Ahead

- SBHCs utilizing resources to help families connect with summer food programs
- Increasing family and youth engagement in food security efforts
- Sharing lessons for addressing stigma and hesitance related to food security needs
- Using data to guide future work
- Sharing work being done, and resources cultivated, with the entire Colorado SBHC network





# Questions & Contact Info

- **Addie Van Zwooll:** [avanzwooll@sbh4all.org](mailto:avanzwooll@sbh4all.org)
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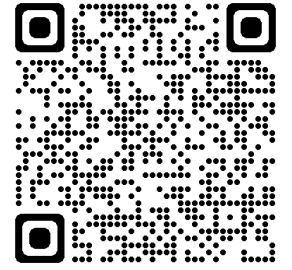


<https://www.instagram.com/sbh4all/>



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# Toolkit Resource



## Emerging Models And Resources To Address Food Insecurity In School-Based Health Centers

No Kid Hungry and School-Based Health Alliance believe that by embracing and building on families' trust in school-based health centers, we can promote federal nutrition programs and nutritious food consumption in support of favorable health outcomes and improved food security for families.

This toolkit highlights promising practices for integrating nutrition and food access into school-based health center (SBHC) services to address social influencers of health, improve food security for families, and support student success and wellness.

