



**NORMAN
REGIONAL**
Health System

Addressing Social Determinants of Health

Step One . . . Food Insecurity

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Norman Regional Health System



Background

The WHO defines social determinants of health (SDoH) as the 'wider set of forces and systems shaping the conditions of daily life'. These determinants include poverty, housing instability, lack of transportation, health literacy, and food insecurity¹ among many others. SDoH can drive as much as 80% of health outcomes¹ which contributes to high health care expenses, readmissions and poor health outcomes. Food insecurity is one of the main factors in these determinants. Food insecurity is defined as the disruption of food intake or eating patterns because of a lack of money and other resources²

- **76%** of hospitals DO NOT screen for SDoH³
- **5th** in the nation: Oklahoma's ranking for food insecurity⁴
- **66%** of households must choose between food or medical care⁵

Project Summary

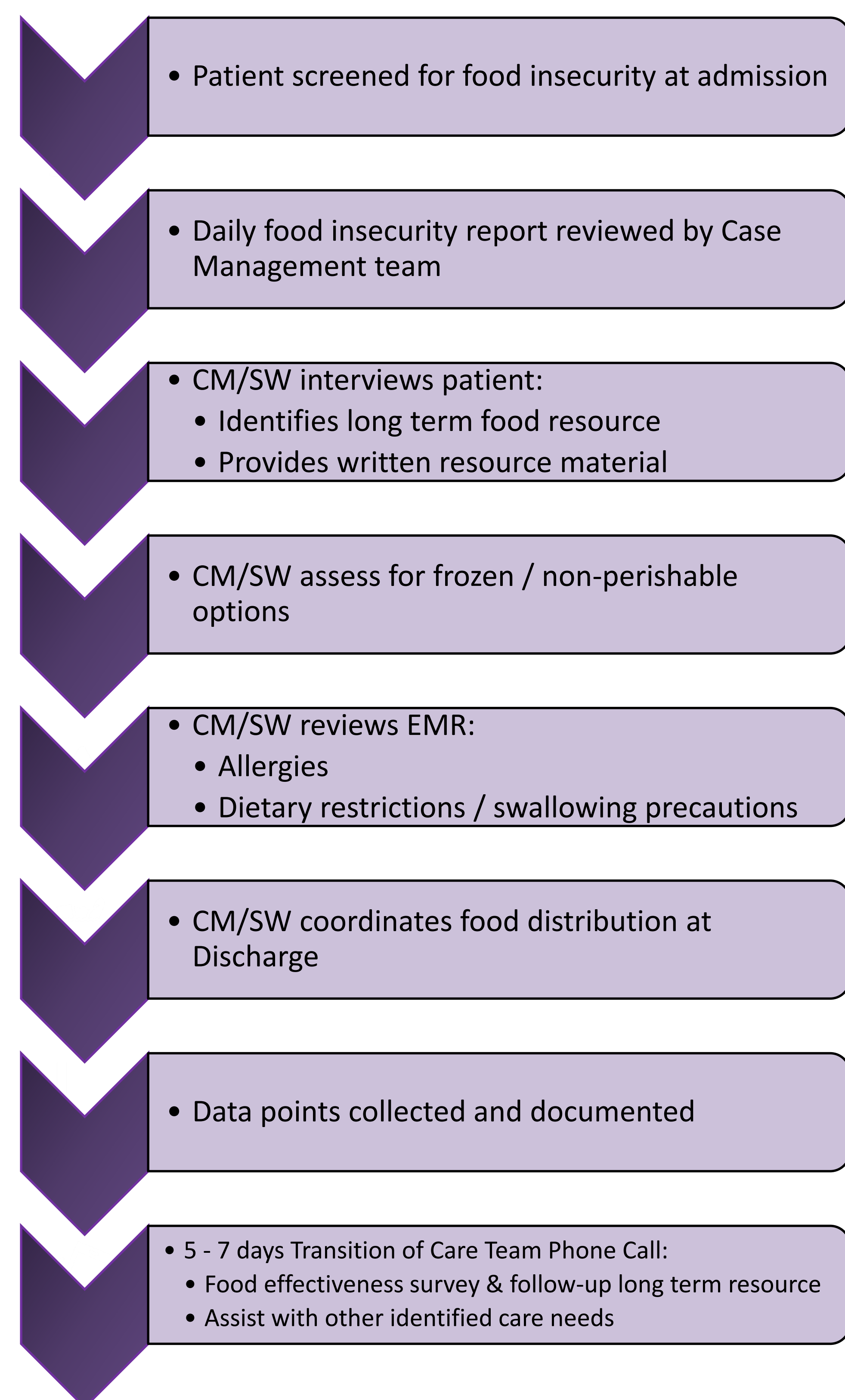
In 2020, Norman Regional Health System developed a program to identify and address food insecurity. The Food Pharmacy addresses food insecurity and malnourishment for patients at multiple levels of care. A CM/SW discusses and identifies an appropriate long term food resource for the patient. A 2 week supply of food is distributed at discharge. Providing this immediate supply is a short term fix for a long term problem. Additionally, a post discharge call is made to the patient to discuss the food received and to discuss the connection with the long term resource to ensure this recommendation is in place and remove further barriers.

- 03/2020 - Food Pharmacy Committee formed - internal and external community partners
- 05/2020 - Data collection begins – screening of all acute admissions to hospital
- 10/2020 - Acute Hospital food distribution GO LIVE
- 07/2021 - ER food distribution GO LIVE
- 12/2021 - Primary Care Clinic PILOT

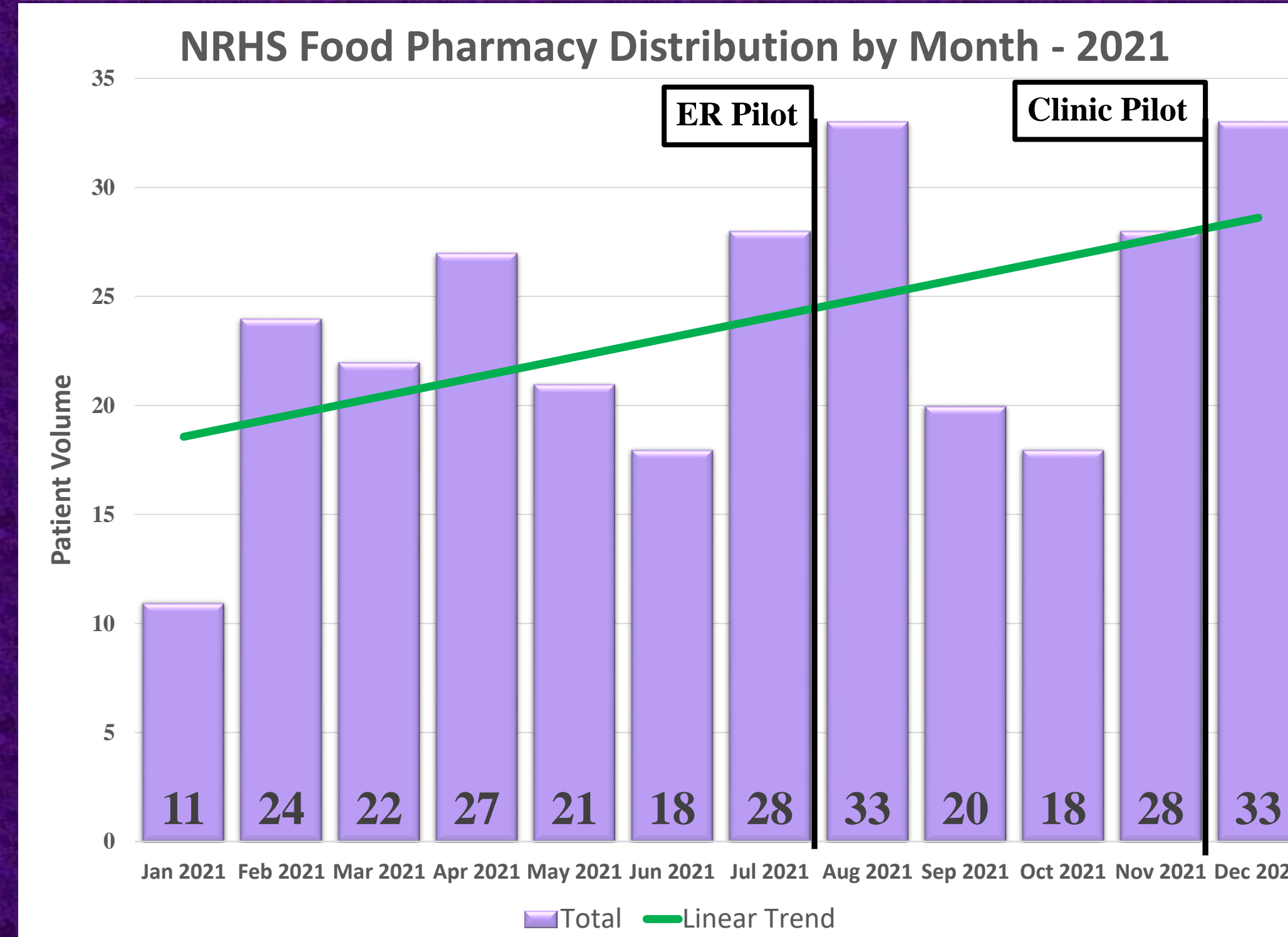
Collaboration



Phase One Process



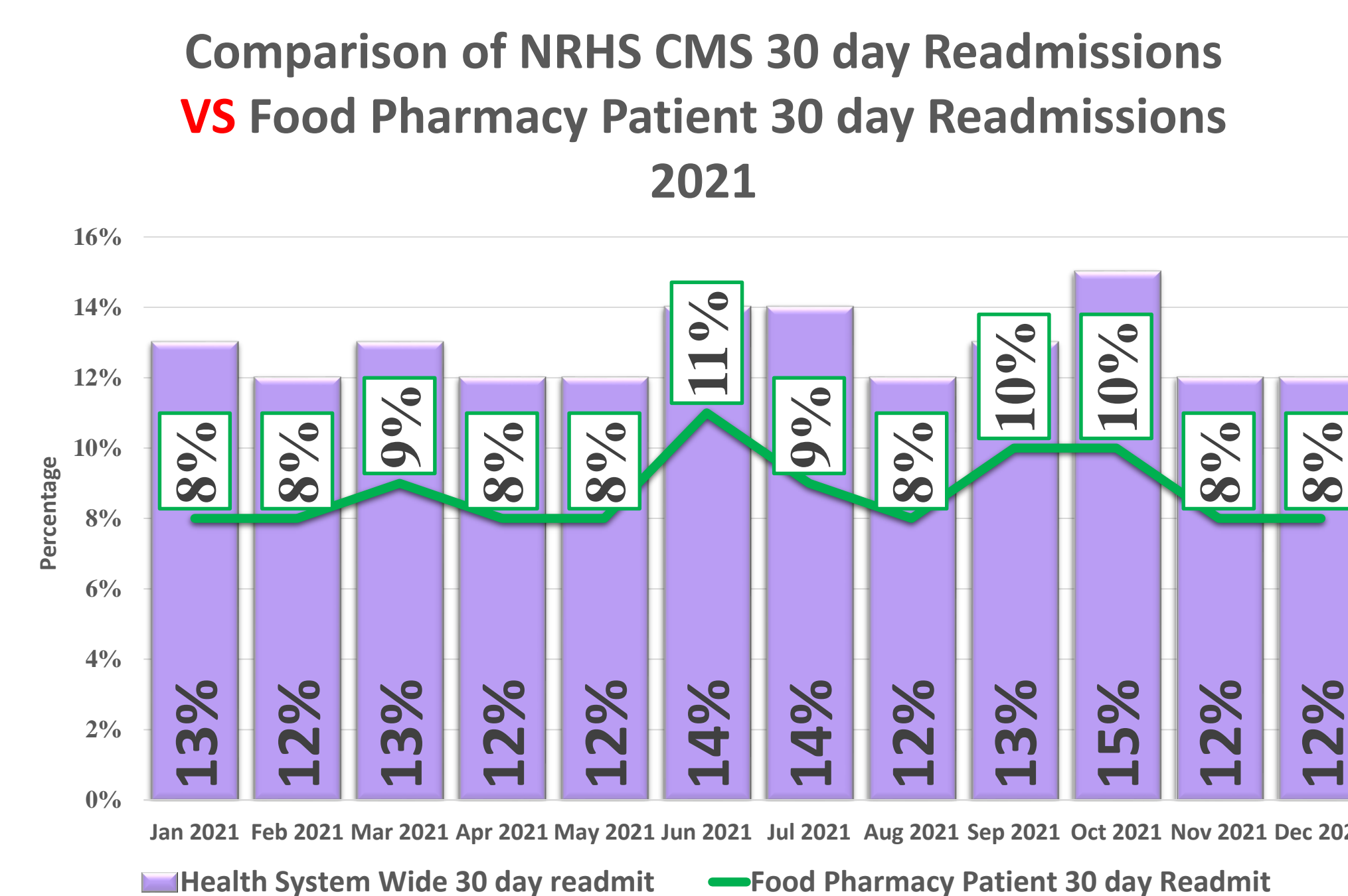
Food Distribution



Outcomes

- **400+** patients provided food to date
- **33%** reduction in readmissions (comparison of Food Pharmacy group vs average NRHS readmission)
- **62%** of patient group had additional care coordination needs identified by follow-up calls
- **46%** of patients connected to verifiable long-term resources (SNAP, MOW, etc.)

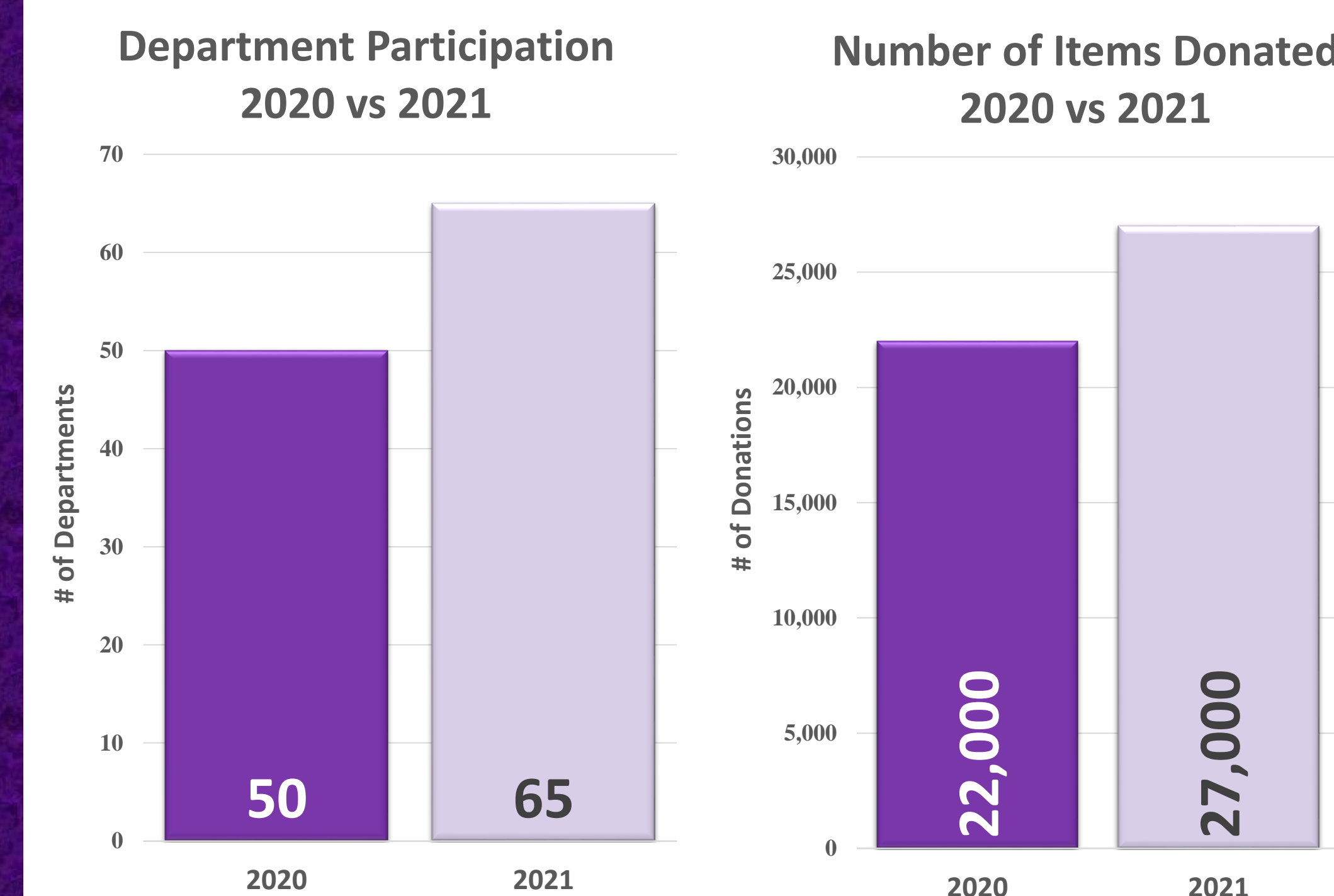
30 Day Readmissions



Sustainability

- Regional Food Bank (RFBO) grant partnership
- Annual NRHS Employee Food Drive
- NRHS Foundation Grants
- NRHS iGIVE spotlight (Annual employee giving)
- Additional external grant funding
- Community Food Drives – community partners (Chamber of Commerce, etc.)

Annual Food Drive



Next Steps

- Screen / Distribute food at all primary & specialty care clinics
- Design and develop team to comprehensively identify/address SDoH
- Begin screening for SDoH throughout NRHS
 - Food insecurity
 - Unstable housing
 - Utilities
 - Unreliable transportation
 - Health literacy
 - Interpersonal safety
 - Medication adherence

References:

1. Bradywood, A., Leming-Lee, T., Watters, R., & Blackmore, C. (2021). Implementing screening for social determinants of health using the Core 5 screening tool. *BMI Open Quality* 10(3). <https://doi.org/10.1136/bmjopen-2021-001362>
2. Nord M, Andrews M, Carlson S. Household food security in the United States, 2005 [Internet]. Washington: USDA Economic Research Service; 2005 [cited 2017 Nov 27]. Report No.: ERR-29. Available from: https://www.ers.usda.gov/webdocs/publications/45655/29206_err29_002.pdf?v=41334 [PDF – 880 KB]
3. Frazee TK, Brewster AL, Lewis VA, Beidler LB, Murray GF, Colla CH. Prevalence of Screening for Food Insecurity, Housing Instability, Utility Needs, Transportation Needs, and Interpersonal Violence by US Physician Practices and Hospitals. *JAMA Network Open*. 2019;2(9):e1911514. doi:10.1001/jamanetworkopen.2019.11514
4. Manager, C. S. (n.d.). *Hunger In Oklahoma*. Regional Food Bank of Oklahoma. <https://www.regionalfoodbank.org/about-us/hunger-in-oklahoma/>
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