CASE EXAMPLE

OHIO SCHOOL-BASED HEALTH ALLIANCE FOOD ACCESS LEARNING NETWORK

HealthSource of Ohio: Screening, Referral and Follow up

Background

HealthSource of Ohio (HSO) is a private, not-for-profit community health center that provides comprehensive primary care to over 90,000 active patients across eight counties. HSO offers family medicine, pediatrics, OB/GYN, dental, behavioral health, vision, and pharmacy services. Over the last 48 years, HSO has grown from one health center in Adams County to 18 centers across eight counties, including six school-based health centers (SBHCs). The Ohio-School-Based Health Center Food Access Learning Network project occurred in two school-based health centers: HealthSource Felicity and HealthSource Goshen. Felicity and Goshen SBHCs offer primary care services and mobile health services including dental and vision. At the district level, Felicity-Franklin Local School District has over 700 students and Goshen Local School District has over 2,900 students (see figures 1 and 2).

Figure 1: HealthSource Felicity SBHC

Figure 2: HealthSource Goshen SBHC

Getting Started

We found there are three essential steps to developing a plan to address food insecurity experienced by students and their families within school-based health center settings:

1. Identify and understand your target population,
2. Identify potential community partners, and
3. Engage the health center, administrative, and school staff needed to make this project successful.

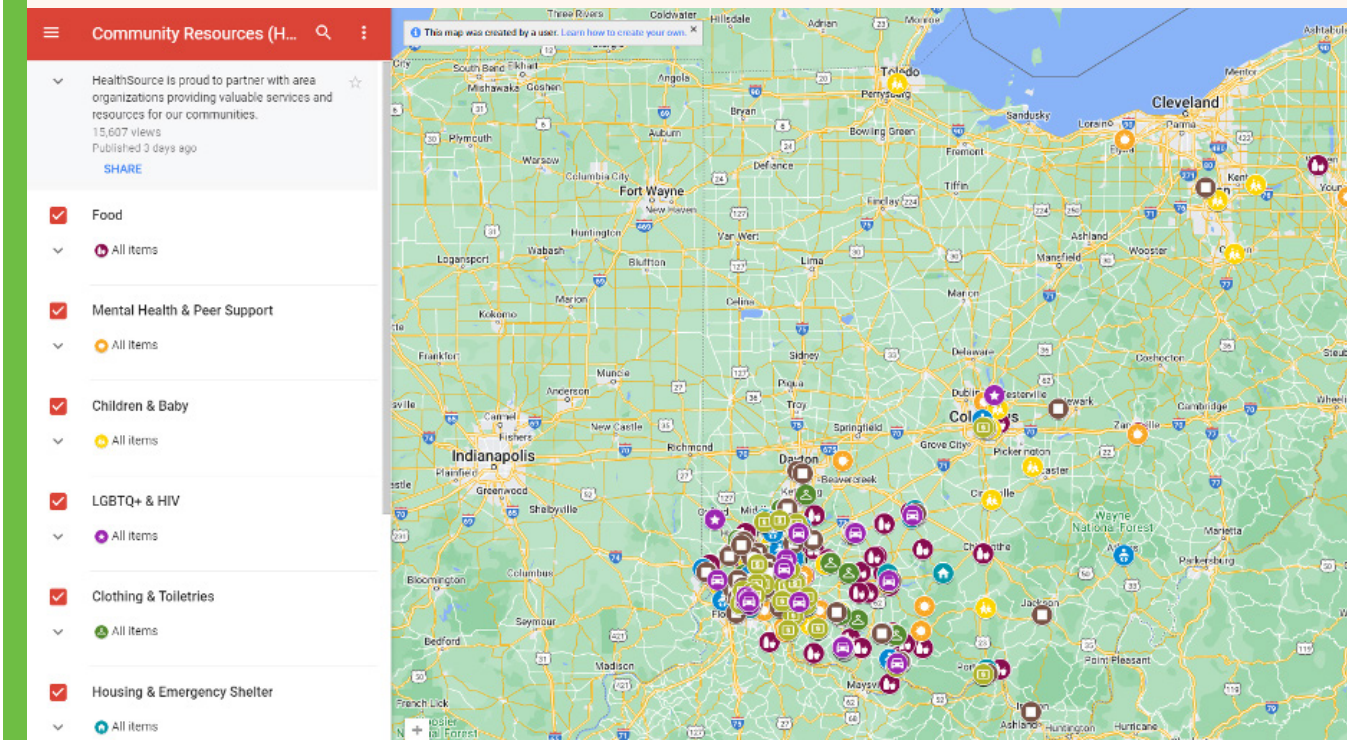
In order to gather data on our target population, we started with the information available to us through our electronic health record system, NextGen. In addition to collecting patient information, NextGen conducts an electronic patient satisfaction survey at each new patient visit and a follow-up survey once every 90 days. HSO also conducts an electronic Community Needs Assessment, which utilizes county and state level data to identify gaps in care. The Community Needs Assessment takes time and effort for continuous research and upkeep. Based on the data collected in the Community Needs Assessment, we developed one-pagers — snapshots of each of the eight counties that HSO serves — for internal and external use. The data captured helped us to better understand the needs experienced by students and families in the target communities.

A major need identified was a lack of comprehensive and centralized information about local community resources such as food pantries, transportation assistance, and housing. To address this need, HSO developed an online community resources map that can be used by anyone, including staff and patients (see figure 3).

The online community resources maps are populated by input from HSO staff such as Outreach and Enrollment staff, Care Coordinators, and health center staff. Healthcare lives beyond the four walls of a health center, and HSO was determined to address and assist in all aspects of the social determinants of health.

By identifying the needs of the community and working to address those needs, HSO has created and strengthened community partner relationships across the eight counties in its service area. Community partners are an important part of HSO as it broadens the ability to care for the whole person. HSO has relationships with hospitals, health departments, health centers, schools, food pantries, homeless shelters, and other social service organizations. Two key partnerships for this food access project have been with the school administration and a chef community partner. HSO strengthened its

Figure 3: HSO Online Community Resource Map



relationships with these partners by demonstrating we are a trusted resource that can bridge the gap between accessing healthcare services and reducing food insecurity in a safe and non-judgmental environment. HSO encourages all staff to be friendly, accessible, and credible every day, which paves the way to healthy and thriving relationships with its patients and community.

Food Assistance Referral and Follow-up Workflow

Many staff were needed to build out a successful workflow for identifying students with food needs and referring to appropriate resources. The HSO staff involved in the Ohio School-Based Health Center Food Access Learning Network include:

- Community Relationship Director: leads the project and coordinates the community partnerships with the school administration and chef community partner
- Grants Coordinator: manages the grant by collecting patient data, food programming, and Medicaid data and reporting out monthly
- Decision Support department staff: pull requested patient data
- Outreach and Enrollment team staff: report out Medicaid and SNAP data
- School-Based Health Center Staff at Goshen and Felicity: collect patient data by asking patients food insecurity screening questions embedded in the electronic health record system, NextGen

When a patient is identified as food insecure, several things take place. The school-based health center staff indicates food insecurity in the patient's health record system, NextGen. The patient is offered several resources based on need. The school-based health centers already have kitchen kits and snack packs on site that they can give to patients for immediate food relief. The kitchen kits provide ingredients and a recipe card to cook a meal for a family of four (see figure 4) and the snack packs are shelf-stable healthy snacks that can be immediately used. School-based health center staff submits an online survey to the project lead (Community Relationship Director) to request kitchen kits and snacks packs. Data is collected on these requests as a way to track need and demand for emergency food relief.

Figure 4: HSO Kitchen Kit

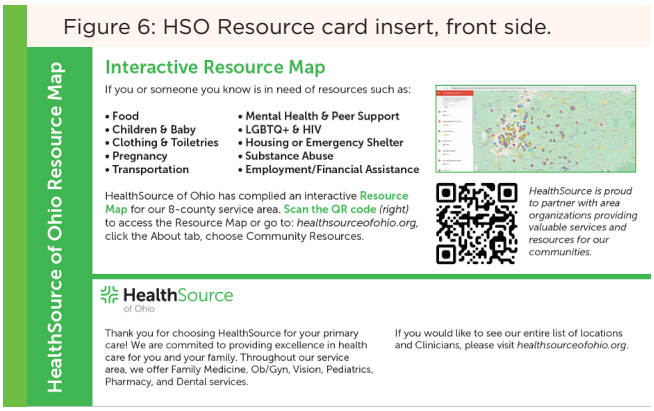
If a patient is identified as being uninsured, underinsured, and/or having a low-income during the health center screening questions , the patient's name and phone number with their permission is passed along to the Outreach and Enrollment team. Referrals can also be made by the HSO call center and an online referral form on HSO's website. The Outreach and Enrollment team follows up with the patient and helps with health insurance and SNAP and WIC enrollment. They also provide community resource referrals as needed.

Patients can also be referred by their health center staff and/or clinician to sign up online for a cooking class series hosted by the chef community partner. When patient interest is identified, the project lead works with the chef community partner to set up the cooking classes and coordinates patients' attendance (see figure 5).

Figure 5: Past cooking class taught by a chef community partner, located in a HealthSource center

Patients also can access the online interactive community resources map created by HSO. Patients get all this referral information with HSO's resource card insert that is packed in the kitchen kits, snack packs, and handed out by health center staff (see figure 6).

Figure 6: HSO Resource card insert, front side.



What Makes This Model Successful?

The main challenge HSO encountered was working with the chef community partner and negotiating their level of availability and capacity to implement the cooking classes. This initially stalled plans to get the cooking classes started. HSO is currently working on identifying alternative community partners that can support the needs of its patients. Other challenges HSO faced included working around the school calendar and the limited capacity of staff to work on this program on top of their other responsibilities. There were many conflicts in scheduling meetings with school staff and community partners together.

Our advice for other SBHCs is to investigate the screening and referral methods that work best for the frontline staff and for the administrative staff. Data can be gathered in a variety of ways, but it's important to identify who is responsible for collecting and reporting out data.

While HSO has several processes in place to follow up on referrals, there is no one referral process to use uniformly. HSO had to be mindful of how to follow up on referrals and be aware that depending on the individual's situation they may have limited means of contact due to unstable housing, temporary phone numbers, and limited access to the internet. Meeting them where they are at schools in the health centers is one of the biggest ways patients can get the help that they need.

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