

Healthy Food Distribution at Information Outposts: A Patient Engagement Strategy



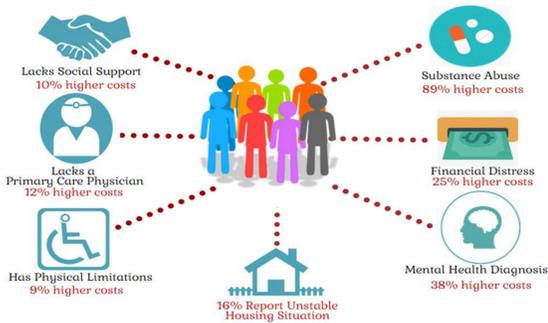
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Project Goals

- To create an integrated population health model of community partnership that addresses social & health needs.
- To use “food” as an innovative strategy to engage “food insecure” patrons in Health Programming
- To address “What Matters” most to the people we work with and meet our patients where they are at.

Background

Communities and individuals with greater social needs have higher healthcare costs, higher disease prevalence, and worse health outcomes.



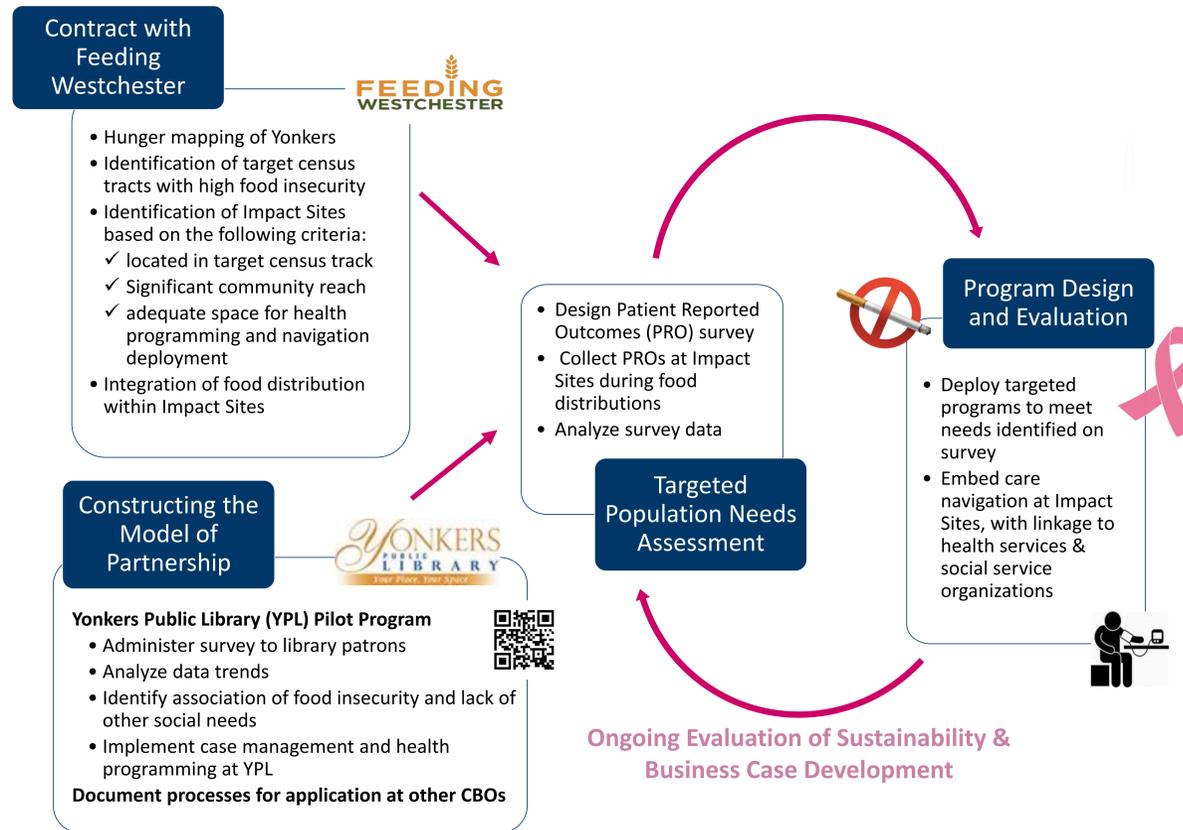
An increased emphasis on upstream factors that contribute to health outcomes, or Social Determinants of Health (SDH), is critical as health systems transition to value-based payment. Leveraging its relationships with CBOs (including Feeding Westchester), the Montefiore Hudson Valley Collaborative (MHVC) is testing innovative models to address the social and medical needs of the community.

Hunger Mapping conducted by Feeding Westchester found that 8 census tracts in Yonkers NY accounted for 10% (1.80 million food pounds) of Westchester county's total annual “meal gap”. The prevalence of food insecurity in these tracks was 19% (n=44,805).

City	Tract #	Zip Codes in Tract	The Gap (Food lbs needed before Distribution - 2015 MMG)	Food Insecure Rounded	Median Income	Pop	Poverty Rate	Unemployment Rate	
YONKERS	103	10701, 10705	241,500	1,150	\$32,122	5,609	37.4%	7.5%	
	201	10705	248,850	1,185	\$36,344	7,309	20.9%	15.7%	
	300	10701	189,210	901	\$27,384	4,869	28.6%	12.6%	
	401	10701	152,670	727	\$41,536	3,689	29.7%	8.2%	
	500		150,570	717	\$17,533	3,316	0.38	0.147	
	600	10701, 10703	306,390	1,459	\$36,051	7,559	26.6%	11.7%	
	1102	10701, 10705	190,260	906	\$29,907	4,896	30.0%	11.1%	
	1303	10705	319,200	1,520	\$36,532	7,558	36.2%	16.0%	
	Totals:			1,798,650	8,565		44,805		



Methods



Yonkers Public Library Pilot

MHVC funded an innovation pilot project at the Yonkers Public Library that integrated a case manager to link patrons to SDH resources and primary care. With the goal of identifying health gaps, patrons were surveyed regarding SDH stressors and health needs. Based on survey analysis, targeted health programming is being implemented at the library.

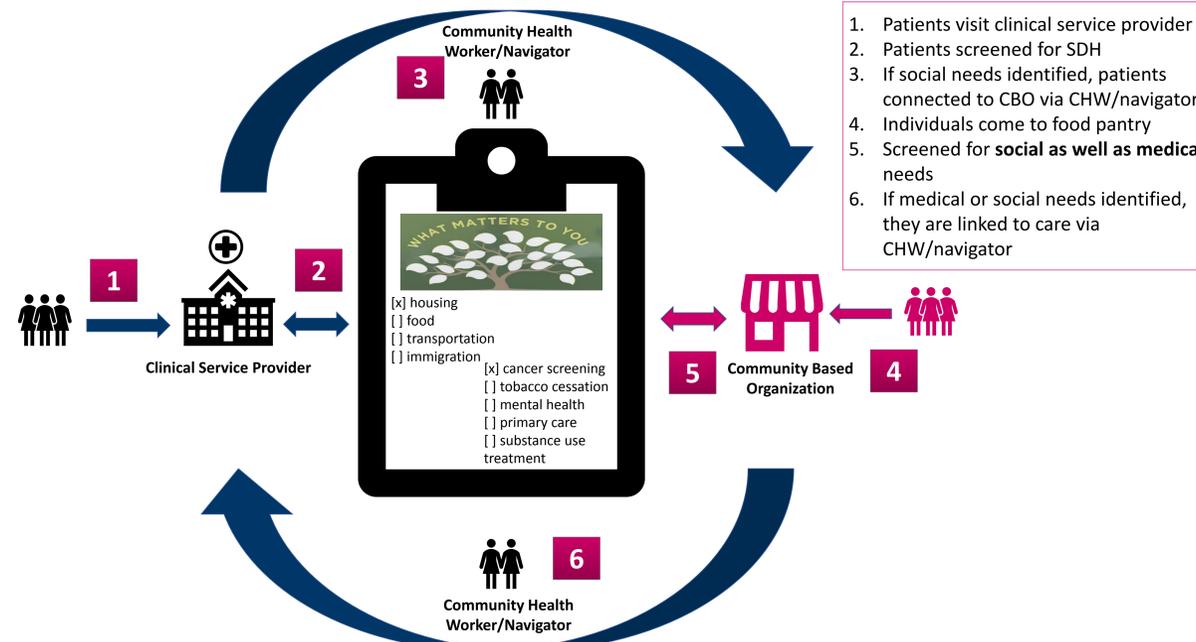
Analysis of social needs revealed that 25% of survey respondents had been unable to get adequate food when needed over the past year. The table below highlights the association between social needs and food access. The odds of experiencing stress* related to social needs were higher among those with inadequate access to food. For example, those with inadequate access to food were:

- 9.6 times as likely to have stress related to transportation
- 6.1 times as likely to have stress related to their housing/living situation
- 2.2 times as likely to have stress related to getting proper medical care

Odds of stress related to social needs by access to food				
	Adequate food access	Inadequate food access	OR	p-value
Transportation	.11	1.05	9.60	<.0001
Using public services	.14	1.26	8.84	<.0001
Crime and violence	.05	.38	7.21	<.01
Housing/living situation	.69	4.25	6.12	<.0001
Serious injury, illness or death of someone close	.16	.86	5.56	<.0001
Neighborhood Environment	.20	1.05	5.29	<.0001
Money or finances	.58	2.91	4.98	<.001
Relations with racial/ethnic groups other than your own	.06	.29	4.73	<.01
Social life, social activities, friendships	.08	.37	4.60	<.01
Job Situation	.57	1.93	3.41	<.01
Substance use or drugs	.04	.11	3.29	.33
Immigration	.04	.11	3.11	.40
Experiences of racism/discrimination	.12	.33	2.80	.01
Relations with police	.10	.26	2.60	<.01
Marriage or romantic relationships	.17	.40	2.31	.28
Raising children/being a parent/problems with children	.14	.30	2.23	.41
Getting proper medical care	.23	.50	2.21	.03
Physical health	.24	.50	2.13	.04
Education	.31	.56	1.81	.47

* Stress defined by “Extreme stress” or “A lot of stress”

Conceptual Model



Discussion/Future Directions

The creation of “Information Outposts” at local CBOs is a promising strategy to address social needs and provide linkage to medical services for high risk community members. Given the significant overlap of food insecurity with other social needs in this community, designing integrated programs at food pantries allows for initial engagement around a patron’s priority social need (i.e. food), while also addressing comorbid medical and additional SDH. We hypothesize that the creation of targeted health programming and case management in this context will meet patients where they are at, both literally and figuratively, by addressing what matters most to them at a particular point in time.