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# Reflections and Recommendations From Health Centers

COMMUNITY HEALTH CENTERS respond in diverse, creative and sustainable ways to issues of food insecurity within their communities. Some have been doing it for over 40 years, while others are just getting started. A number of centers are able to tie food program use to health outcomes and hope to show real benefits over time. While there is great variety in methods used to combat food insecurity, a number of common recommendations and words of wisdom have emerged that contribute to success.

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## ENGAGE LEADERSHIP

Health centers repeatedly reference the importance of having health center leaders endorse food programs so they can be prioritized for implementation. Leaders typically aren't involved in the operational side of things, but they do have a deep knowledge of program goals, methods and needs. They can serve as ambassadors for the programs as well as guides.

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## COMMIT TO COMMUNITY HEALTH

Successful health centers see their mission as one that extends beyond the walls of clinics. The goal is to engage in measuring and addressing community health needs with similar energy and resources used to engage individuals in the exam room setting.

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## KNOW YOUR COMMUNITY RESOURCES

Health centers describe the importance of knowing community resources and how to leverage them. Many centers find that there are food resources readily available so they don't need to replicate what's there, but they can collaborate with them and link people in need with existing services. With stronger community partnerships, a variety of center activities can be enhanced. The "ownership" of innovative programs is often shared with others, with every partner playing to its strength.

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## CONSIDER THE STRENGTH OF INNOVATION AND RISK

The health centers profiled here are risk-takers. They start programs based on need without being certain of success. They have, in fact, admitted failure at a number of points. But they keep trying. They are open to change and to testing ideas. They allow champions of the project to run with an idea to explore possibilities. They transparently document their mistakes so they can learn. Unlikely partners, such as libraries, emerge in these settings.

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## FOCUS ON PROGRAM INTEGRATION

For a health center, the staff must learn to incorporate screening for food insecurity and improve food security program(s) as a regular function of care. It is not contained to nutrition, health education, outreach or other such departments, but integrated throughout the organization. Staff has opportunities for participation, whether programmatically or through volunteer efforts.

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## PATIENT-CENTERED CARE MEANS CHOICE

Old methods of giving pre-packaged food are largely discarded by these health centers. Creating opportunities for patients to make their own food selections and participate in food preparation based on their interests yields improved use of resources. Patients collaborate with each other as well as staff as they choose food, share recipes, comment on likes and dislikes and learn new skills. Food is an important social connector and element of identity.

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## CONSIDER SCALE, BIG IS NOT ALWAYS BETTER

As with anything, rapid expansion can hurt a food program. Sustainability depends on being realistic about the time, effort and resources needed to accomplish the goal. Several health centers had early success that sparked interest among partners but found they couldn't expand without dramatically changing their departments. They chose to continue to do well in their committed roles while meeting some, but not all, food needs. Successful centers have well-organized program directors who avoid burnout and manage multiple demands with competence.

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## NAYSAYERS ARE THERE

Not everyone is positive about food resource development. Health centers face opposition both in the community and in the organization. Some food pantries compete with each other, some staff think patients take advantage of programs, and some people think efforts are too small to matter in the long run. Successful centers handle negativity without being compromised by it.

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## HEALTH IMPACT IN ITS INFANCY

Most health centers want to measure the health impact of their efforts but don't have the tools and resources to do so. Even those who incorporate food insecurity screens into their electronic records have difficulty associating food receipt with health outcomes. Those that have been successful have university and large health care organizations as partners. Clear relationships between changes in food insecurity and changes in obesity, hypertension and diabetes control are non-existent. Still, a number of centers are collecting data that associate changes in health conditions with changes in food access and these efforts will assist future development of measures.

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## HUNGER IS MORE PRESENT THAN MOST CENTERS KNOW

Every health center interviewed said that although they knew patients were medically underserved, they did not know how extensive the problem of hunger is in their community. Most centers commented that many staff also experience food insecurity and need better resources in their food desert communities. Hunger is often hidden and stigmatized. Obesity is misunderstood as a sign of food security rather than of malnutrition based on inadequate food availability. The end of the month is particularly difficult for many, when food money competes with bills and other obligations. Benefits such as the Supplemental Nutrition Assistance Program (SNAP) do not last all month. School programs are interrupted seasonally. Weekends can be times of particular hunger. Holidays can be as well, especially when they occur at the end of a month and include extra expenses for travel and gifts. Every successful center tries to incorporate staff, patients and community into food programs to improve access in an inclusive way.

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## SCREENING REQUIRES TIME AND RESOURCES

Medical staff is asked to screen on more issues every year. Screenings that require patient questionnaires, such as depression, food insecurity, housing and smoking status, burden the office visit at the front end. Patients often don't understand why these personal questions are being asked and staff are pulled away from more typical medical tasks. If findings do not have an organized resource intervention available, all are frustrated by positive findings. Successful health centers use patient-administered screens and have clear processes for responding to positive findings. Before adding a new screen, centers must be assured it will be efficient, effective and culturally acceptable.

## MOST SUCCESSES HAVE MANY FACETS

Most successful health centers have multiple methods of alleviating food insecurity. They blend gardens, pantries and markets. They offer U.S. Department of Agriculture (USDA) meals on site and sponsor innovative literacy and nutrition classes. They target youth and elderly. Centers start with one intervention but build on it so that food programs can reach any patient at any point of need. These centers show no signs of stopping or diminishing their programs, but are constantly looking for ways to grow.



**AT FIRST WE WERE WORRIED:** Was it going to be difficult? Would it work? Yet, it has been so simple and our staff has been so awesome at this. It takes very little staff time and no extra money. It has shown amazing results over time. Partners come forward and want to help and want to get involved. This is what solves the problems – people coming together and working together.

—Susan Levy, Communications and Community Relations Director, Native Health