

# How Pediatric Practices Are Connecting Patients to Food and Nutrition Programs: the Pros and Cons of Various Models

PROGRAM	PROS	CONS
<p><b>Supplemental Nutrition Assistance Program (SNAP)</b> SNAP is the foundation of the food security safety net and helps low-income individuals and families buy food at supermarkets, farmers' markets, and other food retail outlets. Health providers can help patients apply for SNAP, often in conjunction with an application for Medicaid, or connect patients to a <a href="#">community partner</a>.</p>	<p>Benefits are 100 percent federally funded and are available for all who qualify.</p> <p>SNAP is effective in reducing food insecurity and improving health outcomes.</p> <p>SNAP is available in every state and the District of Columbia.</p> <p>Some communities have programs that double SNAP benefits at participating farmers' markets and food retailers. Learn more about <a href="#">Double Up</a> and <a href="#">SNAP Doubling</a>.</p>	<p>Not every patient will be eligible for SNAP (e.g., may be over-income, may not have requisite immigrant status).</p> <p>Benefits for these programs are not issued in a single day.</p> <p>Many families already are benefitting from SNAP, but may run out of benefits before the end of the month.</p>
<p><b>Child Nutrition Programs</b> The main child nutrition programs are the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); child care meals; school meals; afterschool snacks and meals; and summer food.</p> <p>Health providers can either help families access these programs directly or refer families to community partners.</p>	<p>All programs — with the exception of WIC — are entitlement programs, so they can serve all eligible children without the need for additional federal appropriations.</p> <p>Programs not only reduce food insecurity, but also improve academic achievement, early childhood development, and encourage healthier eating.</p> <p>The new public charge rule does not apply to these programs.</p>	<p>Patients may not meet age requirements.</p> <p>There may be limited availability of summer and/or afterschool meals sites in some communities.</p>
<p><b>Food Shelf</b> A health provider, often in partnership with a local food bank or as the result of an internal food drive, collects non-perishable food staples that are stored on site. Criteria varies for which patients get free food items and how often.</p> <p><b>Grocery Bags</b> Through a partnership with a local food bank, health providers distribute bags of groceries to patients periodically, typically once a month. The medical team and/or the food bank partner determine criteria for which patients get free food items.</p> <p><b>Gift Cards to Local Supermarket</b> Practitioners distribute gift cards to a local supermarket to families in need of immediate food assistance. The practice determines the criteria for which patients receive the cards.</p>	<p>Responds to immediate need.</p> <p>Supplements food available from the federal nutrition programs.</p> <p>Supports nutrition needs of households experiencing food insecurity that may not be eligible for SNAP (e.g., over-income, cannot satisfy citizenship or permanent legal residency requirements) or WIC (e.g., over-income, children more than 4 years old).</p>	<p>Requires funding</p> <p>Reach may be limited.</p> <p>This model is not sustainable unless ongoing funding is secured.</p> <p>Space constraints</p> <p>Staff time needed</p> <p>Food may not be tailored to the nutritional needs or cultural preferences of patients.</p> <p>This doesn't build on programs (e.g., SNAP and WIC) that integrate families with food insecurity into normal commercial channels.</p>



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<p><b>Summer Meal Site</b></p> <p>Instead of referring children to summer meal sites that may or may not be conveniently located, some health providers are hosting their own summer meal sites. This allows patients 18 years old and younger access to up to two free meals in a safe and convenient setting. Meals must meet nutrition standards, be served in a group setting, and cannot be taken home. Sites get reimbursed for meals served as well as some of the administrative costs of the program.</p>	<p>There is a sustainable amount of federal funding available to cover meal costs and some administrative costs.</p> <p>This program supports children’s nutritional needs.</p> <p>Providers can partner with in-house food services or with a community partner to implement the model.</p> <p>Providers can serve children in the surrounding community.</p>	<p>There is a need for dedicated staff (or volunteers) to run the meal program.</p> <p>There is a need for space to serve meals in a group setting.</p> <p>Free meals are not provided for parents.</p> <p>Not all medical practices will be located in low-income areas that are eligible to participate in the program.</p>
<p><b>Afterschool Meal Site</b></p> <p>Through available federal funding, health care providers are offering out-of-school time meals after school, on weekends, or during school holidays to children 18 years old and younger. Meals must meet nutrition standards, be served in a group setting, and cannot be taken home. Afterschool meal program sites are required to offer enrichment activities. For example, a site can offer a nutrition education class that highlights how the food served supports the nutrition of children.</p>	<p>There is a sustainable amount of federal funding available to cover meal costs and some administrative costs.</p> <p>This program supports children’s nutritional needs.</p> <p>Providers can partner with in-house food services or a community partner to implement the model.</p> <p>Providers can serve children in the surrounding community.</p> <p>Children benefit from enrichment activities.</p> <p>The program can reach children on weekends, during school holidays, and after school.</p>	<p>There is a need for dedicated staff (or volunteers) to run the meal program and enrichment activities.</p> <p>There is a need for space to serve meals in a group setting.</p> <p>Free meals are not provided for parents.</p> <p>Not all medical practices will be located in low-income areas that are eligible to participate in the program.</p>
<p><b>Food Pharmacy</b></p> <p>Selected patients who screen positive for food insecurity are referred to a medical center’s food pharmacy where they meet with a staffer — often a dietitian — who identifies what foods are indicated for treatment of their medical condition. The patient then selects indicated foods from the food pharmacy and receives referrals to return once a month for six months. The dietitian also can screen patients for SNAP and other federal nutrition resources. <u>ProMedica</u> in Ohio developed an innovative food pharmacy model and is working to expand it to other hospital settings.</p>	<p>This is integrated into the hospital services and some staffing costs may be covered.</p> <p>Existing personnel can help staff the clinic.</p> <p>There is a dietitian on hand to help connect patients to appropriate food selections based on existing medical conditions.</p> <p>This program connects patients to SNAP, WIC, and other nutrition resources.</p> <p>Nutrition services are included in the patient’s medical records.</p>	<p>This program requires additional funding.</p> <p>This program requires partnership with a food bank or funding to secure food for the pharmacy.</p> <p>This program requires dedicated space.</p> <p>This program cannot serve every patient who screens positive for food insecurity.</p>



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PROGRAM	PROS	CONS
<p><b>Veggie Rx and Veggie Incentive Programs</b></p> <p>Typically, the Veggie Rx and Veggie Incentive programs provide targeted patients (e.g., who screen positive for food insecurity, diabetes, or obesity) with a “prescription” that can be used like cash and redeemed for fresh produce. Some programs only allow participants to redeem their prescriptions at participating farmers’ markets or provide fruit and veggie boxes on site, while others partner with both farmers’ markets and grocery stores. The structure of the program and the value of the “prescription” patients receive varies depending on the model. <u>Wholesome Wave’s Fruit and Vegetable Prescription Program (FVRx)</u> provides \$1 per day per household member.</p>	<p>The program can provide targeted support to patients diagnosed with diet-related chronic diseases to access fruits and vegetables.</p>	<p>Dedicated funding is required for this program.</p> <p>Can only reach a small number of patients</p> <p>Need proximity to participating farmers’ markets, grocery stores, or both</p>
<p><b>Farmers’ Markets</b></p> <p>Across the country, more health practices and hospitals are bringing farmers’ markets and Mobile Markets on site so patients and staff can access healthy, local food. This model can better support families facing food insecurity if the market is able to accept SNAP benefits, WIC cash value vouchers, and participates in the federal <u>WIC Farmers’ Market Nutrition Program (FMNP)</u>.</p>	<p>This model provides access to local produce.</p> <p>Many markets can accept federal nutrition program benefits.</p> <p>This model may offer nutrition education at the market.</p>	<p>Dedicated staff and funding are needed to help implement this model; this is less so if a local farmers’ market or mobile market is available to partner.</p> <p>Families may have already exhausted SNAP and WIC monthly benefits and may not have money to purchase food at markets even if markets accept these benefits. The reach of WIC FMNP is limited.</p> <p>Market location and hours may not be convenient for families.</p>

