



CCI

CENTER FOR CARE
INNOVATIONS



Cedars
Sinai

Moving Clinics Upstream in Los Angeles

Session #2 - March 11, 2020 Convening

GREETINGS

HI

WELCOME

HELLO

HOWDY

GLAD YOU'RE HERE

Our Objectives for Today

- ✓ Have renewed clarity on what to expect in this learning community.
- ✓ Learn from your peers' efforts to inform your own approach.
- ✓ Learn low-effort ways to keep doing human-centered research to inspire and inform your project design.
- ✓ Hear different perspectives, approaches to addressing food/transport needs.
- ✓ Have a more fleshed out project roadmap.
- ✓ **Leave feeling glad you came!**



Agenda

Morning

- MCU program refresh and lessons to date
- Project gallery walk
- Human-centered research excursions (includes lunch)

Afternoon

- Excursion Debrief
- Team time w/ coach support
- Speakers from the field share different perspectives and approaches (live stream!)

Housekeeping



Bathroom



Wi-Fi



Take Breaks!

A top-down view of a desk cluttered with various office supplies. In the foreground and middle ground, there are numerous rectangular sticky notes in vibrant colors: pink, yellow, orange, teal, and light green. Some notes are overlapping, creating a sense of depth. In the background, several Sharpie markers in black, white, and blue are scattered among the notes. A box of Sharpie markers is visible in the upper right corner. The overall scene suggests a workspace for brainstorming or organizing ideas.

Refresh: What MCU is About

Moving Clinics Upstream

In partnership with Cedars-Sinai, CCI launched an 18 month learning community to support **10 clinics in Los Angeles** in building capabilities needed to assess for and address **social needs**, with an emphasis on **food insecurity & transportation**.



Our Ask of You:

Come into the program **open-minded** & willing to **modify your proposed solution**

Program Support & Delivery

Grants of up to \$75,000 from Cedars-Sinai

Individual Priority
Project/Focus

In-
Person
Sessions

Site Visits

Coaching

Toolkits &
Resources

Access to
Technical
Experts

Virtual
learning

Metrics
Support as
needed

Peer
Learning
Community

Communication Tools



Newsletter



Calendar invites for big events



CCI Program Portal Page

Phase 1: Build a Foundation

Sep. 2019 - Dec. 2019

Build your team & clarify roles.
Assess your organizations' strengths
and opportunities, including
leadership and staff buy-in

Gather & synthesize staff, patient &
community input to inform
strategies

Inventory current approach – i.e.
partnerships and relationships – to
addressing food insecurity or
transportation

Phase 2: Plan-Do-Study-Act

Jan. 2020 - Aug. 2020

Develop, refine plan to identify and address transportation access or food security in your clinic population

Start testing approach(es) in at least one clinical site

Measure, learn and modify!



Phase 3: Implement & Document

Sep. 2020 – Feb. 2021

Address gaps in
services/referrals/partnerships

Document standard internal work
and protocols AND impact

Scale/spread approach and lessons
within organization and to inform
other social needs initiatives

Moving Clinics Upstream Timeline



Program Activities



Deliverables



Goals

In-Person Sessions

Virtual Learning

Site Visits

Coaching

Phase 1: Getting Started & Building Your Foundation

Sept 2019 – Dec 2019

Sept 26, 2019

Weekly Office Hours with Jill Rees

Monthly

Project Plan Roadmap

By Oct 15

Baseline Assessment

By Nov 1

December Webinar Presentation

Dec 9 & 16

- Clarify program team roles
- Assess your organization's strengths & opportunities
- Gather & synthesize patient & community input to inform strategies

Phase 2: Testing & Implementing Your Project while Developing Core SDOH Capabilities & Infrastructure

Jan 2020 – Aug 2020

Mar 11

Except Mar & Aug

NEVHC & WCHC
Jan 2020

Other Site Visits
TBD

Monthly

Project Charter Drafted & Updated

Feb - Aug

-Journalist interviews -Share & learns

Feb - Aug

Design Sprints for select sites

Y1 reflection conversations

Aug TBD

- Develop or refine a plan for how to identify/address food insecurity or transportation
- Start testing approaches to identify & address food insecurity or transportation at least one clinical site

Phase 3: Spreading & Sustaining Your Work

Sept 2020 – Feb 2021

Feb 2021

As needed

Coaching ends by Oct 2020. Coaches available as needed.

Session Presentation

Feb 2021

Endline Assessment

By Mar 31 2021

Final Case Study

By Apr 2021

- Address gaps in services, referrals or partnerships
- Document standard internal workflows and protocols
- Document impact of efforts
- Spread lessons within organization and to other work to address social needs



Re(Meet) Your Support Team!



How Clinics Hope to Build Capacity

Capacity Building Areas of Focus re: Addressing Social Needs through Clinic

SN-1	Leadership perspective on social needs
SN-2	Establishing system for assessing social needs
SN-3	Using data from social needs assessments
SN-4	Linking patients to social needs resources
SN-5	Closing the loop on referrals for social needs
SN-6	Strengthening partnerships



Self-Reported Organizational Capacity at “Baseline”

Top Strengths:

- Leadership perspective on social needs (SN-1)
- Strengthening partnerships to address social needs (SN-6)

Greatest Opportunity for Improvement:

- Using data from social needs assessments (SN-3)

Other Areas for Improvement:

- Establishing system for assessing social needs (SN-2)
- Closing loop on referrals for social needs (SN-5)

Capacity Areas the Teams are Focusing On

SN-1	Leadership perspective on social needs	Top strength!		
SN-2	Establishing system for assessing social needs	BHS Oscar Romero	Eisner St. Johns	LA LGBT
SN-3	Using data from social needs assessments	Kheir	THE	
SN-4	Linking patients to social needs resources			
SN-5	Closing the loop on referrals for social needs	AltaMed/CHLA	St. Johns	
SN-6	Strengthening partnerships	Top strength!		

A close-up photograph of a desk cluttered with various office supplies. In the foreground and middle ground, there are numerous colorful sticky notes in shades of pink, orange, yellow, teal, and light green, some overlapping each other. Behind the sticky notes, several Sharpie markers in black, white, and blue are scattered. In the upper right corner, a box of Post-it notes is partially visible. The background is a plain, light-colored surface, likely a desk.

Reflections from MCU Coaches

A close-up photograph of a desk cluttered with various office supplies. In the foreground and middle ground, there are numerous rectangular sticky notes in vibrant colors including pink, yellow, orange, teal, and light blue. Some of the sticky notes are overlapping. In the background, several Sharpie markers in various colors (black, white, blue) are scattered. A box of Sharpie markers is visible in the upper right corner. The overall scene suggests a creative or organizational workspace.

Silent Gallery Walk

Gallery Walk Feedback Requests

On a large sized sticky note
(any color), write down:

What aspect of your project would you like
feedback on from your peers?

Paste in the center of your board.



Gallery Walk



Move to the Food or Transportation boards. Using sticky notes, jot down your thoughts about the other teams' project charters:

What do you see
as a strength?

What are you
curious to know
more about?

What tips or ideas
do you have to
share in response
to the team's
feedback request?



Gallery Walk Debrief



A top-down view of a desk cluttered with various office supplies. In the foreground and middle ground, there are numerous stacks and individual sheets of sticky notes in vibrant colors: pink, yellow, orange, teal, and light green. Interspersed among the sticky notes are several Sharpie markers in black, white, and blue. The background shows more markers and a box of tissues. A semi-transparent blue horizontal band runs across the center of the image, containing the text "Excursion Activity!".

Excursion Activity!

Excursion Activity

What?

- Experience another organization's services with a fresh perspective and an observant eye!
 - Transportation service
 - Restaurant service

Why?

- Develop empathy for your own patients/clients.
- Be inspired (or turned off) by how other services work.
- Move from what you "believe" is the need to what patients actually experience as a need.



Organizations We Will Be Learning From



Your Human-Centered Design Tools



Observation



**On-The-Spot
Interviewing (Intercepts)**

Observation



Be curious.

Look at the details.

Note what's missing.

Capture feelings.

TRANSPORTATION – OBSERVATION NOTES

Activities

1. What mode of transportation are you researching?
2. What happened before, during, and after the service?

Before

During

After

Environment

1. What does the space look like?

2. How does it feel?

Interactions

1. How are people interacting with...?

The Space

Other

Individuals

People

1. Who is present? Describe them/ What are their emotional states?

Objects

1. What physical objects are...

Present?

Missing?

On-The-Spot Interview (Intercepts)



Be curious.

Listen.

No judgement.

Explore everything.

TRANSPORTATION EXCURSION – INTERVIEW NOTES

Interview someone who works there (if applicable):

SAMPLE QUESTIONS	NOTES
Context: I work at a local health center working on promoting food/transportation access and am doing research with transportation services to learn about customer experience. May I ask you a few questions?	
<ul style="list-style-type: none">• Tell me about your job• What's a day of work like?• Who are the customers you serve?• What does it take to do your job/run the business well?• What can get in the way of things going well?• What might other people not realize about your business/job?• Walk me through how someone would use your service.• Thank you for playing along! Is there anything you would like to ask us?	

Interview someone who is a customer (if applicable):

SAMPLE QUESTIONS	NOTES
Context: I work at a local health center working on promoting food/transportation access and am doing research with transportation services to learn about customer experience. May I ask you a few questions?	
<ul style="list-style-type: none">• Why did you use this service today?• What do you think they do well / what do you like about it?• Walk me through how you would typically use their service/catch a ride.• Thank you for playing along! Is there anything you would like to ask us?	

Instructions

1

Think about a person you know who receives services at your clinic. You will keep this person in mind during your excursion.

2

Gather with your assigned group. Look for the sticker on your name tag!

3

Before embarking on the excursion, identify your photographers, interviewers and observers.

4

Depart via your mode of transportation. Observe & interview during your ride!

5

Order your lunch. Observe & interview at your restaurant.

6

Have fun & enjoy each other's company! Continue transportation research. **Leave restaurant by 12:00 pm.**



Excursion Assignments & Leads:

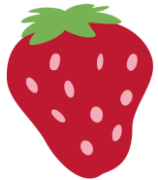
Check the sticker at the bottom left hand corner of your name tag!



Diana



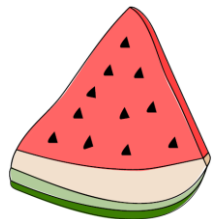
Michael



Laura



Veenu



Jill



Opt-Out: Natasha, Deena & Rachel

In your excursion groups...

- Complete the pre-excursion activity.
 - Jot down notes about the patient/client you will be keeping in mind, as you experience excursions.
 - Quickly share about this person in your group.
 - Identify the photographers, observers & interviewers in your group.

Leave for your excursion by 10:30 am!



Excursion Activity Debrief



Organizations We Will Be Learning From



A close-up photograph of a desk cluttered with various office supplies. In the foreground and middle ground, there are numerous rectangular sticky notes in a variety of bright colors including pink, yellow, orange, teal, and light green. Some of the sticky notes are overlapping. In the background, several Sharpie markers in different colors (black, white, blue) are scattered. A box of Sharpie markers is also visible in the upper right corner. The entire scene is set against a neutral, light-colored background.

Research Excursion Debrief

The background of the image is a close-up shot of a desk with various office supplies. There are several stacks of colorful sticky notes in shades of pink, blue, teal, and orange. Interspersed among the notes are several markers in different colors, including blue, black, and white. The overall scene is bright and organized, suggesting a creative or collaborative workspace.

Team Time: Until 1:50 pm

****10 Min Break****

Speakers start @ 2:00 pm sharp!

A collage of colorful sticky notes (pink, yellow, orange, teal, light blue, lime green) and Sharpie markers (black, white, blue) scattered on a surface. The text is overlaid on a semi-transparent teal band across the center.

Different Perspectives + Approaches from the Field

Our Special Guests



Dipa Shah (she/her)

LADPH

Director, Nutrition & Physical Activity Program



Amirah Dales (she/her)

LA Regional Food Bank

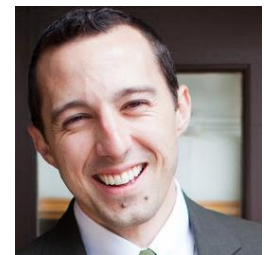
Senior Programs Manager



Río Oxas (they/their)

People for Mobility Justice

Building Power Director



Adam Schickedanz (he/him)

LADHS Olive View-UCLA Medical Center

Pediatrician and health services researcher

Dipa Shah - Director, Nutrition & Physical Activity Program



Addressing Food Insecurity in Los Angeles County: Engaging the Health Care Sector

Dipa Shah-Patel, MPH, RD
Director, Nutrition and Physical Activity Program
Los Angeles County Department of Public Health
March 11, 2020





Food Insecurity Increases Health Risks

Children

- Asthma, iron deficiency anemia
- Behavioral problems
- Impaired or delayed growth
- Overweight/obesity
- Poor school performance

Adults

- Diabetes
- Depression
- Hypertension
- Overweight/obesity
- Suicide ideation, poor mental health

DPH Food Insecurity Report

- Released in September 2017
- Assessed trends in the status of food insecurity among LA County households using data from the Los Angeles County Health Survey (2002-2015)
- Provided a set of strategies and recommendations to improve food security



FOOD INSECURITY IN LOS ANGELES COUNTY

Introduction

Most Americans are able to consistently access and purchase high quality, nutritious food to live a healthy life. Nonetheless, recent data from 2016 demonstrate that approximately 12.3% of U.S. households remain food insecure, which means that they face barriers at some time during the year to purchasing healthy foods like fruits, vegetables, lean meats, and foods high in fiber.¹ Food insecurity is more likely to occur among racial and ethnic minorities and low-income communities.^{1,2} The United States Department of Agriculture (USDA) considers a household to be food insecure if it experiences either:

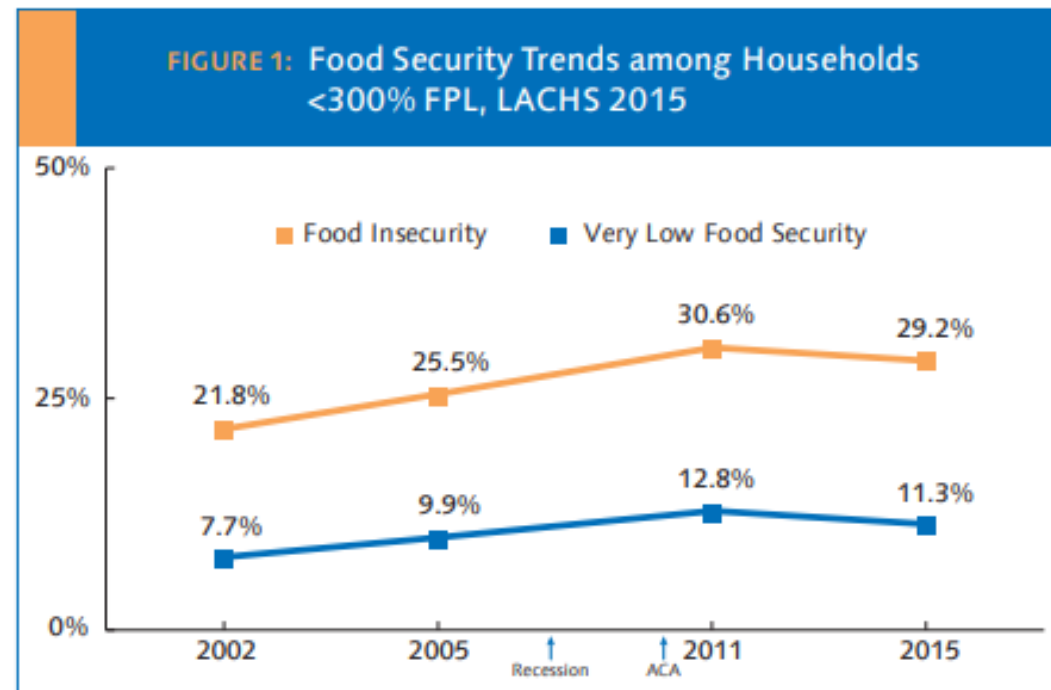
1. *Low food security* – reports a reduction in the quality, variety, or desirability of diet with little to no indication of reduced food intake, or
2. *Very low food security* – reports of multiple

foods are served in greater portions and are higher in salt, saturated fat, and added sugar.⁴ Thus, they are also at increased risk for poorer health in the long run, as excess intake of calories, salt, saturated fat, and added sugar increases the risks for many chronic health conditions, including high blood pressure, obesity, diabetes, heart disease, stroke, and many types of cancer.^{5,6,7}

Food insecurity during childhood can lead to delayed development, diminished academic performance, impaired social skills, and early onset of obesity.⁸ It is especially important for children to not skip meals and to be supported in making healthy food choices early in their development. Doing so may help them sustain healthy eating habits and maintain optimal health and well-being throughout their lifetimes.

Prevalence of Food Insecurity in LA County

- In 2015, 29.2% of households were food insecure
 - 561,000 Households
 - Income < 300% FPL



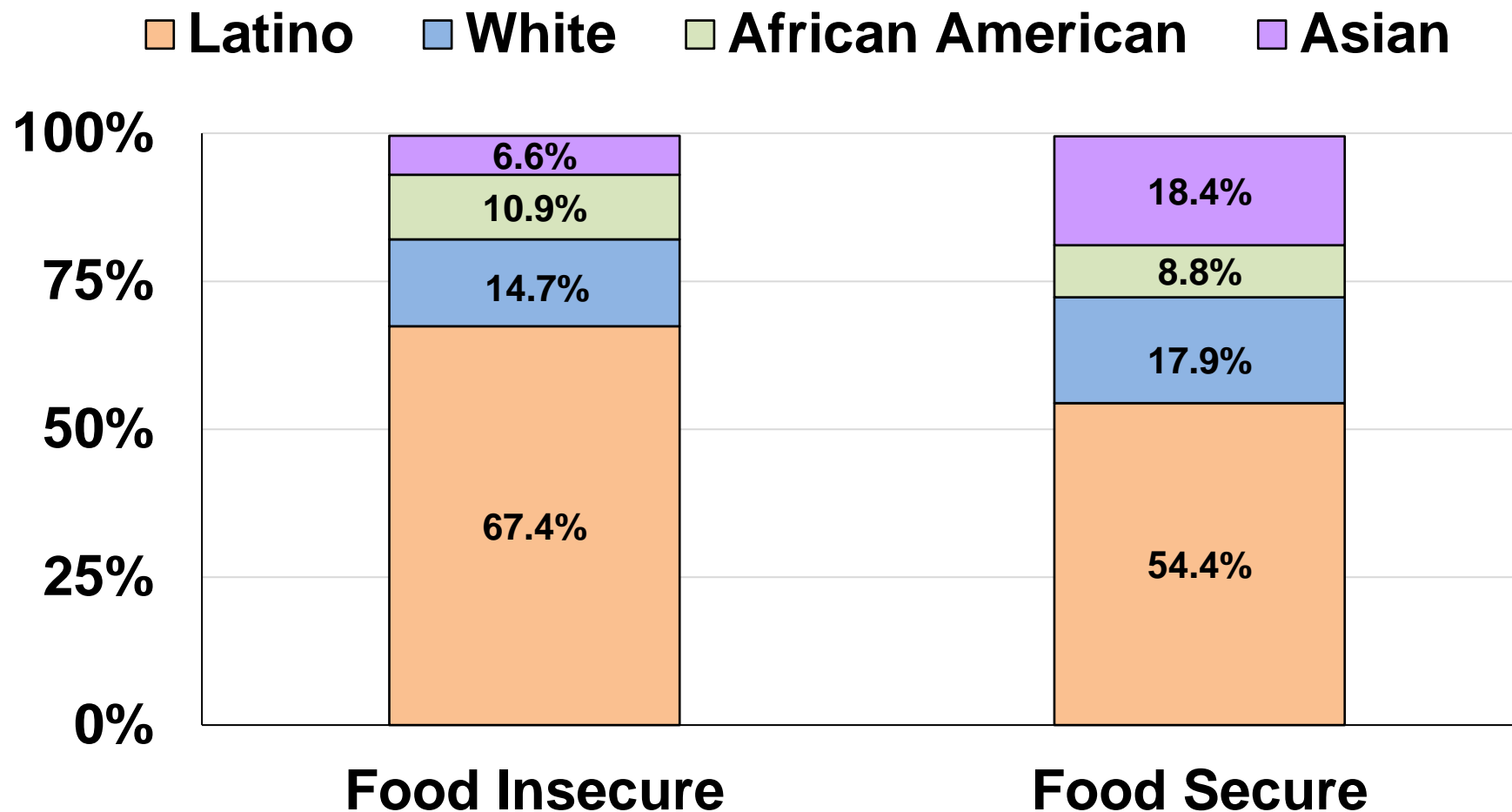
Food Insecurity by Service Planning Area

- 29.2% of households experienced food insecurity
- 11.3% experienced very low food security
- 33.9% increase in food insecurity among households from 2002-2015

TABLE 1: Percent of Households <300% Federal Poverty Level That Have Food Insecurity and Very Low Food Security, LACHS 2015

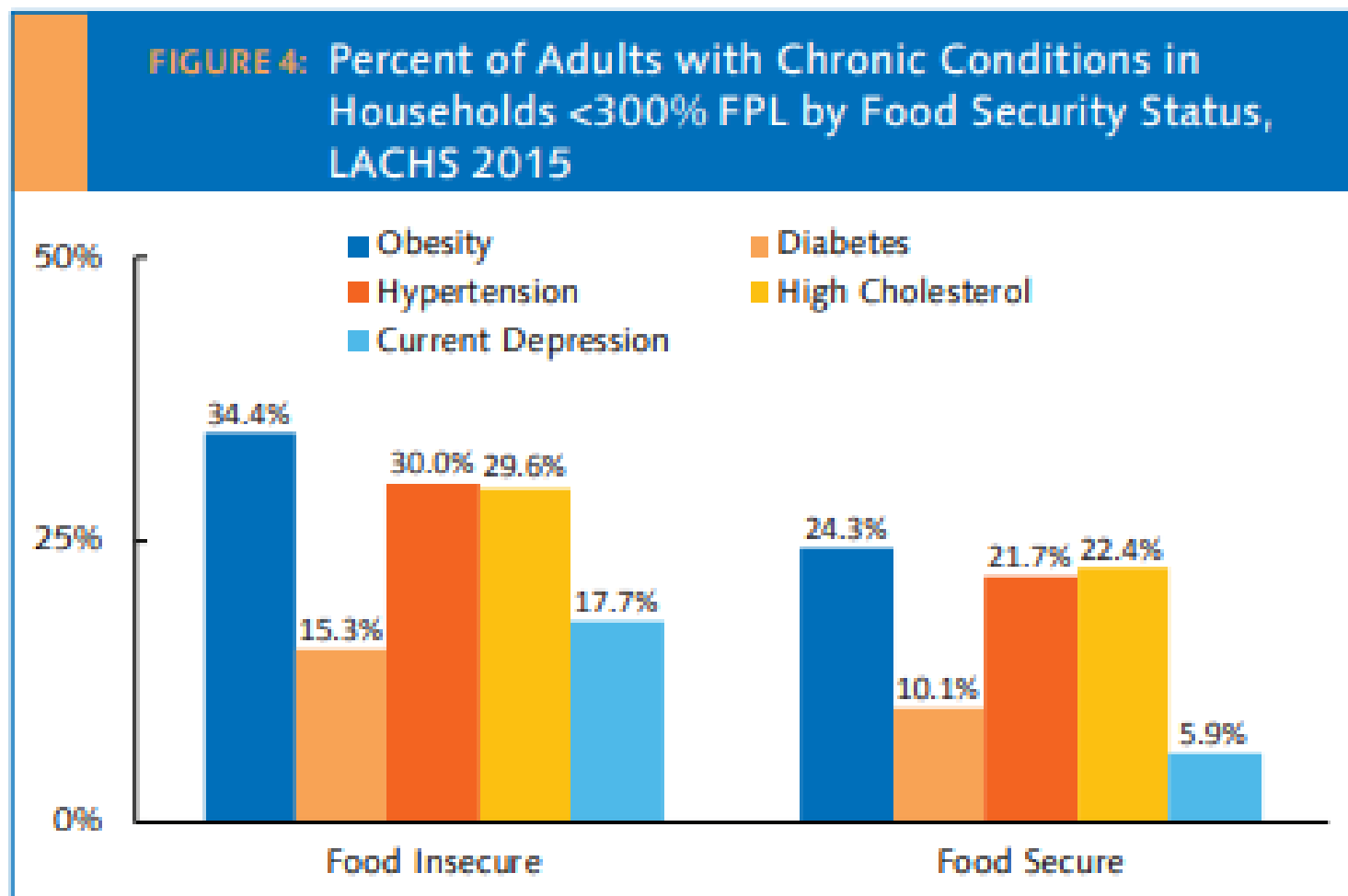
	Food Insecurity			Very Low Food Security		
	Percent	95% CI	Estimated #	Percent	95% CI	Estimated #
LA COUNTY HOUSEHOLDS	29.2%	27.1 - 31.3	561,000	11.3%	9.8 - 12.8	217,000
FEDERAL POVERTY LEVEL⁵						
0-99% FPL	41.1%	37.3 - 44.9	307,000	17.5%	14.5 - 20.5	131,000
100%-199% FPL	25.4%	22.4 - 28.4	203,000	9.2%	7.1 - 11.3	73,000
200%-299% FPL	13.7%	10.2 - 17.2	51,000	3.6%	2.0 - 5.2	14,000
HOUSEHOLDS WITH CHILDREN						
Yes	27.7%	24.3 - 31.1	223,000	9.6%	7.2 - 11.9	77,000
No	30.4%	27.7 - 33.1	338,000	12.6%	10.6 - 14.6	141,000
SERVICE PLANNING AREA						
Antelope Valley	34.4%	27.5 - 41.3	27,000	16.3%	9.9 - 22.6	13,000
San Fernando	27.2%	22.7 - 31.6	96,000	10.5%	7.7 - 13.2	37,000
San Gabriel	21.8%	17.2 - 26.4	72,000	6.1%	3.4 - 8.8	20,000
Metro	32.0%	25.6 - 38.4	93,000	16.9%	11.4 - 22.4	49,000
West	30.5%	18.5 - 42.5	26,000	6.4%*	1.8 - 11.0	5,000
South	32.4%	27.3 - 37.6	71,000	12.9%	9.2 - 16.6	28,000
East	32.4%	26.2 - 38.6	79,000	12.4%	7.3 - 17.4	30,000
South Bay	30.3%	24.7 - 36.0	97,000	10.7%	6.9 - 14.4	34,000

Racial Distribution in Households <300% FPL by Food Security Status, LACHS 2015



Note: Percentages do not add to 100% as data for Native Hawaiian and Other Pacific Islanders and American Indian/Alaskan Native are not presented due to unstable data or suppressed for purposes of confidentiality.

Chronic Disease and Food Security Status



Los Angeles County Board of Supervisors Adopts Board Motions



December 2017: Screening for Food Insecurity in County clinics
February 2019: Reducing Food Waste and Food Insecurity

Food Insecurity Screening in County Clinics

Directed DPH, DHS and DPSS to:

- Describe current efforts to screen for food insecurity in County health clinics
- Determine the feasibility and cost of including a screening questionnaire in the County's electronic medical record system and training staff on how to use the tool
- Implement a plan for establishing a referral process to onsite CalFresh enrollment, WIC, and other food assistance resources
- Conduct nutrition education classes in clinics focused on healthy eating and food resources management



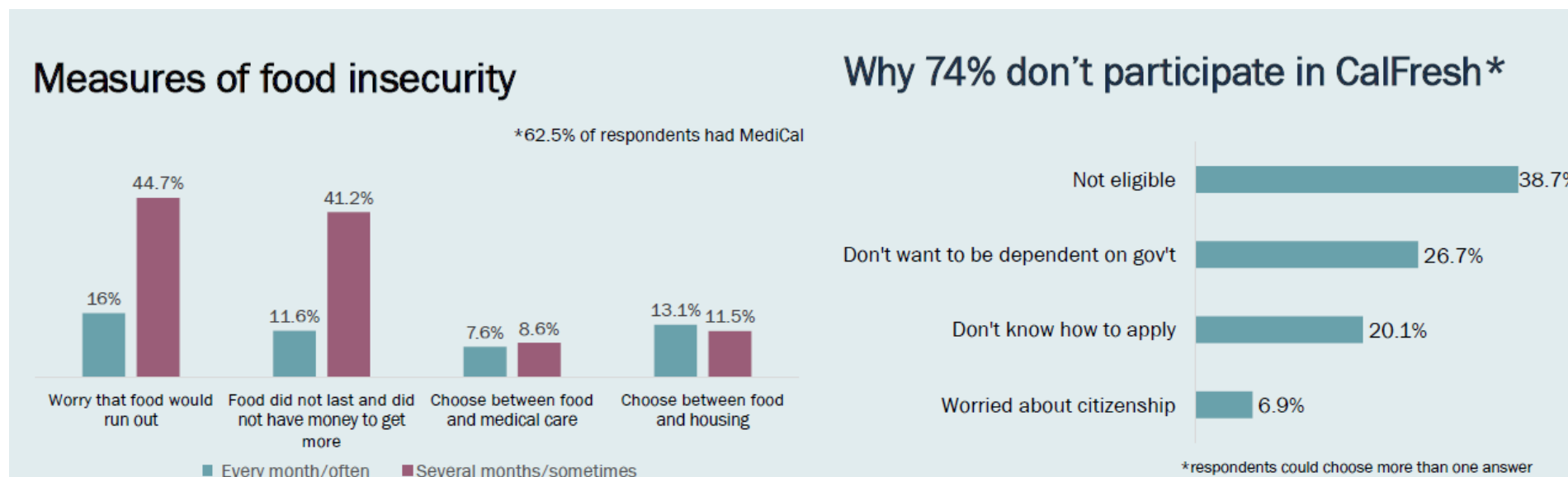
Barriers to Food Insecurity Screening Implementation

- Current clinic staffing is inadequate to carry out secondary assessments and referrals to CalFresh and emergency food assistance (e.g. food pantries)
- Time required to adequately screen patients and refer to resources
- Resources provided (e.g., food pantry lists) need to be accurate and frequently updated



Partnership with RAND: Food Insecurity Screening

- 2018: DPH collaborated with RAND Corporation to better understand client perceptions around food insecurity at county medical clinics
- 1013 clinic patients responded to the survey



CalFresh



CalFresh Healthy Living



	Access to Healthy Food	Behavioral Economics	Daily Quality PA
K-12	Expanded/Mobile Produce Distribution CalFresh Promotion Share Tables Water Access & Appeal	Smarter Lunchrooms Movement (SLM)	
After School			Improving Physical Activity in Schools – Non PE



	Access to Healthy Food	Behavioral Economics	Daily Quality PA
ECE	Expanded/Mobile Produce Distribution CalFresh Promotion	Smarter Mealtimes (SMT)	Physical Activity (PA) in ECE



Access to Healthy Food	
Food Insecurity Screening and Referral to Nutrition Assistance System Expanded/Mobile Produce Distribution Capacity-Building for Food Distribution	



Access to Healthy Food	Comprehensive
CalFresh Promotion	Nutrition Pantry Program



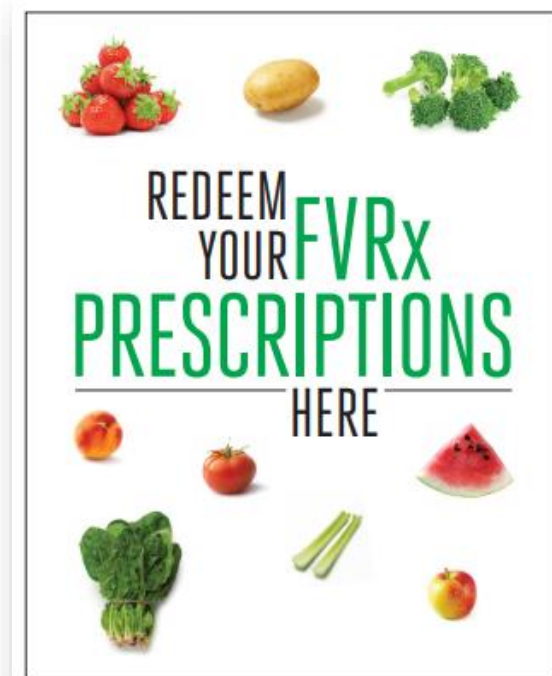
Access to Healthy Food	Access to PA Opportunities
Expanded/Mobile Produce Distribution CalFresh Enrollment Coordination	Parks Physical Activity Programming



Nutrition Standards	Behavioral Economics
Healthy Default- Beverages in Kids Meals	Healthy Stores for a Healthy Community

Look to the Future

- Establish **Food Insecurity Screening** in health clinics and referral to CalFresh and local nutrition assistance
- Partner with food rescue organizations to provide **free produce** to patients and communities
- Capacity building for food distribution



Connect with us!

Join our ListServ!

- Bi-monthly newsletters
- Community Events
- Job Postings
- Funding opportunities

CalFresh Healthy Living
Newsletter

Nutrition and Physical Activity Program
Issue 66 | 02/19/20

2020 Food System Dashboard

The Los Angeles Food Policy Council (LAFPC) is excited to announce the release of the 2020 Food System Dashboard, which measures the health, affordability, sustainability, and fairness in our local food system.

The first version of the Dashboard was created early on in our organization, originally being called the "2013 Food System Snapshot." Since then, we have had updates in 2017, and now 2020, to begin to express trends, not only across our values and indicators, but also equity in our communities.


With over 250 indicators sourced from dozens of databases and reports, the Dashboard is rich in quantitative data regarding LA Foodshed, County, City, and neighborhoods. While the Dashboard does not imply causality, it does provide context to some of these indicators and their trends through qualitative data - including Expert Commentaries from our Leadership Circle, Case Studies of organizations doing fantastic work in the area, and Video Interviews with knowledgeable and experienced members of the community.

The Dashboard is divided into four sections based around LAFPC's values and it is centered in equity, because in order to achieve a truly Good Food system, it must be good for all people. To distinguish disparities across demographic groups, the data is disaggregated whenever possible, specifically by race, ethnicity, and nationality; age; socioeconomic status; and neighborhoods of Los Angeles.



The Dashboard can be utilized for multiple ways including:

- ✦ For an organization looking to reevaluate their strategic direction or priorities
- ✦ For concerned community members, students writing reports, or grant writers
- ✦ For people that are looking to learn more about the where community they work or live

Click [here](#) to learn more.



Funded by USDA, SFARC, an equal opportunity provider and employer.
Visit CalFreshHealthyLiving.org for healthy tips.



E-mail Tania Marquez @ tmarquez@ph.lacounty.gov



Thank You!



Amirah Dales – Senior Programs Manager



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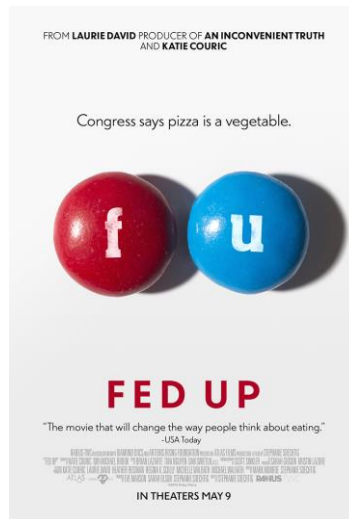
Fighting Hunger. Giving Hope.

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Fighting Hunger. Giving Hope.

About Me & Why Food Security





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Fighting Hunger. Giving Hope.

Food Pharmacy Program

Amirah Dales, Senior Programs Manager



Recommendations

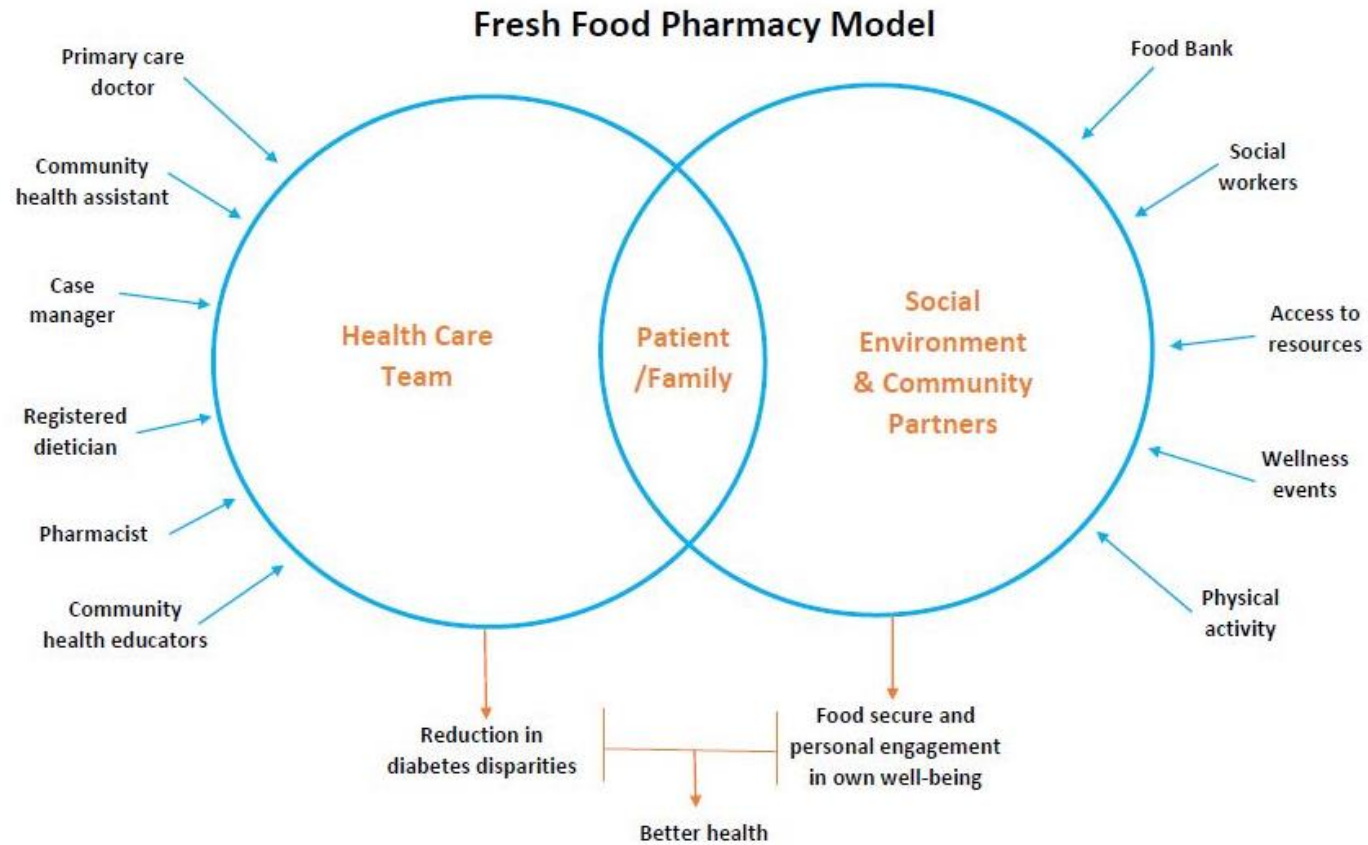
- Feeding America recommends to improve partnerships between health care coverage and food assistance programs; to conduct outreach, screen for food insecurity, and other healthy food resources. Achieved by:
 - Addressing Health at Food Distribution Sites
 - OR
 - Addressing Food Insecurity in Health Care Settings



Food Pharmacy Initiative

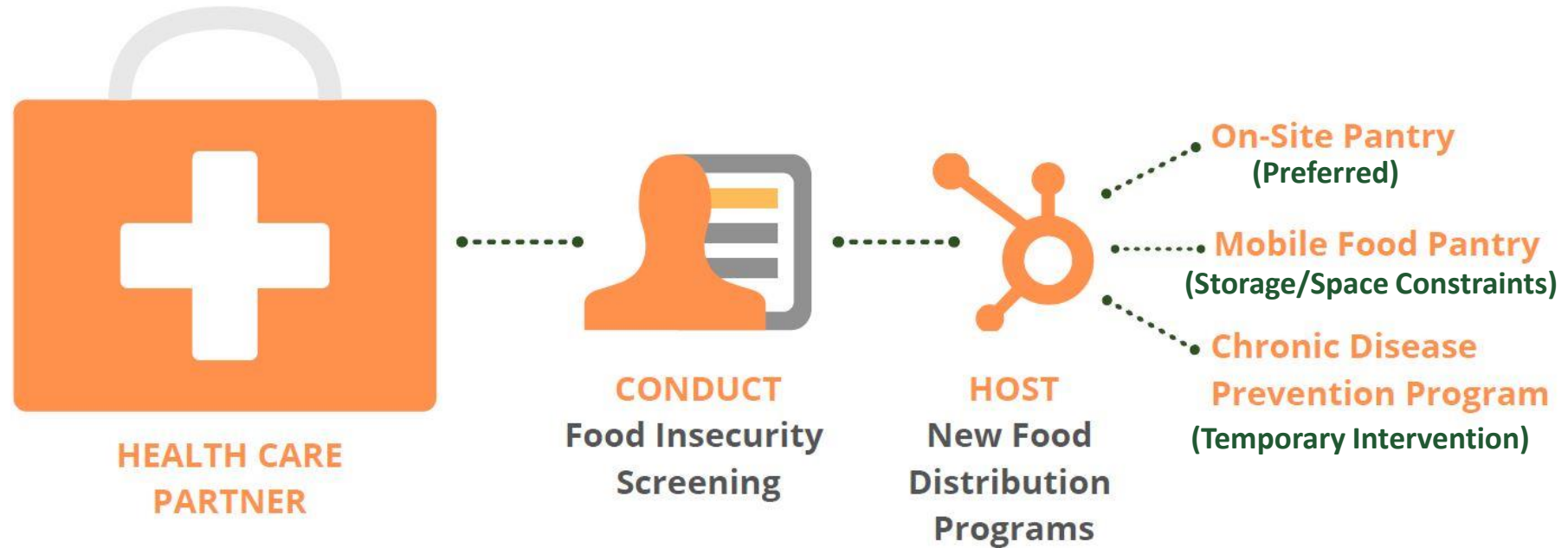
- The LA Food Bank has launched an initiative to **address food insecurity in the health care setting** by piloting Food Pharmacies.
- Food Pharmacies:
 - An innovative solution to growing food insecurity and rising chronic disease prevalence.
 - Goal: To be an extension of the health care system by putting focus on providing patients with healthy foods to prevent and/or improve malnutrition and chronic disease.
 - Track health outcomes in relation to healthy food provided.

Food Pharmacy



Model recreated based on Geisinger Health "Fresh Food Pharmacy Model"

Our Strategy



Our Current Food Pharmacy Pilots

Food Pharmacy Pilots

1. On-Site Pantry

- This model provides health clinics/hospitals with fresh foods readily available to patients.
- Pantry is managed by clinical staff, who determine what foods a patient should receive based on what was prescribed by the physician.
- Patients are screened and referred to the program.

Site: LAC+USC Medical Center



Consultation



Patient receiving food



Food Pharmacy Pilots

2. Mobile Food Pantry

- This model aims to encourage health care partners to provide additional resources, such as health screenings, cooking demonstrations, nutrition education, and CalFresh enrollment during the distribution.

Site: Latino Kids Health



Food Pharmacy Pilots

3. Chronic Disease Prevention/Management

- This model enrolls patients with a diagnosed chronic disease and facing food insecurity into an education program, which may include support groups, interactive cooking, exercise, and nutrition education.
- This model is a weekly distribution offering a client-choice pantry: geared towards disease prevention.

Site: Bayani Health Center





Operational Needs

	On-Site Pantry	Mobile Food Pantry	Chronic Disease Prevention
Space/Equipment	<ul style="list-style-type: none"> Room (can be small) Shelves Cold Storage Carts Bags Database 	<ul style="list-style-type: none"> Parking lot (20 spaces) Bags 	<ul style="list-style-type: none"> Room (for class) Tables Cold Storage Bags
Staff/Volunteers	<ul style="list-style-type: none"> Physician(s), Dietitian(s) Case Manager, Health Educator Pantry Workers 	<ul style="list-style-type: none"> MFP Coordinator 10-12 volunteers 	<ul style="list-style-type: none"> Clinical Staff Coordinator 4-5 volunteers
Time	<ul style="list-style-type: none"> Daily, weekly, or monthly 	<ul style="list-style-type: none"> Monthly 	<ul style="list-style-type: none"> Weekly, depends on frequency of class
Service	<ul style="list-style-type: none"> Client-choice vs. Pre-packaged Recipes, demonstrations, etc. 	<ul style="list-style-type: none"> Client-choice Recipes, demonstrations, etc. Screenings, CalFresh enrollment, etc. 	<ul style="list-style-type: none"> Client-choice Recipes, demonstrations, etc.
No. of Individuals Served	<ul style="list-style-type: none"> Dependent on program/funding 	<ul style="list-style-type: none"> Approx. 200-300 each distribution 	<ul style="list-style-type: none"> Approx. 25-30; depends on program enrollment
Target Population	<ul style="list-style-type: none"> Determined on program/funding 	<ul style="list-style-type: none"> General community, including current patients 	<ul style="list-style-type: none"> Individuals with a diagnosed chronic disease
Health Objectives	<ul style="list-style-type: none"> Must track A1c, BP, etc. 	<ul style="list-style-type: none"> No requirements 	<ul style="list-style-type: none"> Must track A1c, BP, etc.



Our Ideal Partner

- Be a non-profit entity
- Serve high food-insecure population
- **Designated clinical staff/volunteers**
- Desire to address food insecurity in the community
- On-Site Pantry (willing to work towards)
- Shared vision
- Flexible
- Strong communication
- Provide expertise
- Understands the operations of the Food Bank



Future Directions

- Partners in Conversation:
 - Venice Family Clinic
 - White Memorial Hospital
 - Eisner Health
 - Kaiser Permanente
 - CHA Health Systems
 - CHLA
 - Olive View
 - Watts Health Corporation
 - St. John's Well Child and Family Center

Thank You!

Questions?

Let's Connect!

Amirah Dales, Senior Programs Manger

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adales@lafoodbank.org

Río Oxas – Building Power Director



Our Special Guests



Dipa Shah (she/her)

LADPH

Director, Nutrition & Physical Activity Program



Amirah Dales (she/her)

LA Regional Food Bank

Senior Programs Manager



Río Oxas (they/their)

People for Mobility Justice

Building Power Director

Adam Schickedanz – Pediatrician, Health Services Researcher



The background is a dark blue gradient. A large, light yellow speech bubble shape is centered, containing the main title. The title is written in a bold, dark blue, sans-serif font. Below the title, the speaker's name and affiliation are written in a smaller, white, sans-serif font. The entire graphic is surrounded by stylized, colorful leaves in shades of yellow, orange, green, and blue, with some leaves having black outlines. A blue wave-like graphic is on the left side of the speech bubble.

Resourcing & Sustaining Upstream Care

Adam Schickedanz, MD PhD
UCLA Department of Pediatrics

Agenda



1

Payment

Funding for sustaining
upstream care

2

Partnership

Collaborating for sustaining
upstream care

3

Priorities, Passions, &

Principles

Cultures for sustaining
upstream care

Upstream care resourcing is a process of attunement, harmonizing, and orchestration

From Soloists to Orchestras

Starting an upstream care project is often the work of an individual or a handful of staff, but sustaining a project often takes teams and systems working in concert



“It’s the group sound that’s important, even when you’re playing a solo. You not only have to know your own instrument, you must know the others and how to back them up at all times. That’s jazz.”

– Oscar Peterson



A stylized dark blue profile of a person's head facing right. The profile includes a white musical note on the forehead, a blue teardrop on the cheek, and a yellow horn-like shape at the bottom. The background is a light yellow color. The text 'Payment' and 'Funding Upstream Care' is positioned to the right of the profile.

Payment

Funding Upstream Care

Three Funding Types



Organization Funded

Costs are covered by funding generated elsewhere in the organization



Directly Funded

Revenues from the program directly cover its costs



Grant Funded

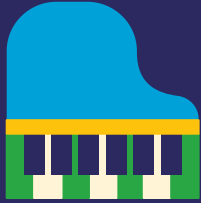
Federal, State, Local, Foundation, Philanthropic, etc.

Credit: MaryKate Scott, CCI Webinar "Exploring Sustainability Models – Donor-Driven Funding", SIREN Report Gottlieb, Razon, Aboelata, "How do Safety Net Clinics Pay for Social Care Programs?"

Organization & Direct Funding Structures

	Federal	State	Local
Organization Funded	Clinic-Wide Payment Change (e.g. FQHC Prospective Payment System Rate Request, PCMH Status)	State Medicaid Waivers (e.g. CalAIM)	Community Benefit Dollars (If program offered community-wide)
Directly Funded	Medicare Advantage & 2018 CHRONIC ACT Bill for Targeted Care Management Services under Medicaid	ACEs Screening Reimbursement	Pulldown of Federal Match to Local Medicaid Administrative Claims

Grants



Federal

HRSA, CMMI AHCs



State

ACEs Aware



Local/County/City

First Five, LA DPH



Foundations

Many, including of
banks and health
plans



Private Donors

Work your network

Resource: <https://fconline.foundationcenter.org/>

But Does the Funding Harmonize?



- Consider cost/effort of obtaining/maintaining a grant or funding stream in context of other priorities
- Don't chase short-term funding without investing in attunement & harmonization
- First, tune your piano (i.e. your organizational mission and strategy, grounded in patient input) so other instruments can tune and stay in key



Partnerships

**Collaborating for
Upstream Care**

Finding (& Keeping) Good Partners

**Consider: culture,
incentives, &
willingness to
learn**



**Invest in the
relationship(s)
over the long
haul: Vision,
Valley, & Victory**

Partner to Solve the Problems You Can't Fix Alone

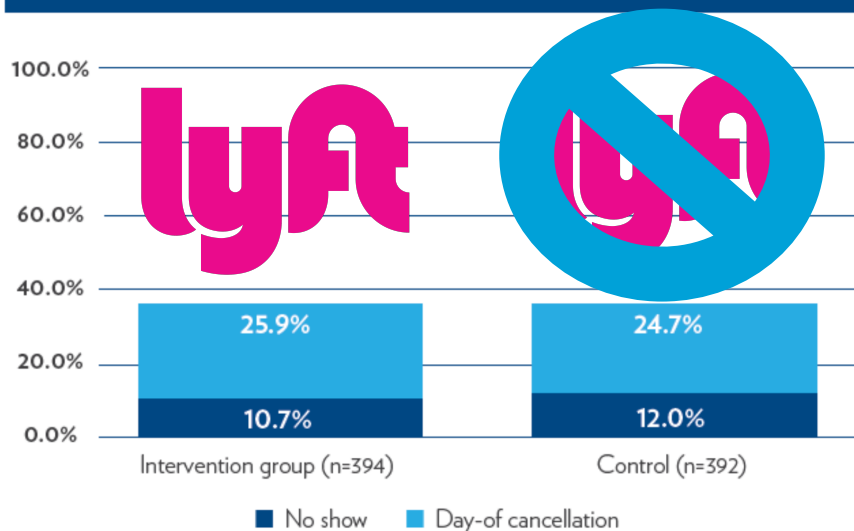
Source: Galewitz, P. Uber And Lyft Ride-Sharing Services Hitch Onto Medicaid
By Phil Galewitz
SEPTEMBER 26, 2019
Kaiser Health News.
<https://khn.org/news/uber-and-lyft-hitch-onto-medicaid/>



Partner to Solve the *Right* Problems You Can't Fix Alone

Source: Chaiyachati, et al. 2018. Association of Rideshare-Based Transportation Services and Missed Primary Care Appointments: A Clinical Trial. JAMA Internal Medicine

FIGURE 1. RATE OF MISSED APPOINTMENTS





Priorities, Passion, & Principles

**Cultures for Sustaining
Upstream Care**

Harmonizing & Orchestrating Upstream Care with Organizational Mission



Moving to the Beat of the Same Drummer

Update the Mission Statement to Address SDoH, Refer to Findings of the Community Needs Assessment, Organize Colleagues, etc.



Over Time, These Steps Make Resourcing & Sustaining Much Easier

Your Sustainable Upstream Care Program

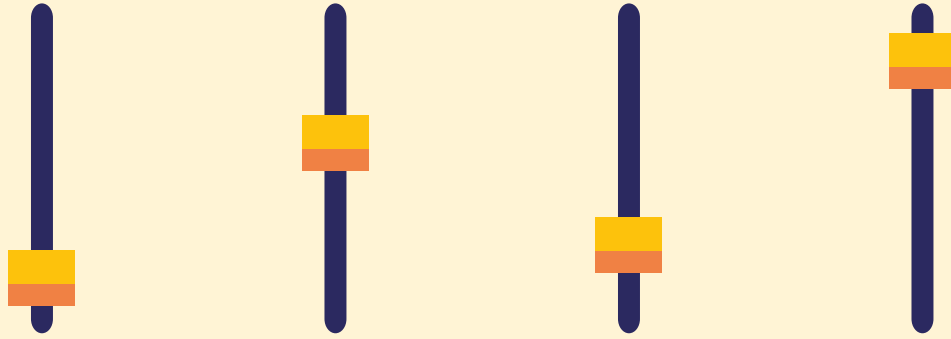
Payment

Partnerships

**Priorities,
Passion,
Principles**



Finding the Right Mix Takes Time, Trial, & Orchestration



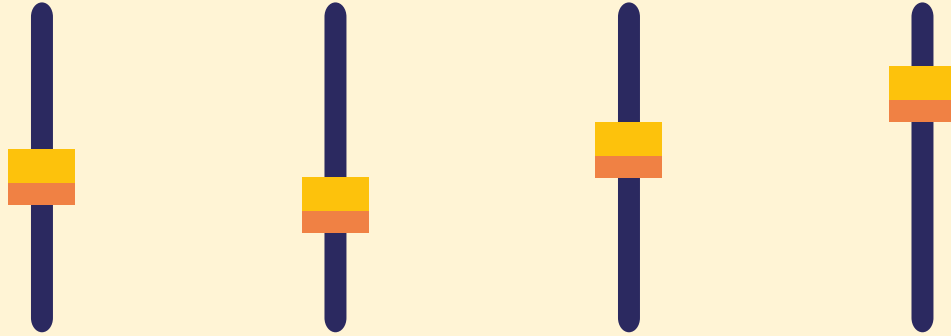
**Organization
Funding**

**Grants
Partnerships**

**Staff
Passion**



Finding the Right Mix Takes Time, Trial, & Orchestration



**Organization
Funding**

**Grants
Partnerships**

**Staff
Passion**



Finding the Right Mix Takes Time, Trial, & Orchestration



**Organization
Funding**



Grants



Partnerships



**Staff
Passion**



Your Sustainable Upstream Care Program

Payment

Partnerships

PEOPLE

**Priorities,
Passion,
Principles**





Thanks!

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Wrap Up + Next Steps

Please complete your evaluation forms!

Moving Clinics Upstream Program Feedback
March 11, 2020

Convening #2

1. Please rate your overall experience with the session.
 Excellent Very Good Good Fair Poor
2. Today's session was a valuable use of my time.
 Strongly Agree Agree Neutral Disagree Strongly Disagree
3. The format of today's session was:
 Too much lecture About right Too much activity
4. What was the most valuable part of today?
5. What do you wish we had done differently?

Coaching

We'd like to check in on how your experience with how the monthly coaching with Elevation Health Partners (Deena, Rachel, Natasha, Vanessa) has been.

1. Please rate your overall experience with coaching from 2019 till now.
 Excellent Very Good Good Fair Poor N/A
2. I find the coaching check-ins a valuable use of my time.
 Strongly Agree Agree Neutral Disagree Strongly Disagree
3. Any other feedback you'd like to share with us:

Site Visit

1. Which site visit did you attend?
 Northeast Valley Health Corp. – Food Security
 West County Health Center – Transportation
 N/A
2. Please rate your overall experience with the site visit you attended.
 Excellent Very Good Good Fair Poor
3. The site visit was a valuable use of my time.
 Strongly Agree Agree Neutral Disagree Strongly Disagree
4. Thoughts on the site visit?

Our Objectives for Today

- ✓ Have renewed clarity on what to expect in this learning community.
- ✓ Learn from your peers' efforts to inform your own approach.
- ✓ Learn low-effort ways to keep doing human-centered research to inspire and inform your project design.
- ✓ Hear different perspectives, approaches to addressing food/transport needs.
- ✓ Have a more fleshed out project roadmap.
- ✓ **Leave feeling glad you came!**



Looking Ahead

Moving Clinics Upstream Timeline	Program Activities				Deliverables			Goals
	In-Person Sessions	Virtual Learning	Site Visits	Coaching				
Phase 1: Getting Started & Building Your Foundation <i>Sept 2019 – Dec 2019</i>	Sept 26, 2019	Weekly Office Hours with Jill Rees		Monthly	Project Plan Roadmap By Oct 15	Baseline Assessment By Nov 1	December Webinar Presentation Dec 9 & 16	<ul style="list-style-type: none"> Clarify program team roles Assess your organization's strengths & opportunities Gather & synthesize patient & community input to inform strategies
Phase 2: Testing & Implementing Your Project while Developing Core SDOH Capabilities & Infrastructure <i>Jan 2020 – Aug 2020</i>	Mar 11 Aug TBD	Except Mar & Aug	NEVHC & WCHC Jan 2020 Other Site Visits TBD		Project Charter Drafted & Updated Feb - Aug	-Journalist interviews -Share & learns Feb - Aug Design Sprints for select sites	Y1 reflection conversations Aug TBD	<ul style="list-style-type: none"> Develop or refine a plan for how to identify/address food insecurity or transportation Start testing approaches to identify & address food insecurity or transportation at least one clinical site
Phase 3: Spreading & Sustaining Your Work <i>Sept 2020 – Feb 2021</i>	Feb 2021	As needed		Coaching ends by Oct 2020. Coaches available as needed.	Session Presentation Feb 2021	Endline Assessment By Mar 31 2021	Final Case Study By Apr 2021	<ul style="list-style-type: none"> Address gaps in services, referrals or partnerships Document standard internal workflows and protocols Document impact of efforts Spread lessons within organization and to other work to address social needs

Phase 2: Plan-Do-Study-Act

Jan. 2020 - Aug. 2020

Develop, refine plan to identify and address transportation access or food security in your clinic population

Start testing approach(es) in at least one clinical site

Measure, learn and modify!



Phase 3: Implement & Document

Sep. 2020 – Feb. 2021

Address gaps in
services/referrals/partnerships

Document standard internal work
and protocols AND impact

Scale/spread approach and lessons
within organization and to inform
other social needs initiatives

Next Steps & Updates

Next Steps

- By March 20: [Submit interest](#) for hosting a Design Sprint.
- By May 1, 2020: Finalize your initial measurement plan. We will be asking you to share yours by May 1st.
- Until August 2020:
 - Iterate on your project charters at least every two months. You will share new versions with your coach.
 - Develop a process map/workflow for your project by Aug 1.
 - We'll have our next meeting together in August (to be coordinated)
- Ongoing: Continue meeting with your coaches!

Updates

- ASAP:
 - CCI will be sharing slides & recording from this session.
 - CCI will be sharing details for future virtual learning opportunities.
- Next coming weeks: MCU team stories will be published.

Design Sprint Interest

What?

An **accelerated, collaborative problem-solving method** from design thinking. Over a few intense days, stakeholders co-create ideas and build and test solutions with stakeholders. The design sprint is facilitated by expert consultants.

Why?

Help your team use design tools to **brainstorm** food security/transportation approaches and **quickly test those approaches with the stakeholders** in the room. Build design capabilities at your organization.

Who?

Teams that are **open and enthusiastic about applying design** to their social needs issues. You may already be testing solutions but hope to unearth more ideas with community members.

Submit your interest by March 20th!

- Receive an honorarium of \$5,000 to offset staff time & materials.
- Need dedicated space and time over 3 consecutive days.



CCI

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INNOVATIONS

Questions?

