



Work-In-Progress Presentation: Food Security & Nutrition Access

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Riverside County
Thursday, April 8, 2021

Intro



- About Me:
 - **Family Physician** – Riverside University Health System
 - Core Faculty, RUHS/UCR Family Medicine Residency Program
 - Program Director, UC Riverside SOM Longitudinal Ambulatory Care Experience
 - Community Director, California Academy of Family Physicians (R-SB Chapter)
 - **Moreno Valley Community Health Center (RUHS)**
 - **41.4 PCPs per 100,000 population** (vs 78 PCPs per 100,000 – California average)
 - **20%** Adults at <100% Federal Poverty Level (and 27% of children)
 - Health Outcomes BELOW CA Average: **Mental Health, Obesity, Cancer, Oral Health**

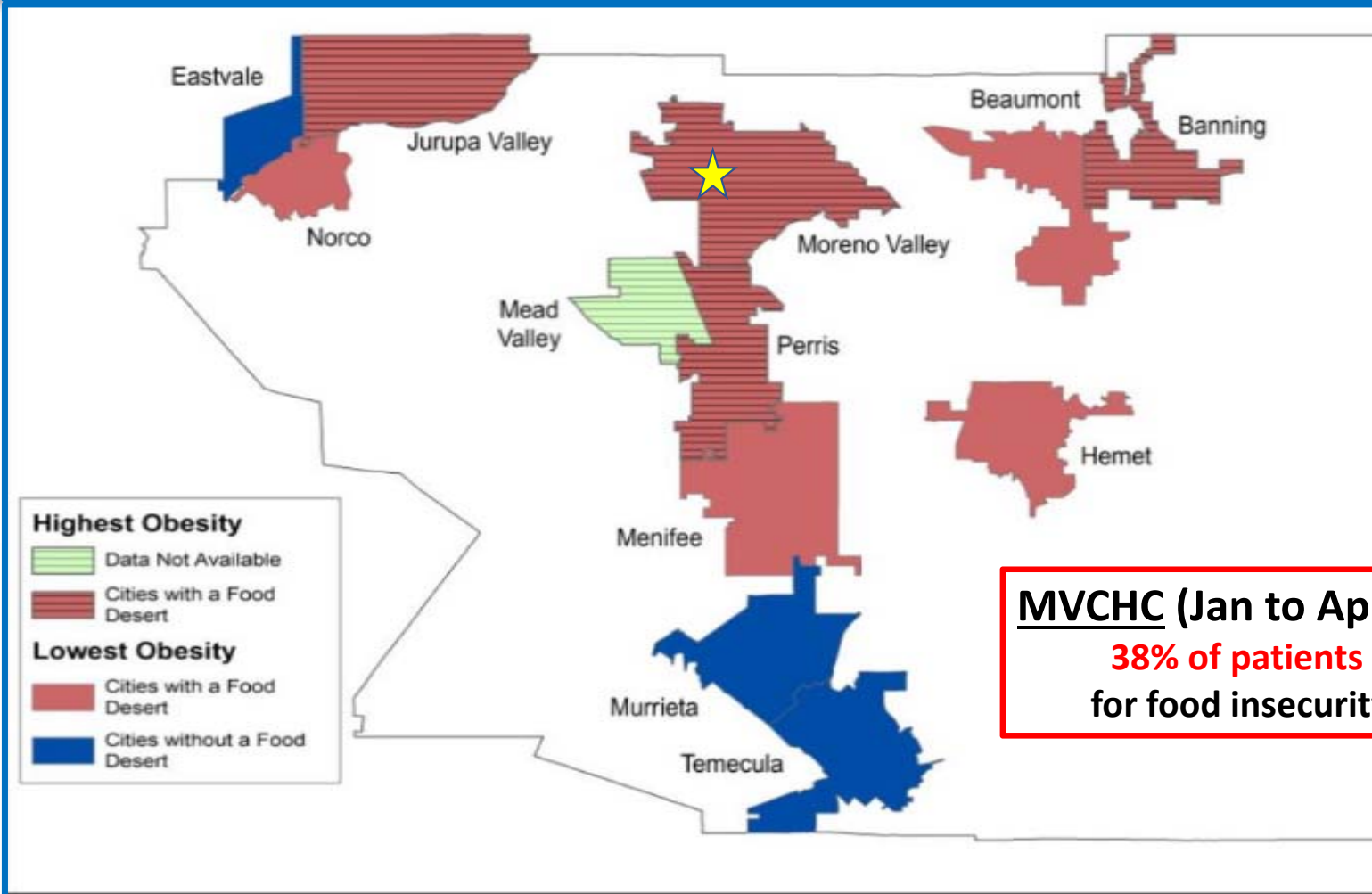
Background

- **Childhood Obesity**
 - **Challenge:** 48.1% of Overweight 5th/7th/9th Graders (Moreno Valley - 2014)
 - **Interventions:**
 - **High School Education & Advocacy**
 - **Park Rx + School Wellness Policy**

Background

- **Childhood Obesity**
 - Challenge: 48.1% of Overweight 5th/7th/9th Graders (Moreno Valley - 2014)
 - Interventions:
 - High School Education & Advocacy
 - Park Rx + School Wellness Policy
- **Food Insecurity**
 - **Challenge:** Higher rates of obesity + food deserts in Moreno Valley (compared to city average in Riverside County)
 - **Interventions:**
 - **Food Insecurity Screening** – Pilot Program
 - **Food Rx Program** (fresh produce + shelf-stable foods)

Food Deserts in Riverside County cities with Highest and Lowest Obesity Rates



Valley - 2014)

MVCHC (Jan to Apr 2021) n = 902
38% of patients screened positive
 for food insecurity in last 12 months

Overview

- **Our Goal:** To identify **patients with chronic medical conditions** who are experiencing **food insecurity** and provide them access to healthy and nutritious food options, at no cost.
- **Screening:** “Hunger Vital Signs” – 2-item validated tool (97% sensitive)

1 - “Within the past 12 months we worried whether our food would run out before we got money to buy more.”

Never True Often True Sometimes True

2 - “Within the past 12 months the food we bought just didn’t last and we didn’t have money to get more.”

Often True Sometimes True Never True

Overview

- **Our Goal:** To identify **patients with chronic medical conditions** who are experiencing **food insecurity** and provide them access to healthy and nutritious food options, at no cost.
- **Screening:** “Hunger Vital Signs” – 2-item validated tool (97% sensitive)
- **Referral:**
 - **Community Resources** – Contact Information
 - **Food/Produce Boxes** – on-site in clinic (twice per month)

Partnership

- **RUHS Public Health – CalFresh (USDA SNAP-Ed)**
- **Key Stakeholders:** patient community, clinic staff, local farmers
- **Existing Network:**
 - Moreno Valley Unified School District
 - RUHS Moreno Valley Community Health Center
 - California Academy of Family Physicians
 - UCR Center for Health Disparities Research
 - Inland Empire Health Plan



Overview: PSE

Addressing **food insecurity** in Moreno Valley through Food Rx program

- (S) • **Screening** clinic patients for food insecurity
 - Increasing physician and nursing staff awareness of the problem/need
- (E)(S) • Collaborating with **community partners** for healthy food options
 - Identifying existing organizations to provide financial support and resources
 - Develop sustainable partnerships for regular healthy food referrals
- (E) • Create **storage space** in clinic for healthy food pick-up / delivery
 - Closed-loop referral system (for both physicians and patients)
- (S) • Build **sustainable model** to share with other clinic sites
 - Create a standard to distribute across all clinics in our health system

Timeline

- Aug-Dec 2019 – Incorporated health advocacy to high school outreach
- March 7, 2020 – RUHS Community Health fair (high school students)
- Dec 2020 – Revised goal/project with public health team
- Jan to Mar 2021 – Pilot for screening for food insecurity in clinic
- March 13, 2021 – RUHS Community Health Fair (virtual)
- April 2021 – Coordinate logistics for food delivery/storage to clinic
- April 29, 2021 – Meeting with managed care partner (IEHP)

COVID-19: Opportunities & Challenges

- Health Disparities: **Food Insecurity**
 - More than **one-third** of surveyed clinic patient screened positive
- Flexibility and re-scoping of **project goals and interventions**
 - Farmer's Markets (vouchers) → on-site produce
 - Loss of resources (farmer's market, local food pantries)
- **Community Collaboration**
 - RUHS Virtual Community Health Fair
 - Future projects / expansion

Next Steps

- Begin food delivery to clinic (produce boxes + storage food)
 - Dedicated staff person to coordinate storage, timing, maintenance, tracking
- Transition from paper screening to electronic records (EMR) ←
- Staff education and buy-in, efficient work-flow (virtual visits!)
- Apply for funding (resources, staff support) ←
 - Grants (managed care partners)
- Share overview of implementation
 - Clinics within our network
 - Publications for community-based partners

Thank You

Keep the Conversation Going

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Thank you



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Funded, in part, by USDA SNAP-Ed, an equal opportunity provider and employer.