Health Centers and Food Banks: Partnering to End Hunger and Improve Health

CHAD

GREAT PLAINS FOOD BANK

FEEDING SOUTH DAKOTA

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Table of Contents

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Introduction

At the intersection of health and hunger, food banks and health centers are uniquely positioned to form high-impact partnerships. Food insecurity is strongly correlated with chronic disease. In North Dakota, for instance, individuals experiencing hunger are three times more likely than the general population to be diagnosed with Type 2 diabetes. Ultimately, there is an enormous health care cost to food insecurity, both on an individual and community level.

Three key barriers that may prevent individuals experiencing food insecurity from seeking help include access, trust, and stigma. People often trust their health care providers, and co-locating charitable food within health centers can increase ease of access as well as reduce the stigma of receiving food by framing it as part of overall health. Health centers, which are located in underserved and low-income urban and rural areas, have always responded to the social drivers of health, including food insecurity. In fact, the first health center formed a partnership with its local grocery store in the 1960s to offer food prescriptions to patients. Today, health centers and food banks can build on this legacy to advance health equity together. This toolkit will provide tips for doing just that.

> **"The reality is that patients in our health centers are experiencing hunger. Addressing this and other social determinants of health is at the heart of why health centers exist. We strive to break down barriers, partner effectively, and address the full complexity of the patients we are privileged to work for and alongside. It is not easy, but it is important and beautiful work."**
>
> *– Kayla Hochstetler, Social Services Manager, Spectra Health*

Key Terms

Food banks are nonprofits that source and safely store food that will soon be delivered to local food programs, like a food pantry.[1]

Food pantries[2] are distribution centers where hungry families can receive food. Supplied with food from a food bank, pantries feed many people.

Health centers are nonprofit, community-driven clinics that provide high-quality primary and preventive care to all individuals, regardless of their insurance status or ability to pay. Health centers are located in underserved and low-income urban and rural areas. You may also hear them called federally qualified health centers (FQHCs) or community health centers.

Social drivers of health (SDOH) are the "nonmedical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wide set of forces and systems shaping the conditions of daily life."[3] They are also referred to as social determinants of health.

Food insecurity is a lack of consistent access to enough food for every person in a household to live an active, healthy life. This can be a temporary situation for a family or can last a long time. This is different from hunger, which is the feeling someone has when they don't have food.[4]

Primary care associations (PCAs) are state or regional nonprofit organizations that provide training and technical assistance (T/TA) to safety-net providers. This T/TA is based on statewide and regional needs to help health centers improve programmatic, clinical, and financial performance and operations.[5] Community HealthCare Assocaition of the Dakotas (CHAD) is the PCA for North Dakota and South Dakota.

Health center controlled networks (HCCNs) help health centers improve quality of care and patient safety by using health information technology (HIT) to reduce costs and improve care coordination.[6] CHAD is the HCCN for North Dakota, South Dakota, and Wyoming.

[1]https://www.feedingamerica.org/hunger-blog/what-difference-between-food-bank-and-food-pantry
[2]https://www.feedingamerica.org/hunger-blog/what-difference-between-food-bank-and-food-pantry
[3]https://www.cdc.gov/about/sdoh/index.html#:~:text=What%20Are%20Social%20Determinants%20of,the%20conditions%20of%20daily%20life
[4]https://www.feedingamerica.org/hunger-in-america/food-insecurity
[5]https://bphc.hrsa.gov/technical-assistance/strategic-partnerships/primary-care-associations
[6]https://bphc.hrsa.gov/technical-assistance/strategic-partnerships/health-center-controlled-networks

About Us:

Community HealthCare Association of the Dakotas (CHAD) is a nonprofit membership organization that serves as the primary care association for North Dakota & South Dakota. For more than 35 years, CHAD has advanced the efforts of health centers through training, technical assistance, education, and advocacy. Currently, CHAD supports health center organizations across North Dakota & South Dakota by providing a variety of resources to enhance key areas of operations, including clinical, human resources, finance, outreach and enabling, marketing, and advocacy. CHAD's mission is to foster healthy communities by promoting and supporting programs that increase access to affordable, high-quality care for all.

Great Plains Food Bank (GPFB) is the only food bank in the state of North Dakota and purchases and recovers food that otherwise would go to waste from a range of food industry partners. Through its programs and services, GPFB distributes that food to those in need throughout North Dakota and Clay County, Minnesota. GPFB has a deeply rooted commitment to nutrition and believes every person deserves access to food that meets their medical, cultural, and diverse nutritional needs. The food bank has developed a number of health care interventions to fill gaps and enhance access.

Feeding South Dakota is the state's largest hunger-relief organization, with a mission to end hunger in South Dakota. They provide food in all 66 counties and are fighting hunger in rural communities, metro areas, and Native American reservations. Their vision is a state where no one person's health, wellbeing, or potential is hindered by the availability of nutritious food.

Health centers are nonprofit, community-driven clinics that provide high-quality primary and preventive care to all individuals, regardless of their insurance status or ability to pay. Health centers are located in underserved and low-income urban and rural areas across North Dakota and South Dakota. In total, the Dakotas' network of health center organizations provides care to more than 158,500 patients each year at 66 delivery sites in 52 communities across North Dakota and South Dakota.

Project Summary:

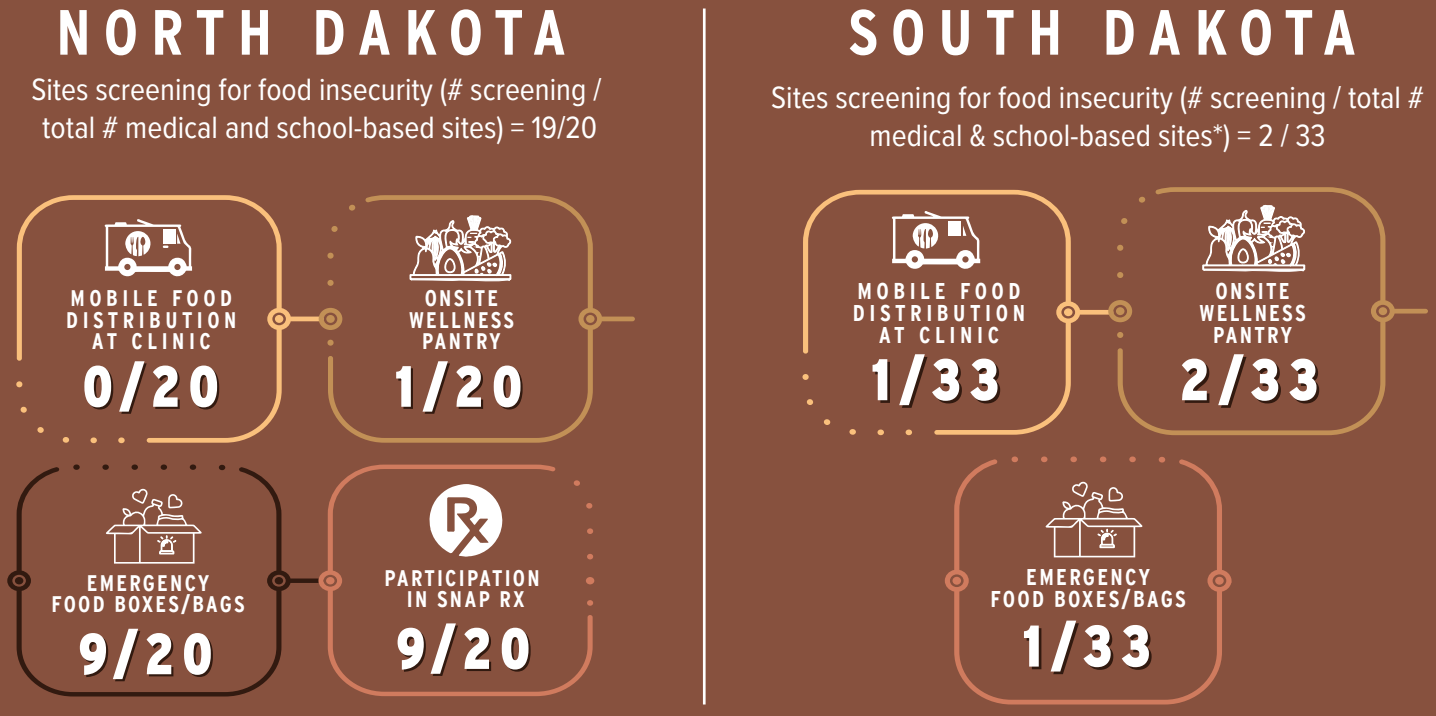
The goal of this project is to increase access to nutritious food for patients at health centers in the Dakotas by increasing the number of health center sites offering on-site food assistance of some sort. This intervention was designed to be coupled with referral and navigation into more sustainable food access supports, such as SNAP or other resources. The on-site food assistance is considered a "closed network," as it is not open to the general public, only to patients during or after a scheduled visit.

When the project kicked off in the fall of 2021, the food banks were observing a significant increase in food insecurity across both states. This was presumably due to pandemic job loss, illness and death of family members, and an increasing cost of living fueled by housing shortages. In the years prior, the Great Plains Food Bank had developed several health care interventions designed to address food insecurity. CHAD established formal agreements with both GPFB and Feeding SD to collaboratively increase access to nutritious food for health center patients.

Partner Roles:

- **Primary Care Association:**
  - Serve as project coordinator, acting as a liaison between health centers and food banks and facilitating monthly bi-state check-ins with both food banks.
  - Conduct an environmental scan to understand existing health center food programs and opportunities for expansion to additional sites. Make recommendations to food banks on expansion sites, based on feedback from health centers.
  - Offer training and coaching on SDOH screening, and provide technical assistance to health centers on workflow, data reporting, or other needs.
  - Provide financial support to food bank partners for the staff time spent on this collaboration (funds cannot be used to purchase food, but can be used to cover program development staff time).
  - Collect data and communicate the collective impact of collaboration on increasing access to food.
- **Food banks:**
  - Serve as the content expert in food insecurity, advising in the design of the environmental scan.
  - Provide food to participating health center sites at no cost and work with health centers to integrate their programming into the clinic setting.
  - Collect (and share with CHAD) monthly statistics on program usage.
  - Meet monthly with CHAD to identify opportunities for optimization.
- **Health centers:**
  - Safely store and distribute food to eligible patients.
  - Screen patients for food insecurity and develop a workflow.
  - Submit monthly data to food banks to ensure compliance with their data-tracking requirements.

This graphic displays the baseline results of the environmental scan conducted at the start of this project:



Since that time, six new emergency food bag sites have been established, one new wellness pantry site has launched, and one already existing emergency food bag site has transitioned to the new program model. In total, more than 9,500 pounds of food have been disseminated to health center patients through this collaborative project, which continues to be optimized and expanded.

Planning

Based on experiences implementing this project, we have broken down several steps in the planning process that are important to consider in food bank – health center partnerships.

Select an Intervention

There are a variety of intervention models for increasing access to food through primary care settings. These include referring patients to existing food bank programs and food pantries, hosting new food distribution programs (which is the focus of this toolkit), and connecting patients to SNAP, WIC, and other food programs. The health center case studies featured in this toolkit often utilize a combination of these approaches.

For example, the Great Plains Food Bank in North Dakota has developed three programs specific to health care partnerships:

- **Wellness Pantry:** Wellness Pantries are located in a clinical setting serving patients who screen positively for food insecurity. These pantries aim to support chronic conditions and malnutrition with healthy foods available to patients during clinic visits. On average, patients go home with about 20 pounds of fresh or frozen produce, low-fat dairy, lean proteins, and whole grain foods to help support positive health outcomes and improved food security. The pantries are stocked with foods that promote a healthful diet and are only available to patients with a clinic visit and a positive food insecurity screening. Wellness pantries include perishable items and require refrigeration.

- **Clinic Food Bags:** Pre-packed, shelf-stable food bags are provided to patients who screen positively for food insecurity. While not only directed at people experiencing severe chronic disease, these food bags help get immediate food assistance to people quickly. The food meets nutritional standards and is intended to serve as a bridge to additional supports within the community. We encourage noting which patients receive this food in their EHR to encourage follow-up or ongoing support.

- **SNAP Rx Referral Program:** At clinics across North Dakota, patients who screen positive for food insecurity are connected with the food bank's SNAP Outreach Team. SNAP, or the Supplemental Nutrition Assistance Program, formerly known as food stamps, is one of the strongest tools to lift households out of poverty. Through a case management- style approach, the SNAP Outreach Team determines patient eligibility for food stamps, assists with the application (and submits if appropriate), provides benefits navigation and referrals to other programs, in addition to connecting the patient with additional local food resources.

In addition, some health centers have successfully developed community gardens on their property and provided the fresh produce to patients and staff.

Photos description: At the Community Health Center of the Black Hills, staff started a community garden outside the health center. They grow fruits and vegetables and have planted several apple trees. They have found the most success by leaving fresh produce at the clinic entrance and welcoming patients and staff to help themselves.

Questions to help determine which intervention is right for your health center:

- Does your health center have a large patient volume at one central location or in one urban community?
  - Yes: Any of the above options could be appropriate, depending on other factors/questions.
  - No: If your health center is more rural, with multiple sites spread over a distance, starting with the shelf-stable clinic food bags is usually best. You could explore a Wellness Pantry (refrigerated items) at a specific site in the future after you have a better sense of the need/volume.
- Do you have an appropriate space with refrigeration?
  - No: Clinic Food Bags and/or SNAP Rx will be a better fit.
  - Yes: Depending on other factors/questions, the Wellness Pantry could be an option.
- Does your staff have the time and capacity to manage refrigerated items?
  - No: Clinic Food Bags and/or SNAP Rx will be a better fit.
  - Yes: Depending on other factors/questions, the Wellness Pantry could be an option.
- What food resources already exist in the community, and are these meeting the needs?
  - The food bank may be able to help answer this. For example, the Great Plains Food Bank develops community profiles for interested sites. One of these profiles is featured on the next page of the toolkit.

Clarify Goals and Key Roles

In any collaboration, it is important to clarify the goals and needs of each partner. The health center and the food bank should have a conversation about the desired outcomes of this partnership. What is the goal of the health center itself versus the food bank? What is important to each party to ensure success? What steps can be taken to ensure sustainability? What are the preferred and anticipated timelines? How will we maintain regular communication throughout the planning and implementation processes?

During this phase, it is recommended to engage key decision-makers and program managers or implementers whose teams will be involved. Key roles should include a core staff person or small team with whom the food bank can engage about stocking, statistics, and site visits.

> **Overall, the partnership has been very easy. They did come on-site in the initial phases, and that was helpful in identifying space, going over questions, and identifying the best starting point for workflows. There is no pressure to provide a certain amount of food bags or do a certain amount of screening. They have been very flexible and clear that whatever is provided is a positive benefit to the community.**
>
> *– Kayla Hochstetler, Social Services Manager, Spectra Health*

SAMPLE COMMUNITY PROFILE

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OVERVIEW

MEAL GAP

937
missing meals

SNAP RECIPIENTS

6.7%
of households

INDIVIDUALS SERVED in 2020

541
estimated

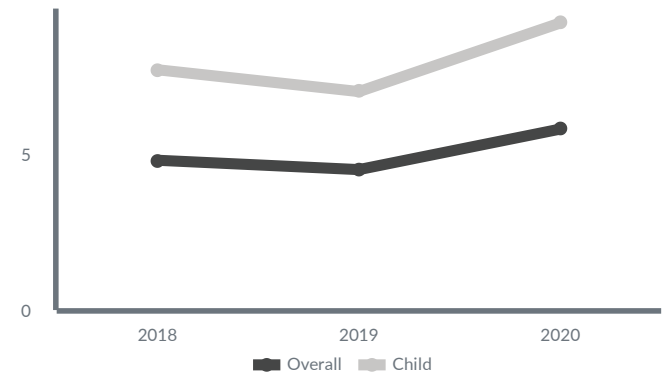
18.3%	Free/Reduced Lunch Rate
8.3%	Childhood Poverty
8.8%	Overall Poverty
22.7%	Children 0-20 Medicaid Recipients
192	WIC Participants

over 1/3 of households in need visited a Mobile Food Pantry Distribution

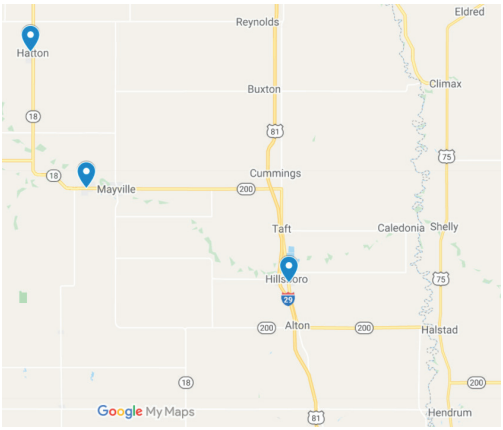
MOBILE FOOD PANTRY

One of the ways we assess the potential need in community is based on the attendance at Mobile Food Pantry Distributions. Throughout the year, we saw 456 families visit the MFP sites operated by GPFB in Traill County.

FOOD INSECURITY RATE BY POPULATION



CHARITABLE FOOD AVAILABLE



GPFB PARTNERS

Hatton Helping Hand
May-Port Food Pantry
Hillsboro Kiwanis Food Pantry
Backpack Programs in Mayville, Hatton-Eielson, Hillsboro Schools

ANALYSIS

The rates of childhood poverty, free and reduced lunch, WIC utilization, rates of uninsured children, and Medicaid utilization have all been on a downward trend over the last 10 years. This is promising news. It tells us that these sorts of interventions are working and with continued support and wrap around services, our collective vision of a hunger-free Traill County is within reach. Programs like SNAP Rx, Wellness Pantry, and creative community collaborations are key.

Define Your Metrics

Member food banks are required by Feeding America to track certain metrics regarding food distribution. This data is also used to substantiate the need for food assistance to those who volunteer, donate food or funds, and those who advocate for hunger relief programs through the food bank. It is important that the food bank and the health center jointly agree on the data metrics that will be tracked for this project and that a formal written agreement includes procedures, timelines, and roles for reporting metrics to the food bank. The PCA and/or HCCN may be able to provide technical assistance if challenges emerge regarding data reporting.

In this project, health centers submitted the following metrics to their food bank partner on a monthly basis:

- Total # patients seen
- Total # patients screened for food insecurity
- Total # of positive screens
- Total # accepting referrals
- # Served
- # Children (0 – 17)
- # Adults (18 – 59)
- # Seniors (60+)
- # Households
- # Pounds of food

Metrics are reported by health center sites, which is important so that food banks can track which communities are receiving the food. The data is also shared with the PCA.

In the future, the hope is that data can be further examined to understand the impacts of these interventions on health outcomes.

Select a Screening Tool

Prior to launching these interventions, a health center will want to select a food insecurity screening tool. Many health centers are already utilizing the Protocol for Responding to & Assessing Patients Assets, Risks, & Experiences (PRAPARE), and this tool includes a question on food insecurity. Some health centers have opted for the Hunger Vital Sign tool, which includes two questions specific to food insecurity. Both questionnaires have electronic health record (EHR) capabilities.

- **The material needs question in PRAPARE includes a food insecurity question:**

14. In the past year, have you or any family members you live with been **unable** to get any of the following when it was **really needed**? Check all that apply.

Yes	No	Food	Yes	No	Clothing
Yes	No	Utilities	Yes	No	Child Care
Yes	No	Medicine or Any Health Care (Medical, Dental, Mental Health, Vision)			
Yes	No	Phone	Yes	No	Other (please write):
	I choose not to answer this question				

- **The Hunger Vital Sign™ tool has two questions:**
  - In the past 12 months, we worried whether our food would run out before we got money to buy more.
    - Never True
    - Sometimes True
    - Often True
  - In the past 12 months, the food we bought just didn't last, and we didn't have money to get more.
    - Never True
    - Sometimes True
    - Often True

Patients responding "sometimes true" or "often true" to at least one question are considered food insecure.

Select a Screening Population & Frequency

A health center will also need to determine which patient populations they will screen for food insecurity and how often. A health center may start with a patient sub-population and expand from there. For example, Spectra Health initially launched PRAPARE screening with newly established medical patients. Overtime, they've gradually grown to include PRAPARE screening in medication-assisted treatment (MAT) intake visits, same-day appointments in social services, the first same-day appointment in dental, and chemical dependency evaluation visits. One halth center has considered testing our universal screening using Hunger Vital Sign. Anyone who screens positive would then receive a full PRAPARE (similiar to the realationship between the PHQ2 and PHQ9) could potentially enable expansion of screening to additional populations and frequency.

Questions to consider when selecting screening populations include:

- **Who will you screen?** You could think of this by patient population or by visit type. For example:
  - Universal (all patients)
  - Newly establishing patients
  - Medicaid and uninsured patients
  - Pediatrics
  - Behavioral health
  - Hypertension
  - Diabetes.
- **At which sites?**
- **How often will you screen patients for food insecurity?** For example:
  - Annually?
  - Every visit?

  Even if a health center selects annually in the workflow, it is useful to empower any staff to request a screening be completed at any visit based on the needs that staff are observing.
- **What is important to understand about the people you serve?** For example:
  - Are there cultural needs or preferences to keep in mind for food distribution?
  - Do patients have access to a microwave, can opener, cookware, and other supplies?
  - Do you expect that people experiencing homelessness will access your on-site food program? If so, visit with your food bank partner about lightweight, nutrient-rich options.

Develop a Workflow

After you have identified a screening tool and screening population, you will want to develop a screening workflow. Questions to consider when developing a workflow include:

- **How will patients complete the screening?**
  There are a variety of ways to administer the screening. This could include:
  - Via the patient portal prior to the visit.
  - Via a tablet or paper form upon registration/check-in.
  - Face-to-face conversation/interview in the exam room.

  For example, at Spectra Health, all screeners are done either on paper or on a tablet. A behavioral health professional is responsible for entering the data into the EHR on a weekly basis and initiating appropriate referrals. At Horizon Health Care, Inc., patient support services staff scrub for the target patient population on the primary care provider (PCP) schedule for that day, and the front desk staff provides a paper form to the patient for completion. A community health worker (CHW) follows up on positive screens.

  Health centers often wonder what the best way to administer the screening is. Focus groups with patients have shown that some prefer completing the form independently, while others appreciate a 1:1 interview going through the form. There is no "right" way, but health centers that have implemented screenings note that a standardized screening process is important so that patients do not feel stigmatized or singled out. It is also important to be mindful of staff capacity and time when designing a screening workflow.

- **When a patient screens positive for food insecurity, how will health center staff respond, and who will be responsible for the response?**

  It will be important to have a process in place to ensure that clinic staff acknowledge positive screens and offer the patient a referral to the on-site food assistance, whether that be a Wellness Pantry, food bag, or another option. The food should be provided to patients free of charge and without any additional stipulations. Health centers participating in this project have a range of staff responsible for responding – including CHWs, front desk staff, social workers, and others. This response should include offering follow-up resources such as a printed list of local pantries and finding out if the patient is eligible for SNAP or other programs but not enrolled.

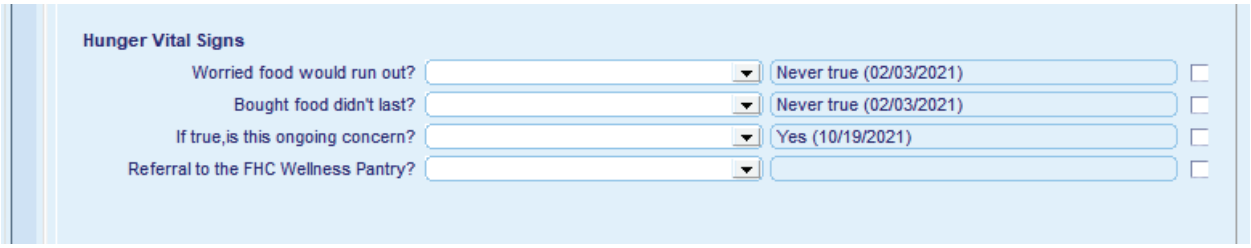
  Health centers have noted that it is best to provide the food to the patient the same day they screen positive, as trying to reach them after the appointment can be challenging. If needed, a follow-up appointment can still be scheduled for additional resource navigation. At Horizon Health Care, Inc., for example, the CHW provides the food bag immediately and then, when appropriate, schedules a follow-up appointment with the patient for SNAP enrollment or other more sustainable supports.

- **What will your intake and distribution process be for patients accessing the on-site food program?**

  In order to submit the required data to the food bank, your health center will need to develop a process for collecting that information from patients. The Great Plains Food Bank has developed a digital intake form that can be completed via a tablet or computer. In this case, all patients are required to complete the intake before receiving food, however, they may choose to remain anonymous if they prefer. Some health centers (Family HealthCare, for instance) utilize a paper intake process and enter the monthly data into a spreadsheet for the food bank. Either way, the confidentiality of patient information and data security is of utmost importance, and precautions should be taken to secure this data when not in use.

  For a sample patient intake form, see Appendix E: Patient Intake Form.

- **How will this be documented?** Ideally, referral to and use of the on-site food program will be documented in the EHR. This screenshot displays one example of how a health center is documenting the screening and referral to their Wellness Pantry in the EHR. In this example, the documentation could be improved by adding whether the patient did indeed accept the referral and food resources.



CHAD is also exploring the development of a dashboard to display on-site food program metrics in the population health management tool Azara. This would only work if the program intake questions were first captured as structured data in the EHR.

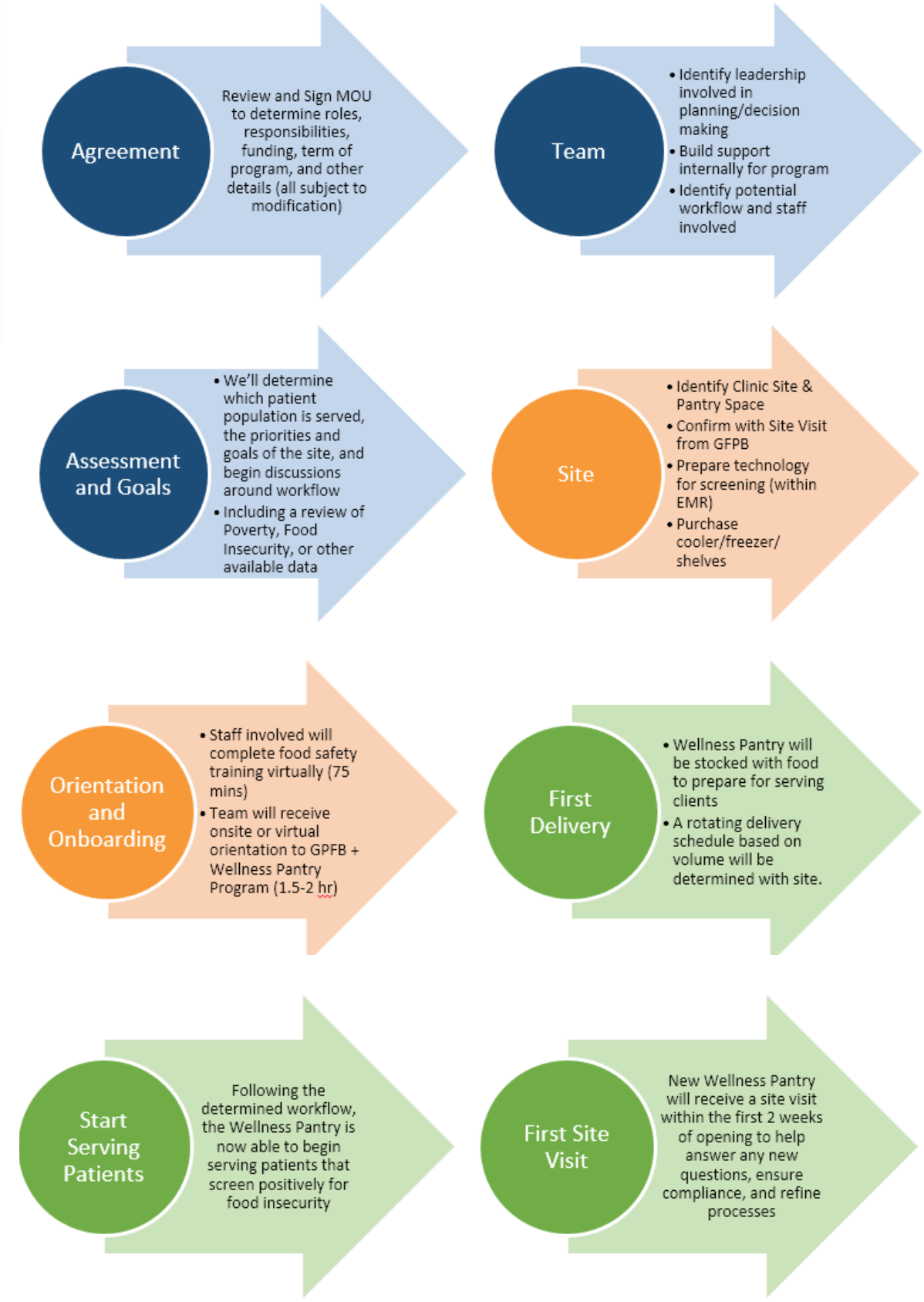
For example workflows, see page 22

Getting Started:

Now that you have clarified goals, selected an intervention, identified a screening population, and designed a workflow, it's time to get started! As you move toward implementation, here are some final details to explore:

- Review food safety requirements and ensure you have a plan for properly storing the food, monitoring for expiration dates, and ensuring cleanliness (the food bank can offer training and coaching on this).
- If you also have community members donating food, make a plan for how you will keep that inventory separate from the food bank stock.
- Create a schedule for food deliveries with the food bank and identify key contacts for delivery (sometimes the people managing the programs are not the same as the person who will be able to meet the delivery truck, etc.).
- Discuss how the food will be packaged. Will it be pre-bagged? Unbagged? This has been done in a variety of ways and may depend on the requirements of the food bank and/or preferences of the health center.
- Educate and orient staff to the new program, its eligibility and intake requirements, and workflow.

WELLNESS PANTRY PROGRAM WORKFLOW



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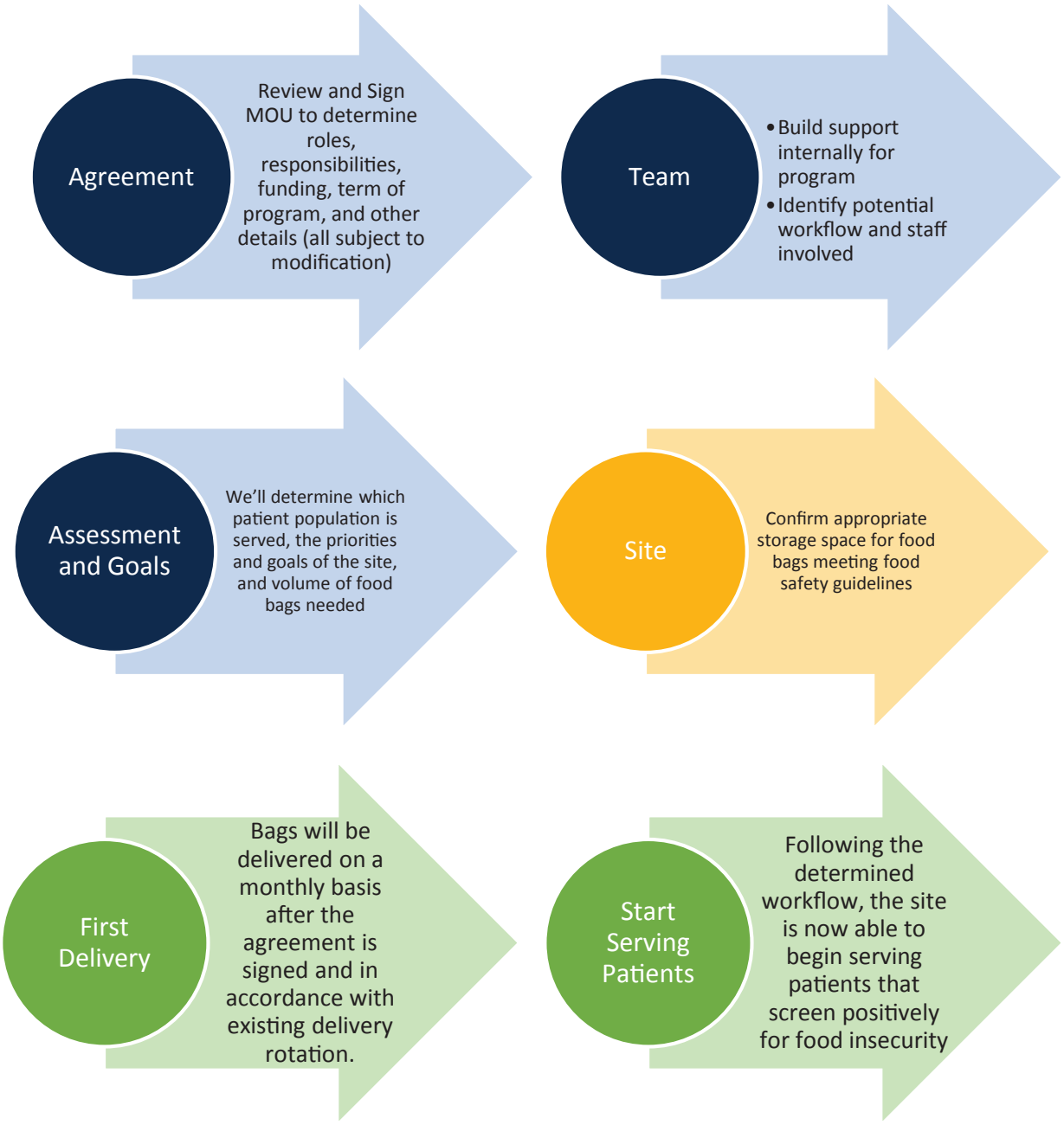
Ending Hunger 2.0

CLINIC FOOD BAG WORKFLOW



GREAT PLAINS FOOD BANK

Ending Hunger 2.0

Case Examples:

Family HealthCare

Family HealthCare hosts a Wellness Pantry, a program of GPFB. During the rooming process, nurses screen each patient for food insecurity using the Hunger Vital Sign screening tool. If positive, the patient receives a short paper form (which collects information on patient demographics, household size, and weight of food for tracking), which they bring to patient registration after their visit. Patient registration then provides a pre-made grocery bag of nutritious food, adding in a few refrigerated items as well. The service is meant as a temporary solution, and patients also receive information about WIC, SNAP, and other resources.

Horizon Health Care, Inc.

Through a partnership with Feeding SD, Horizon Health Care, Inc. launched an in-house food pantry for patients of its Yankton clinic. The pantry also offers personal hygiene items and adult and infant diapers. When a patient screens positive for food insecurity, the CHW will meet with them to understand their unique circumstances – what is their home situation? Do they have access to kitchen utensils, pots, pans, and can openers? Do they know how to cook? Based on that, the CHW will create a customized food bag for that patient. The CHW also provides a list of local food pantries and helps patients complete a SNAP application if they are eligible but not enrolled. Michelle, CHW in Yankton, finds that this first interaction also sets a foundation of trust for future work with the patient.

> **“I’ve always wanted to help people, so this is a great role for it. You can’t explain what it feels like to hand the bag of food to someone … their reaction is priceless. You can’t explain it, it just makes you feel good inside.”**
>
> *- Michelle, CHW*

Spectra Health staff in their clinic food bag storage area.

Spectra Health

Spectra Health hosts the clinic food bag program at both of its locations, one being more urban and one more rural. A team of social workers manages the program, which is provided by GPFB. In addition, Spectra Health staff maintain donated personal hygiene items in the clinic food bag storage area. Their screening workflow, described below, varies by appointment type. All PRAPARE screenings are completed on paper or on a tablet, and behavioral health staff is responsible for entering the data into the EHR on a weekly basis and initiating appropriate referrals. The team strives to respond to food insecurity needs before the patient leaves the clinic that day. Food bags are centrally located with a simple form that needs to be filled out when providing a food bag. Examples of screening workflow by visit type include:

- **Establish Appointments in Medical:** Behavioral health or social services staff meet with patients and do the screening during their medical appointment to introduce the integrated model of care as well as complete PRAPARE. Schedules are blocked in alignment with provider establishing appointments in the EHR.
- **MAT Intakes:** Social services meet with each new MAT intake to discuss insurance, the discount program, and conduct the PRAPARE screening.
- **Same-Day Appointments in Social Services:** Social services staff complete the PRAPARE screening during the appointment.
- **The First Same-Day Appointment in Dental:** A paper screener is given directly to the patient by front desk staff. Dental assistants or hygienists review for thoroughness and provide the food bag if appropriate.
- **Chemical Dependency Evaluations:** Licensed Addiction Counselors complete the PRAPARE screening during the evaluation. The majority of PRAPARE questions are already covered during routine evaluations, so the visit time remains about the same.

Lessons Learned & Looking Ahead:

Communication & Training

In addition to the initial planning process and staff orientation, partners are finding that it would be beneficial to maintain regular check-ins between the food banks and health centers as well as some level of recurring training. Even with the best planning, unexpected challenges arise, and regular communication makes these easier to navigate together. Staff turnover also means there is a need to bring new staff up to speed about program requirements to ensure compliance.

Screening

Through this project, several of the partners discovered that it is crucial to be screening a large enough percentage of patients to be identifying food insecurity needs. If the screening sub-population is quite small, it will be important to make a plan for how the health center will continue to expand screening to additional populations.

State-level Partnerships Increase Coordination and Effectiveness

The unique pairing of the food bank and the primary care association as partners in supporting health centers in this work has been beneficial in a number of ways. The food bank brings resources (actual food) and expertise that the primary care association does not typically carry in-house, and the primary care association can be a vital partner in identifying health center host sites, communicating with health centers, and leveraging existing coaching and technical assistance to troubleshoot implementation challenges. For instance, when issues with pulling data correctly arise, CHAD would notify the internal HCCN staff so that this could be integrated into existing data coaching. Similarly, CHAD provides coaching and training on screening for food insecurity and other social drivers of health. This project can integrate smoothly into that existing work. A key component of this partnership has been monthly bi-state check-in calls between CHAD and the two state food banks.

Looking ahead

One question remaining is which of the various food insecurity screening tools is most effective in identifying food insecurity. Anecdotally, it seems that the more involved Hunger Vital Sign questions may better identify food insecurity, however, more research on this would be helpful. A primary goal for continued improvement of this current project is the expansion of screening to additional populations. In addition, efforts are needed to explore sustainable and scalable funding models if this approach is to be expanded.

When asked what additional resources, supports, and partnerships are needed in order to better address food and nutrition among their patients, health centers had these suggestions:

- Easily accessible community kitchens and gardens;
- High-quality, nutritious food at food pantries and other free food resources; and,
- Increased SNAP benefits and reduced barriers to SNAP benefits (such as complicated applications and verifications, work requirements, etc.).

> **Do it. It does not have to be perfect to start. The data will tell your patient and health center story in a compelling way that is likely currently missing. It is not easy, but it is important and beautiful work.**
>
> *– Kayla Hochstetler, Social Services Manager, Spectra Health*

APPENDIX A: Frequently Asked Questions

Q: What is the difference between a food bank and a food pantry? Which describes my program?
A: A food bank solicits, collects, stores, and distributes product to a variety of nonprofit food programs, including food pantries. The Great Plains Food Bank is the only food bank in the state of North Dakota, and Feeding South Dakota is the only food bank in the state of South Dakota. A food pantry distributes food/product to those in need. Pantries are located throughout both states.

Q: How much product should I give out?
A: As much as you can! You can't feed hungry people by keeping food on your shelves. Many pantries have shifted to client-choice distribution models where clients actually pick their items, like in a grocery store. After all, who knows their personal situation/likes/dislikes better than the client? For more information on client-choice food pantries, visit with your food bank partner.

If you give out pre-packed boxes or bags, ensure you give enough food for balanced, nutritious meals. Perhaps your program wants to give a week's worth of food; the general guideline is 40 lbs of food for every 1-2 persons in the household.

Q: What if I have a problem with a product I received?
A: Give the food bank a call right away. If it is a food safety issue, it is imperative they find out immediately. The sooner they can address the problem, the better.

Q: The dates on the foods appear to be passed. Is the food still safe to distribute?
A: Yes. One of the most common reasons the food bank receives donated product is because it is nearing its code date. A "code date" is NOT an expiration date; it is simply a best-by date that manufacturers put on a product to ensure people purchase it while it is at its peak freshness and flavor. In fact, manufacturers are not required to put an actual "expiration date" on their product. Most items are still nutritious and safe to eat long past their "code date." If you have concerns about a product, please use the Food Keeper Resource Guide or call your food bank partner. The Great Plains Food Bank also has postcards available for North Dakota clinic partners to hand out and educate clients about code dates.

Q: Why can I not repackage food?
A: Repackaging/repacking food items is strictly prohibited for food safety reasons. Food safety is compromised when a package is opened and people handle it. The Good Samaritan Food Donation Act only protects you if you adhere to strict food safety and proper handling.

It is NOT allowable to open any package of food to split or divide it. If you receive bulk items by mistake, immediately call your food bank partner.

Q: Why is there not more meat or cereal on the list? I saw it on there last month; why is it not there now?
A: Because food banks rely on product donations, they cannot predict or guarantee what product will be available every month. When they receive items of a small quantity, they may limit what an agency can order to ensure the product is accessible to more agencies.

APPENDIX B: Wellness Pantry Program Distribution Guide Example

	HH Size 1-2	HH Size 3-4	HH Size 5+
Grains	2	3	4
Fruit	3	3	4
Vegetables	4	4	5
Dairy/Eggs	1	2	3
Protein (Meat and Non-Meat)	2	3	4
Other	Use your discretion as "other" items are available.		

APPENDIX C: Food Storage & Handling Requirements – Example

Food storage areas must provide protection from weather, fire, theft, and pests. Aisles between pallets must be wide enough to provide easy access for inspection, inventory, and pulling of product. These practices include, but are not limited to:

- □ Store food off of the floor. [Recommended 6" (inches) off floor.]
  - Keep on pallets, platforms, or shelves.
- □ Store food away from the walls. [Recommended 4" (inches) from wall.]
  - For air circulation and pest control.
- □ Store food 18" (inches) from the ceiling.
  - To avoid high temperatures at the ceiling.
- □ Store non-food items separately.
  - Non-food items (cleaning supplies, personal care items) must be kept separate from food items, with the exception of paper products. (Cleaning supplies, personal care items could leak and spoil the paper products)
  - Paper items (paper towels, toilet paper) should be stored with food items.
- □ Clean floors, pallets, and shelving regularly.
  - All areas should be swept and mopped regularly.
  - Clean spills immediately.
  - Sanitize shelving regularly and discard contaminated pallets.
- □ Keep doors, windows, and roofs well sealed.
  - To prevent pest entry and water damage.

- ☐ Maintain a pest control plan.
  - Have a plan for pest control.
  - Poison must not be used; traps and glue boards are recommended.
- ☐ Maintain equipment regularly.
  - Check freezer and refrigeration units for refrigerant or water leaks.
- ☐ Maintain proper temperatures in all storage areas.
  - Thermometers should be kept in freezers, refrigerators, and dry storage areas and checked regularly.
- ☐ Dry food storage
  Dry or canned goods must be stored as outlined previously and must be kept:
  - In a cool area between 41 and 70 degrees Fahrenheit; and,
  - Away from direct sunlight.
- ☐ Cold food storage
  Products requiring refrigeration or freezing must be stored as outlined previously and must be kept:
  - In a refrigeration unit kept at 35 – 40 degrees Fahrenheit;
  - In a freezer unit kept at or below 0 degrees Fahrenheit;
  - With enough space to allow for good air circulation; and,
  - In a clean and well-maintained unit.
- ☐ Stacking product
  Basic rules for stacking products are:
  - Limit the height of the stack to protect food on the bottom layers from being crushed;
  - Cross-stack cases on pallets to ensure the stack will be sturdy and solid (to avoid tipping when moved); and,
  - Discard any cans that are too damaged to stack straight.
- ☐ Stock Rotation
  To help assure the quality and freshness of Food Bank products, the "First In – First Out" (FIFO) method should be used. Food should be stored and distributed to use cases with the oldest received dates first. It is a good idea to date each case of product you receive as it comes in; this way, you will know what needs to be used first.
- ☐ Damaged product
  Product received from the food bank that is contaminated, deteriorated, spoiled, infested, or contains latent defects – such as bulging cans or cans with sharp dents and rust on the seams – must be immediately reported to your food bank contact.

APPENDIX D: Personal Cleanliness Guidelines - Example

- ☐ What to Wash
  - Hands
  - Countertops, Shelves, Pallets, Floors
  - Towels and Cleaning Cloths
- ☐ When to Wash
  Before:
  - Handling Food
  - Preparing Food
  - Serving Food

  After:
  - Using the Bathroom
  - Preparing Food
  - Serving Food
  - Handling Raw Meat
  - Handling Dirty Dishes or Utensils
  - Handling Garbage
  - Eating, Drinking, or Smoking
  - Touching Other Parts of your Body: Nose, Mouth, Hair, and Skin

- ☐ Washing Hands

  Basic Rules for Hand Washing Include:
  - Use soap and hot water;
  - Wash for at least 20 seconds (about how long it takes to sing Happy Birthday);
  - Wash between fingers and under nails;
  - Dry with a single-use towel; and,
  - Use a single-use towel to turn off the faucet.

APPENDIX E: Patient Intake Form

WELLNESS PANTRY

Patient Intake

** REQUIRED for Access to Wellness Pantry **

Welcome to the Wellness Pantry at Family Healthcare, a program of the Great Plains Food Bank.

By continuing with this intake form, you are confirming that you're providing this information voluntarily and that it is accurate to the best of your knowledge. Information will be used by the Great Plains Food Bank to make program improvements.

1) Have you visited this Wellness Pantry in the last 30 days?
   - ☐ Yes
   - ☐ No
   - ☐ Unsure

2) Have you visited any community Food Pantry in the last 30 days?
   - ☐ Yes
   - ☐ No
   - ☐ Unsure

3) Have you visited any meal site (Salvation Army, Churches United, etc) in the last 30 days?
   - ☐ Yes
   - ☐ No
   - ☐ Unsure

4) How old are you? _____

5) What zip code do you live in? _____

6) How many children (0-17) are in your household?
   Put a 0 if there are no children in your household.

   _____

7) How many adults (18-59) are in your household? **Count** yourself if you fall within this age range.
Put a 0 if there are no adults in this age range in your household.

_____

8) How many seniors (60+) are in your household? **Count** yourself if you fall within this age range.
Put a 0 if there are no seniors in this age range in your household.

_____

9) Has a doctor or health professional ever told you that you have any of the following conditions? Please check all that apply.

- ☐ No chronic conditions
- ☐ Type 2 Diabetes
- ☐ Heart Disease
- ☐ COPD
- ☐ Stroke
- ☐ Kidney Disease
- ☐ Mental health condition
- ☐ Prefer not to respond
- ☐ Other: _____

10) What things make it difficult for you and/or your family to purchase nutritious food? Check all that apply.

- ☐ Cost, "healthy" foods are too expensive
- ☐ Availability, there aren't store that carry nutritious food near me
- ☐ Transportation
- ☐ Other: _____

11) Do you or anyone in the household receive SNAP (food stamps) benefits?

- ☐ Yes, currently receiving benefits
- ☐ No, have never received benefits
- ☐ I did in the past, but am no longer eligible
- ☐ I did in the past, but no longer need benefits
- ☐ Other: _____

USE SCALE TO WEIGH FOOD AND INPUT WEIGHT HERE

Please enter the weight of today's food distribution: _____