**School-Based Health Center Learning Network 2022 Grantee Summary**

Project Background

In February 2022, Share Our Strength’s No Kid Hungry, in partnership with the School-Based Health Alliance (SBHA), launched a learning network and grant opportunity supporting integration of food access in school-based health center settings in an effort to address healthy food access as a social driver of health. The learning network served as a venue to learn, share, and work together to improve the coordination, quality, and integration of clinical care with food assistance and access.

Grantee Profile and Reach

From February - December 2022, 16 school-based health centers (SBHC) participated in the food security learning network and piloted food security interventions in their health center and/or school setting. The SBHC’s involved in this project were located across 12 states: GA, MD, LA, WV, AR, MI, WA, NY, IL, CO, OH, and FL. Over the course of the one year grant period, these centers reached over 5000 youth and their households with a variety of food security interventions, detailed below.

Interventions (# of SBHC)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Food Insecurity Screening (11)** | **Referrals to food programs (9)** | **Food Pantry (8)****Food Bags (6)** | **Food or Meal Delivery (6)** | **Grocery Gift Cards (6)** |
| **Nutrition Education (9)** | **Community food events (4)** | **Farmers Market****(4)** | **Produce Vouchers (2)** | **Onsite Garden (3)** |
| **Snack program****(3)** | **Clinical Nutrition visit (1)** | **Hot Meals (2)** |  |  |

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## Significant Program Outcomes

Despite challenges in collecting data over the course of the short planning and implementation timeline, SBHCs that were able to collect data reported significant outcomes for families.

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| --- | --- |
|  | **1207** households screened for Food Insecurity & **115** families referred to SNAP.  |
|  | **212** households reported **improved food security**.  |
|  | **158** individuals reported improved dietary health measures |

In addition to these data points, SBHCs also reported numerous program outcomes that were significant to the SBHC, school community and families:

* **Increased access to healthy foods** for families through establishment of a novel access point, increased service locations or community partnerships.
* **Improved SBHC process for screening and referring** families to resources, in addition to increased awareness of available resources by staff and families.
* **Increased awareness and use of SBHC services** through food security outreach and access initiatives.

**Community Engagement**

## SBHCs involved students, families, the school and other community partners in a variety of ways.

* Needs assessment and planning for food security interventions.
* Soliciting feedback from families through surveys, email or text correspondence and at food distribution events.
* Youth advisory committees or youth intern engagement.

SBHCs acted on feedback to implement fewer stigmatizing programs and processes, identify food preferences and needs, and understand interest and usefulness of program components.

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## Challenges and Lessons Learned

**Challenges faced by families and youth:**

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| --- | --- | --- | --- |
|  |  |  |  |
| **Cost of Food** | **Transportation** | **Limited access to retailers or variety.**  | **Stigma around accessing resources.** |

**Challenges encountered by SBHCs integrating food security interventions into services:**

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| --- | --- | --- |
|  |  |  |
| **Training & Staff Resources** | **Implementation learning curve (time & capacity)** | **Screening & Identifying families. Adopting new workflows.**  |

**SBHCs employed a variety strategies to overcome these challenges:**

* Understand existing resources and collaborate with partners.
* Bring families and youth into the process as a way to address stigma. Normalize food access by connecting it to health services at the SBHC.
* Utilize technology to streamline screening and referrals in the workflow. For example, integrate food security screening in EHR or use social needs referral platforms.
* Bring resources to where students and families are: snacks in the classroom, food delivery at bus stops, mobile markets and meals at school events.

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## Successes

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| --- | --- | --- |
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| Identifying and Elevating food needs in the community. | Partnership Development and coalition building.  | Developing closer relationships with families to address other needs.  |
| Training and increasing staff awareness of resources.  | Centralizing food resource information and connection.  | Increasing connection and use of SBHC health services.  |
| Establishing new food access points in the community. | Strengthening school & SBHC partnership.  | Student Involvement in planning & implementation. |

## Ongoing Needs for Support

* Making connections with food resources and partners, outside of the organizations SBHC’s traditionally work with.
* Standardizing training for staff and establishing best practices for screening and data collection specifically in SBHC settings and integrating with primary care workflows.
* Training and resources to further engage and empower students and families, while reducing the stigma surrounding food resources.
* Nutrition education resources and integration of food security resources with clinical nutrition visits.

**For Questions about this project, please contact:**

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**To learn more about this project and lessons learned, check out the Toolkit:**

[Emerging Models and Resources to Address Food Insecurity in School-Based Health Centers](https://tools.sbh4all.org/no-kid-hungry-toolkit-home/)