Henry’s Groceries: Healthy Food as Intervention
A collaboration between Gleaners & Henry Ford Health System.

Design a Program to mitigate Food Insecurity in Henry Ford Health System’s vulnerable patient populations.
Partnership Process: Key Decision Milestones

Intervention Model Determinations:

• Type and duration of intervention
• Target populations/clinic locations
• Implementation timelines
• Food package content
• Recipes to accompany food packages
• Food distribution methodology
• Communication workflows
• Screening tools
• Documentation systems
• Determine process measures to be monitored
Partnership Process: Key Decision Milestones

• Process and outcome measures used to evaluate the intervention
• Leadership structure, roles and responsibilities of intervention workgroup members
• Staff training plan and training materials
• Marketing materials
• Prepare intervention as an IRB study
  • Complete and submit application
  • Determine type of consent
• Create operating procedure documents
Partnership Process: Key Decision Milestones

**Funding:**
- Secure short-term funding source
- Submit funding approval application
- Determine long-term funding plan

**Risk Management: Regulatory Considerations**
- Prepare a Business Associate Agreement (BAA) to be signed by both organizations
- Secure approval for BAA from each organization’s legal team
- Develop communication and processes that ensures adherence to privacy laws as outlined in HIPAA.
Henry’s Groceries for Health began on November 4, 2017 with the goal to enroll 300 patients each of whom will participate for 12-months (rolling enrollment).
Henry’s Groceries for Health is available at four HFHS clinics:

- Detroit Northwest Comprehensive Care Center
- Detroit Northwest Family Medicine
- Taylor Comprehensive Care Center
- Academic Internal Medicine clinic at Henry Ford Hospital

Patients who screen positive for food insecurity are provided with healthy food every two weeks.
Screening & Enrollment

Screening is conducted by clinic staff and/or physicians.

Using Hunger Vital Sign patients are screened for food insecurity.

If positive, the patient is then screened for other factors such as allergy, dialysis, religious and cultural preferences.

Once enrolled, patients receive a starter bag of food either at a clinic or delivered to their home within days.
Food Intervention

Bi-weekly deliveries are made to homes in order to maximize participation.

Supplied food boxes include fresh, frozen and shelf-stable food representing all major food groups.

Supplemental food to meet patients’ meal gaps is equivalent to 10 meals.

HFHS staff call patients a day before delivery to remind and to get feedback on satisfaction and whether the allotment was enough food.

Those reporting insufficient food in the last two weeks receive additional food.

A letter from RD and recipes are included with the food deliveries.
Food Distribution Statistics as of 3/19/2018

<table>
<thead>
<tr>
<th>Metric</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Package distribution by delivery mode</td>
<td>Delivery – 98%, Pick up – 2%</td>
</tr>
<tr>
<td>No show rate by distribution mode</td>
<td>Delivery – 6.35%, Pick up – 23.3%</td>
</tr>
</tbody>
</table>

Number of deliveries and pick-ups (based on total patients enrolled):
- Delivery: 961 total deliveries, 900 successful deliveries
- Pick up: 28 total pick-ups, 22 successful pickups

Feedback

Client satisfaction has been generally high for the program.

We constantly strive to improve the program and have made numerous improvements already, including:

- Switching skim milk to 2% milk.
- Introduction of almond milk for the lactose intolerant.
- After 6 months, the program switched to 8 menu box choices.

Box E

**Recipes:**
- Turkey Burger
- Sweet Potato Fries
- Cheesy Macaroni Casserole
- Tuna Melt
- Salad

**Box Will Have Items Like:**
- Ground Turkey, Colby Cheese,
- Hamburger Buns, Tuna,
- Strawberries, and Sweet Potato

Box G

**Recipes:**
- Baked Pasta with Tomato Sauce
- Carrot and Potato Soup
-.......

**Box Will Have Items Like:**
- Pollack,
- 2% Milk
- Potato....
Measurement

A historical control group has been identified resembling the study group.

Utilization of health services is examined including:

• Days in the hospital and/or emergency room visits.

• Any and all biometric changes.
**Process Measures We Watch: May and June Stats**

<table>
<thead>
<tr>
<th>Metric</th>
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</thead>
<tbody>
<tr>
<td>Number of patients screened for food insecurity</td>
<td>1691</td>
</tr>
<tr>
<td>Number of patients positive for food insecurity</td>
<td>396 or 24%</td>
</tr>
<tr>
<td>Number of patients that met enrollment criteria</td>
<td>339 or 85%</td>
</tr>
<tr>
<td>Number of patients offered Enrollment</td>
<td>339</td>
</tr>
<tr>
<td>Number of patients that accepted the program</td>
<td>339 or 96%</td>
</tr>
<tr>
<td>Number of patients active in the program</td>
<td>307</td>
</tr>
<tr>
<td>Number of patients that disenrolled from the program</td>
<td>38 or 11%</td>
</tr>
<tr>
<td>Reasons for disenrollment</td>
<td>Patients don’t feel they need this level of assistance; death; wasn’t able to be home for delivery; live outside of delivery area</td>
</tr>
</tbody>
</table>
### Process Measures We Watch: May and June Stats

<table>
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<th>Metric</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Package distribution by delivery mode</td>
<td>Delivery – 96.7%</td>
</tr>
<tr>
<td></td>
<td>Pick-up – 3.3%</td>
</tr>
<tr>
<td>No show rate by distribution mode</td>
<td>Delivery - 8.75%</td>
</tr>
<tr>
<td></td>
<td>Pick-up - 26.79%</td>
</tr>
<tr>
<td>Number of deliveries and pick-ups (based on total patients enrolled)</td>
<td>Delivery - 1,988 total deliveries, 1,814 successful deliveries</td>
</tr>
<tr>
<td></td>
<td>Pick-up - 56 total pick-ups, 41 successful pickups</td>
</tr>
</tbody>
</table>
## Process Measures We Watch: May and June Stats

<table>
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<tr>
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<tbody>
<tr>
<td>Percent of patients that report the food packages are meeting needs</td>
<td>96%</td>
</tr>
<tr>
<td>Percent of patients that report that they have enough food</td>
<td>87%</td>
</tr>
<tr>
<td>Percent of patients that report they eat all of the food</td>
<td>89%</td>
</tr>
<tr>
<td>Reasons patients report not eating all of the food</td>
<td>34% - too much</td>
</tr>
<tr>
<td></td>
<td>28% - Did not like the food</td>
</tr>
<tr>
<td></td>
<td>11% – Did not know how to prepare</td>
</tr>
<tr>
<td></td>
<td>11% - Did not have time to prepare</td>
</tr>
<tr>
<td>Percent of patients that report sharing meals</td>
<td>47% Share Meals, 53% share with 2 individuals or less</td>
</tr>
<tr>
<td>Percent of patients using recipes</td>
<td>68%</td>
</tr>
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Process Improvement: A Team Approach

- Prior to Launch: Weekly planning meetings to make key milestone decisions
- Upon Launch: Daily team huddles (both organizations everyday at 8 am)
  - Discussed stats
  - Problems
  - Course correction
  - Tweaking process
- Moving into stabilization – Weekly team meetings:
  - Focused on experience of patients with the food content, recipes, delivery service
  - Adjusted content, recipes, delivery distribution, etc.
- Crisis Communication Plan:
  - Established key point persons from each organization
  - Real time problem solving
  - Process for escalating and solving urgent problems
Our Overall Goal...

This program seeks to contribute evidence that improved food security helps improve health outcomes, patient satisfaction, and reduces healthcare costs.

In all, we hope to see that more healthcare providers and payers invest in food as a beneficial and cost-effective intervention.
Thank you!

Please reach out to us with any questions you may have.

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