



HEALTHCARE AND FOOD DELIVERY ADVISORY COUNCIL

MEETING REPORT

- Notes and action items from kick-off meeting
- June 19, 2014
- Albuquerque, NM

CONVENER

Roadrunner Food Bank of New Mexico

FACILITATOR

New Mexico First



NEW MEXICO FIRST

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FOREWORD

Purpose of the Event

In June 2014, Roadrunner Food Bank convened the Healthcare and Food Delivery Advisory Council, a group of professionals working in health and social service fields. The council's goal is to create new and enduring partnerships between Roadrunner Food Bank, its distribution network and healthcare providers to improve the lives of hungry New Mexicans. This report summarizes the council's first meeting – during which initial opportunities for collaboration were explored.

Convener

Roadrunner Food Bank has been serving New Mexico's hungry since 1980. As the largest food bank in the state, Roadrunner distributes more than 28 million pounds every year to a network of hundreds of partner agencies and four regional food banks. In turn, these agencies provide food directly to the hungry in communities across the state. Agencies include food pantries, shelters, group homes, soup kitchens, low-income senior housing sites, and regional food banks. Through that network, Roadrunner helps nearly 40,000 hungry people a week. In addition to distributing food through partner agencies, Roadrunner runs several direct service programs to help end hunger in New Mexico. More information on the food bank's programs is available at www.rrfb.org.

This year, the food bank's board of directors is chaired by Eugene Sun, M.D., Blue Cross Blue Shield of New Mexico. Dr. Sun and Roadrunner CEO Melody Wattenbarger identified the potential for increased collaboration between their two professions and convened the Healthcare and Food Delivery Advisory Council.

Facilitator

New Mexico First engages people in important issues facing their state or community. Established in 1986, the public policy organization offers unique town halls and forums that bring together people to develop their best ideas for policymakers, community leaders, and the public. New Mexico First also produces nonpartisan public policy reports on critical issues facing the state. These reports – on topics like water, education, healthcare, the economy, and energy – are available at nmfirst.org.

Our state's two U.S. Senators – Tom Udall and Martin Heinrich – serve as New Mexico First's honorary co-chairs. The organization was co-founded in 1986 by retired U.S. Senators Jeff Bingaman and Pete Domenici.

Background Brief

The meeting was informed by a background brief prepared by Roadrunner Food Bank. The brief can be downloaded at www.rrfb.org/healthynm and www.nmfirst.org/library.

INTRODUCTION

Issue Summary

Many New Mexicans lack access to sufficient nutritious food, a condition termed “food insecurity” (or more commonly known as hunger). Our state leads the nation in food insecurity for children, with 29 percent of them lacking adequate food.¹ This represents 150,000 children.

Hungry people are also unhealthy people. They often lack health insurance, and they are more likely to experience chronic diseases like diabetes, anemia, asthma or heart disease.

Each week, roughly 40,000 stand in line somewhere in New Mexico to receive food through Roadrunner Food Bank’s distribution network. These locations could provide excellent opportunities to meet other health needs, including insurance, medical screenings, or preventive care.

However, such collaborations require advance planning, funding, and coordination between agencies. This report summarizes those challenges, as well as strategies to overcome them.

Process Overview

All of the ideas in this report were developed by the Healthcare and Food Delivery Advisory Council during its first meeting in June 2014. About 30 people took part in the half-day event. They represented food banks, public health agencies, healthcare providers, dental services, county extension, universities, and others. For part of the meeting, the council worked together as a full group, discussing opportunities for collaboration. They also developed a list of barriers that must be overcome. From those lists, two working groups were created:

- Information-sharing between organizations
- Direct service-delivery

Each of these groups identified immediate next steps. The following notes summarize the discussions.

CHRONIC DISEASE AND HUNGER

According to a study reported in the *American Journal of Medicine*, one in three U.S. adults with a chronic disease has problems paying for food, medicine or both. Of 10,000 adults with chronic disease studied:

- 1 in 5 was food insecure
- 1 in 4 had skipped doses of medicine due to cost
- 1 in 10 had problems paying for both food and medicine

¹ Feeding America, 2012.

OPPORTUNITIES AND BARRIERS

Opportunities for Collaborations

The group began by thinking about the range of ways food delivery and healthcare systems could be aligned. Many of the ideas centered on “one-stop shops” where additional services are integrated into existing food distribution events. Potential integrations could include:

1. Community health centers (providing nurses, licensed caregivers for screenings, or professionals to organize referrals)
2. Mobile healthcare vans
3. After school programs
4. On-site telemedicine
5. County extension activities
6. County Health Councils (and their health profiles)
7. Education about how to prepare healthy foods (cooking demos, nutrition classes)
8. Education about farmers’ markets
9. Food safety training
10. Immunizations
11. Diabetes screening (with link to medical home)
12. Tobacco cessation (services, products, or enrollment support)
13. Senior services (using sites to solve problems, provide navigation for other services)
14. School based health centers (information about food services, vaccinations)
15. Primary care offices as more than just medical offices
16. Use of vacant land for food distribution and other services (e.g., land across from schools)

Some advisory council members suggested prioritizing rural areas, where services are limited. Others thought it would be better to begin efforts in the Albuquerque region where it would be easier to engage multiple partners. Some members also suggested that events like these could provide training for future healthcare professionals; they urged that universities be included in the planning.

In addition to providing direct services, advisory council members also identified education and information-sharing opportunities:

1. Health insurance enrollment information (Medicaid, Medicare, healthcare.gov)
2. Referrals to after-school programs or other educational opportunities
3. WIC enrollment (Women, Infants, and Children nutrition program)
4. Head Start
5. SNAP Outreach
6. Public health office services
7. Education on obesity prevention
8. Other health messages (dental care, senior services, community health centers)
9. Telemedicine technology in rural areas

10. Identifying people whose primary healthcare interest is lack of food
11. Information system to accelerate information to match services with needs
12. Providing public information about connection between food insecurity and obesity

Barriers to Collaboration

While all these ideas have merit, the group acknowledged that there are many challenges to overcome. Some of these concerns included:

1. Funding for staff to collaborate and take care of coordination
2. Coordination among partners
3. Lack of best practices on these types of partnerships; people would benefit from good examples in other locations
4. Simplification of information provided
5. Simplification of service process
6. Client fears, particularly among the undocumented, to sign up for new services or give out information about self or family
7. Ego and competition among providers; need to take “credit”
8. Lack of willingness to break out of silos
9. Competition for funding
10. Public/private health competition
11. Ongoing organizational follow-thru; need for sustainability
12. Fragility of the service system (changes to funding, political will, community leadership)
13. Red tape
14. Concerns about HIPPA
15. Time constraints
16. Reliance on volunteers
17. Rural nature of New Mexico
18. Need for collaborations to add value for all parties

A number of concerns related to information sharing:

1. Proprietary information restricts sharing
2. Authorization for services and information sharing (e.g., insurance)
3. Lack of a central clearinghouse for information on how to organize these collaborations
4. IT systems of different organizations, services, etc. incompatible or lack of connection
5. Helping clients on how to navigate various systems (since they often lack phones, computers or work breaks)
6. No standardized training opportunities or commitment to using the opportunities that exist (regionally)

Other barriers related to the direct service delivery:

1. Staffing issues; giving up weekends and other times clients are available
2. Need to find volunteer groups with flexible time

3. Coordination of schedules among organizations
4. Making healthcare and other services mobile
5. Physically finding the locations to provide the services
6. Lack of awareness of provider capacity
7. The need to link clients to a medical home (could do more harm than good if doing initial medical screenings with no follow-up)
8. Providing service at times people can access (outside of normal working hours)
9. Language and cultural issues
10. Ongoing organizational ownership/follow through; plans need to be sustainable

NEXT STEPS

The advisory council divided into two groups to identify some immediate next steps.

Information Sharing Group

Working Group Chairperson: Eugene Sun

What opportunities have the potential to be the **most impactful** in the long run?

- Organize a network of agencies and organizations that want to be involved and help implement the plan; needs to include both urban and rural groups.
- Consider Share NM as an information delivery system (as “Ask the Expert” functionality).
- Verify funding available to cover staff time.

What are the **most logical next steps** that could advance our immediate goals?

1. Arrange a meeting with Share NM. (Volunteers: Kathy Komoll, Eugene Sun, Janice Gonzales)
2. Develop a survey that food pantries can use with clients regarding the services most needed. (Volunteers: RRFB staff, Brenda Wolfe)
3. Get on relevant legislative interim committees’ agendas to introduce this collaborative initiative and educate lawmakers about the link between food and health. (Volunteers: Kathy Komoll, Eugene Sun, Art Kaufman, Patsy Nelson)
4. Develop a road show for rural areas as a pilot to gain involvement of organizations (Volunteers: RRFB community initiative staff, Aimee Bennett, Louis Lucero, Brenda Wolfe)
5. Compile a list of agencies and organizations who want to engage in this work. (Volunteers: Art Kaufman, RRFB staff)

Service Delivery

Working Group Chairpersons: Patty Keane, Art Kaufman, Patsy Nelson

What opportunities have the potential to be the **most impactful** in the long run?

- One-stop shop -- Bring food distribution to **healthcare/public health** services
- One-stop shop -- Bring healthcare/public health to the **food distribution** system
- Strengthen what is already underway (community health workers, community navigators).

What are the **most logical next steps** that could advance our immediate goals?

1. Summarize operational details for Roadrunner food deliveries
2. Conduct a site visit to the existing Pajarito project and evaluate its successes and challenges (The project integrates food and health services and occurs the second Wednesday of each month.)
3. Compile any existing Blue Cross Blue Shield existing evaluation data of its mobile van activities, mobile locations, and RRFB locations.
4. Develop working plans to conduct pilot projects using the health-based and food-based models.
5. Use our council's collaborative structure as example of how future collaboration can occur statewide.
6. Integrate with existing child health initiatives at schools

APPENDIX A: PARTICIPANT LIST

The following people took part in the Healthcare and Food Delivery Advisory Council meeting held June 19, 2014 at Roadrunner Food Bank.

Name	Organization
Aimee Bennett	NMDOC
Alissa Barnes	Roadrunner Food Bank
Anthony Masciotra	UNM
Arthur Kaufman, MD	UNM
Brenda Wolfe, PhD	Eating Disorders Institute of NM
Cindy Schlenker Davies	NMSU
Charlotte Pollard	New Mexico First
David Gonzales, MD	PMS
Diana Gonzales-Pacheco	UNM
Eugene Sun, MD	Blue Cross/Blue Shield of NM
Heather Balas	New Mexico First
Janis Gonzales, MD	NMDOH
Jeffrey D. Miller, MD	Jeffery D Miller MD, PC
Kathy Komoll	NM Association of Food Banks
Len Trainor	Heritage Home Health and Hospice
Louis Lucero	Let's Move That Food
Mary Altenberg	Community Dental Services
Mary Oleske	NMHSD
Melody Wattenbarger	Roadrunner Food Bank
Mike Richards, MD	UNM Hospital
Patsy Nelson	NMASBTC
Patty Keane	UNM Prevention Research Center
Stephanie Miller	Roadrunner Food Bank
Susan Baum	NMDOH

APPENDIX B: POTENTIAL COLLABORATORS

Advisory council members were asked to identify additional people who might be future collaborators.

Name	Organization	Referred by
	Aging & Long-term services	Aimee Bennett
Pat Montoya	Aligning Forces for Quality	Anthony Masciotra
Laurel McCloskey	Chronic Disease Prevention Council	Susan Baum
Mark Sanchez	DentaQuest NM	
	Food & Ag Policy Council Reps (Grant, Santa Fe, Dona Ana)	Mary Oleske
	Indian Health Service	Patty Keane/Aimee Bennett
Ron Hale	NM Alliance of Health Councils	Patsy Nelson
Joie Glen	NM Association Home Care	Len Trainor
	NM Healthier Weight Council	Brenda Wolfe
Eileen Goode	NM Primary Care Association	Susan Baum
Nancy Cathey	NM School Nutrition Association	Patty Keane
Tom Scharmen	NMDOH	Patty Keane
	NMDOH-County Health Council Reps	Art Kaufman
	NMSU-Extension Agents (across the state)	Cindy Davies
Cheri Nipp	PMS-Central Region Director	David Gonzales
Rex Wilson	PMS-Southern Region Director	David Gonzales
Genevieve Robron	PMS-Western Region Director	David Gonzales
Susan Scott, MD	Retired pediatrician working on nutrition	Patsy Nelson/Kathy Komoll
Terry Boulanger	Telemedicine	Jeffery Miller
Daryl Smith	UNM-Pathways Program	Mary Altenberg