



# Illinois Partnership for Childhood Nutrition Security

Sponsored by the Illinois Chapter,  
American Academy of Pediatrics  
(ICAAP)



## Illinois Partnership for Childhood Nutrition Security

The purpose of the **Childhood Nutrition Security Project** is to foster collaboration between pediatricians, state food delivery, and family support partners to improve pediatrician food insecurity screening, referral mechanisms, and resource delivery to families.

The Partnership will create and implement a **collective impact plan** to advance childhood nutrition in Illinois.

<https://illinoisAAP.org/childhood-nutrition-security/>





## ICAAP Food Security Work Group Team

**Maggie Chen**, ICAAP MPH Intern, Family Advisor

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**Mary Elsner, JD**, Director, Health Equity Initiatives, ICAAP Staff

**Vera Goldberg, MD, FAAP**, Primary Care Pediatrician, Aunt Martha's Health & Wellness

**Cayla Iwaniuk, MPH**, ICAAP Health Equity Initiatives Coordinator

**Zohra Moeenuddin, MD, FAAP**, University of Illinois College of Medicine - Peoria, Heartland Health Services

**Alisa Seo-Lee, MD, FAAP**, Cook County Health

**Jabari Taylor**, ICAAP MPH Intern

**Alexandra Vaughn**, Family Advisor

# Project Partners

## Government Agency

Chicago Department of Public Health

Chicago Public Schools

Cook County Health

Illinois Department of Human Services

Illinois State Board of Education

Southern 7 Health Department

SNAP Education, University of Illinois Extension

Tazewell County Health Department

## Healthcare System

ACCESS Community Health Network

American Heart Association

Ann and Robert H. Lurie Children's Hospital of Chicago

Erie Family Health Centers

Esperanza Health Centers

Heartland Health Services

Illinois Academy of Nutrition and Dietetics

OSF Healthcare Children's Hospital of Illinois

PCC Community Wellness Center

Proviso Partners for Health: Veggie Rx

Southern Illinois University School of Medicine

UIC Office of Community Engagement and Neighborhood Health Partnership

## Local Food Initiative

Chicago Food Policy Action Counsel

Experimental Station

Illinois 4-H Food Security Communities

Peoria Grown

## Food Bank / Pantry

Beyond Hunger

Catholic Charities of Archdiocese of Chicago

Feeding Illinois

Greater Chicago Food Depository

Marillac St. Vincent Family Services

Midwest Food Bank

Northern Illinois Food Bank

## Public Health

Illinois Public Health Association

Illinois Public Health Institute

## Home Visiting / Daycare

Start Early

Illinois Network of Child Care Resource and Referral Agencies

# Overview of Collective Impact Plan Tasks

**Goal 1:** Build collaboration and consensus to address food insecurity in Illinois

**Goal 2:** Build Chapter capacity to promote training and resources and pediatrician efficacy to address food insecurity and connection to local food resources

**Goal 3:** Implement collective impact plan to improve screening and family connections to food resources



## Dec Meeting #1

- Validate assets for promoting food security
- Identify best practices

## Jan Meeting #2

- Prioritize best practices to pilot or scale
- Agree upon metrics and shared data
- Draft our collective plan

## Feb Meeting #3

- Refine the collective impact plan
- Develop specific plans, outputs, and metrics

# Today's Session Outline

## Best Practice Presentations: 20 minutes

- **Food Insecurity Screening in Healthcare**  
Erie Family Health Centers  
Esperanza Health Centers
- **Community Connections**  
Tazewell County Health Department (HEAL partnership)
- **Access to Public Benefits/Resources**  
Illinois Department of Human Services  
Greater Chicago Food Depository
- **Caregiver/Family viewpoint:** Ms. Alexandra Vaughn

## Best Practices to Prioritize: 15 minutes

## Breakout Sessions: 30 minutes

- **Healthcare**
- **Community Connections**
- **Resources**

## Wrap-Up: 15 minutes

# Social Determinants of Health (SDOH) at Erie Family Health Centers

- FQHC with locations in Chicago, Evanston, Waukegan
  - Serve 80,000 patients annually
  - 5 school-based health center
  - 1 teen health center
  - 7 large primary care sites
  - 47% of patients are under the age of 19
- SDOH team/program created April 2020 in response to COVID
  - Team structure: 1 Coordinator, 3 Social Determinants of Health Navigators, 1 AmeriCorps Service Year Member

# Process

- SDOH two-part screener in all visit types; medical, nurse, behavioral health, etc (housed in electronic medical record)
  - Asks patients if they need help with resources (eg: food, housing, behavioral health, baby items)
  - Asks *how* they would like to be connected to resources (phone, email, or text)
    - **Text/email** is a set list of commonly requested resources and link to NowPow
    - **Phone call** with SDOH team member, talk through needs and complete 8 question questionnaire (asks about housing, food, baby items, transportation to medical appointments, behavioral health)
- SDOH team receives data report with all patient data and conducts outreach



# Addressing Food Security

- Erie partners with Top Box Foods
  - With grant funding raised by Erie's development dept, SDOH team sends 1-time Top Box deliveries to patients' homes (identified during SDOH outreach)
- SDOH team enrolls patients in SNAP
- SDOH team utilizes NowPow to send patients food resources in their community (food pantries, soup kitchens, meal delivery services, etc)

# Esperanza VeggieRx Program

- Windy City Harvest VeggieRx Goals
  - Increase vegetable consumption for SNAP/LINK enrolled individuals with diet-related illnesses
  - Eliminate or reduce barriers around fruit and vegetable consumption
  - Build awareness about farmers' markets
  - Improve health outcomes for all participants
- Located in Chicago's Brighton Park neighborhood practice site
  - Every Thursday
  - Runs from February 17, 2022 until December 15, 2022  
1:30pm-4:00pm

# Screening, Referral & Enrollment

- Pediatrician uses 2-part hunger vital sign screening tool to identify referrals to the program
  - Patients can either be referred to the program by a pediatrician or they can register by presenting a link card (EBT) or PEBT card
  - Registration is completed on site to be enrolled
  - No need to be a patient of Esperanza Health Clinic
- \* Program is open to the PUBLIC if they have EBT or PEBT card \*



# Addressing Food Security

- What do patients receive?
  - Produce box containing 8-10 items and coupons to use at the farmer's store/stand
  - Information on Cooking demos and nutrition virtually via Facebook group/live; YouTube videos in Spanish
  - Once patients are enrolled, they can come back every week during our hours and receive a produce box and coupons
- Windy City Harvest Veggie Rx website:  
<https://www.chicagobotanic.org/urbanagriculture/veggieRx>



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# Overview of Best Practices

Healthcare/Good Nutrition	Community Connections	Resources
<p><u>Social Determinants Screening/linkages</u></p> <ul style="list-style-type: none"><li>• Voucher Program (healthcare and community collaboration)</li></ul>	<p><u>Partnerships</u></p> <ul style="list-style-type: none"><li>• Housing Authority</li><li>• Summer Feeding programs</li><li>• Services to children living in low-income households</li></ul>	<p>SNAP ISBE sponsored training</p>
<p><u>Staff Competency</u></p> <ul style="list-style-type: none"><li>• Screening and enrollment referrals</li></ul>	<p><u>Improving Access</u></p> <ul style="list-style-type: none"><li>• On-Site Produce Boxes (e.g. pregnant women and children)</li><li>• Home Delivered Meals/Food</li><li>• Mobile Pantries</li><li>• Produce Pop-ups</li></ul>	<p>4-H Action academy curriculum and food security services projects</p>
<p><u>Increased Nutrition of Inventory Guideline Adoption</u></p> <ul style="list-style-type: none"><li>• Food Banks/Pantry</li></ul>	<p><u>Community Voice</u></p> <ul style="list-style-type: none"><li>• 4-H thrive model emphasis on youth voice</li></ul>	<p>Expand family online resources</p>

\*Examples are listed by bullet points

# Healthcare/Nutrition

## Best Practices

- **Create onsite food pantries** in the clinic
- **Provide food/nutrition prescriptions** and partner with food suppliers
- **Create voucher program** in conjunction with healthcare and community-based collaborative
- **Increase access to nutritious emergency food** within foodbanks and food pantries through food policy guidelines
- **Increase screening for food security and/or social determinants of health**
- **Increase staff competency** on enrollment referrals of WIC & SNAP and general awareness of accessibility/affordable food programs
- **Increase nutrition education to patients** through partnering with organizations, provide food recipes and chef/dietician-lead courses

# Community Connections

## Best Practices

- **Create non-traditional partnerships** to provide improved local food access
  - Housing Authority, Summer Feeding programs, Services to children living in low-income households improving access
- **Increase food access through the following:**
  - On-Site Produce Boxes (e.g. pregnant women and children), Home Delivered Meals/Food, Mobile Pantries, Produce Pop-ups
- **Incorporate youth and family voice**
  - 4-H thrive model; ensure approaches are developmentally and culturally appropriate
- **Communicate needs to food suppliers/distributors** to target hotspot locations where resources could best be used
- **Incorporate producer community voice:** Farmers/growers should have the opportunity to be a part of the conversation as they often supply food donations to pantries/banks



# Resources

## Best Practices

- **Increase utilization of WIC and SNAP benefits:** Partnering with organization to do WIC/SNAP outreach, have food pantries and community health workers ask about WIC/SNAP and screen families, community health workers to help with the application process
- **Expand online food resources for families:** it might be useful to determine how online resources are currently being used and how the platform can be improved; provide information about emergency food systems if they fall short of qualifying for SNAP
- **Improve access to good nutrition using WIC and SNAP:** Experimental station's Link Match program for SNAP recipients
- **Ensure food is culturally appropriate:** food fits within their cultural definition of "good nutrition", have workers who looks like the target population in the help system



## Choose your breakout room

<b>Breakout room #1</b>	Healthcare
<b>Breakout room #2</b>	Community Connections
<b>Breakout room #3</b>	Resources



## Breakout Room Reports

1. Which best practices should be **prioritized** of those identified by the larger group?
2. How should the best practices be **piloted/trialed**?
3. How will **progress or success** be measured? (metrics, shared data)



## Formative Feedback

### Poll:

Rate the project on collaboration and consensus on a scale from 1 (Very Unsatisfied) to 5 (Very Satisfied).

### Chat:

1. How can we make the project more collaborative?
2. How can we improve project consensus?

# Please Register for Collaborative Meeting #3

## February 17, 2022 at 11-12:30pm



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Registration Link:

<https://us06web.zoom.us/meeting/register/tZMsdOmsrjkoHNZorPb-0bvsGcxBYGBfrphD>