



County of San Diego, Health and Human Services Agency

# PARTNERING WITH HOSPITALS ON CALFRESH APPLICATIONS

CWDA CONFERENCE – SACRAMENTO CA – OCTOBER 4, 2017





- A. Live Well Initiative
- B. Hunger and Health
- C. Partnership
- D. Questions and Answers

# SAN DIEGO COUNTY



- 4,261 square miles
- (larger than 21 U.S. States; same size as Connecticut)
- 5<sup>th</sup> largest U.S. County, 2<sup>nd</sup> largest in CA
- 18 municipalities; 36 unincorporated towns
- 18 tribal nations
- 42 school districts
- 2013 Estimates - 3.1 million population
  - 48% White
  - 32% Latino
  - 11% Asian/PI
  - 4.7% African American
  - 0.5% American Indian
- Region is very diverse

- Over 100 languages
- Large military presence
- Largest refugee resettlement site in CA
- Busiest international border crossing in the world (San Ysidro/MX)

# UNIQUE HEALTH CARE SYSTEM



Integrated Health & Human Services Network

5 Integrated Hospital Delivery Systems

21 Hospitals:

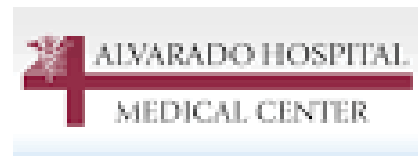
- 18 Civilian
- 3 Military

2 Community Clinic Networks:

- Over 150 clinic sites



*We're here for you.*



**WE KNOW...**



**LIVE WELL  
SAN DIEGO**

**THAT THREE NUMBERS AFFECT US ALL:**



1 World Health Organization (WHO). "The Global Strategy on Diet, Physical Activity and Health."  
[http://www.who.int/dietphysicalactivity/media/en/gsf\\_general.pdf](http://www.who.int/dietphysicalactivity/media/en/gsf_general.pdf) (Accessed September 22, 2011).

2 3Four50, [www.3four50.com](http://www.3four50.com) (Accessed September 22, 2011).

# OUR VISION



**LIVE WELL**  
SAN DIEGO

**Building  
Better  
Health**

**Living  
Safely**

**Thriving**

# BUILDING BETTER HEALTH



LIVE WELL  
SAN DIEGO

Approved  
July 2010



Access to quality care



Increased physical activity



Healthy eating



Stop tobacco use

# LIVING SAFELY



LIVE WELL  
SAN DIEGO

Approved  
October  
2012



Residents are *protected*  
from crime and abuse



Neighborhoods are *safe*  
to live, work and play



Communities are *resilient*  
to disaster and emergencies



# THRIVING



Approved  
October  
2014



## Built and Natural Environment

- Transportation
- Built Environment & Neighborhoods
- Natural Environment
- Housing



## Enrichment

- Civic Life
- Community Activities



## Prosperity, Economy & Education

- Workforce/Education
- Economic Development



## 1 VISION

of a  
region  
that is

Building  
Better  
Health | Living  
Safely | Thriving

## 4 STRATEGIC APPROACHES

Building a Better Service Delivery System | Supporting Positive Choices | Pursuing Policy & Environmental Changes | Improving the Culture Within



## 5 AREAS OF INFLUENCE



HEALTH



KNOWLEDGE



STANDARD OF LIVING



COMMUNITY



SOCIAL

## TOP 10 LIVE WELL SAN DIEGO INDICATORS

Life Expectancy  
Quality of Life

Education

Unemployment Rate  
Income

Security  
Physical Environment  
Built Environment

Vulnerable Populations  
Community Involvement

that measure the impact of collective actions by partners and the County to achieve the vision of a region that is Building Better Health, Living Safely and Thriving.

# STRATEGIC ALIGNMENT



LIVE WELL  
SAN DIEGO



CITIES & GOVERNMENTS



BUSINESS & MEDIA



COMMUNITY & FAITH-BASED  
ORGANIZATIONS








SCHOOLS & EDUCATION

ALIGNING STRATEGIES ACROSS ALL SECTORS



# MEASURING RESULTS



Areas of Influence	Definition	Top 10 Indicators
 <p>HEALTH</p>	<p>Enjoying good health and expecting to live a full life</p>	<ul style="list-style-type: none"> <li>• Life Expectancy</li> <li>• Quality of Life</li> </ul>
 <p>KNOWLEDGE</p>	<p>Learning throughout the lifespan</p>	<ul style="list-style-type: none"> <li>• Education</li> </ul>
 <p>STANDARD OF LIVING</p>	<p>Having enough resources for a quality life</p>	<ul style="list-style-type: none"> <li>• Unemployment Rate</li> <li>• Income</li> </ul>
 <p>COMMUNITY</p>	<p>Living in a clean and safe neighborhood</p>	<ul style="list-style-type: none"> <li>• Security</li> <li>• Physical Environment</li> <li>• Built Environment</li> </ul>
 <p>SOCIAL</p>	<p>Helping each other to live well</p>	<ul style="list-style-type: none"> <li>• Vulnerable Population</li> <li>• Community Involvement</li> </ul>



# HUNGER & HEALTH

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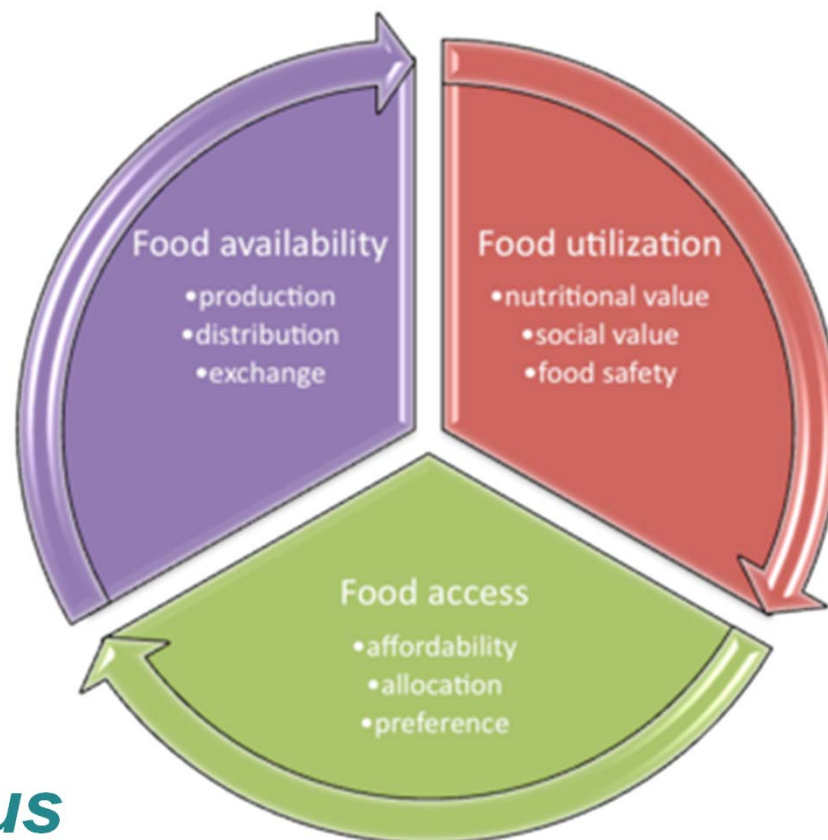


**Food Availability**

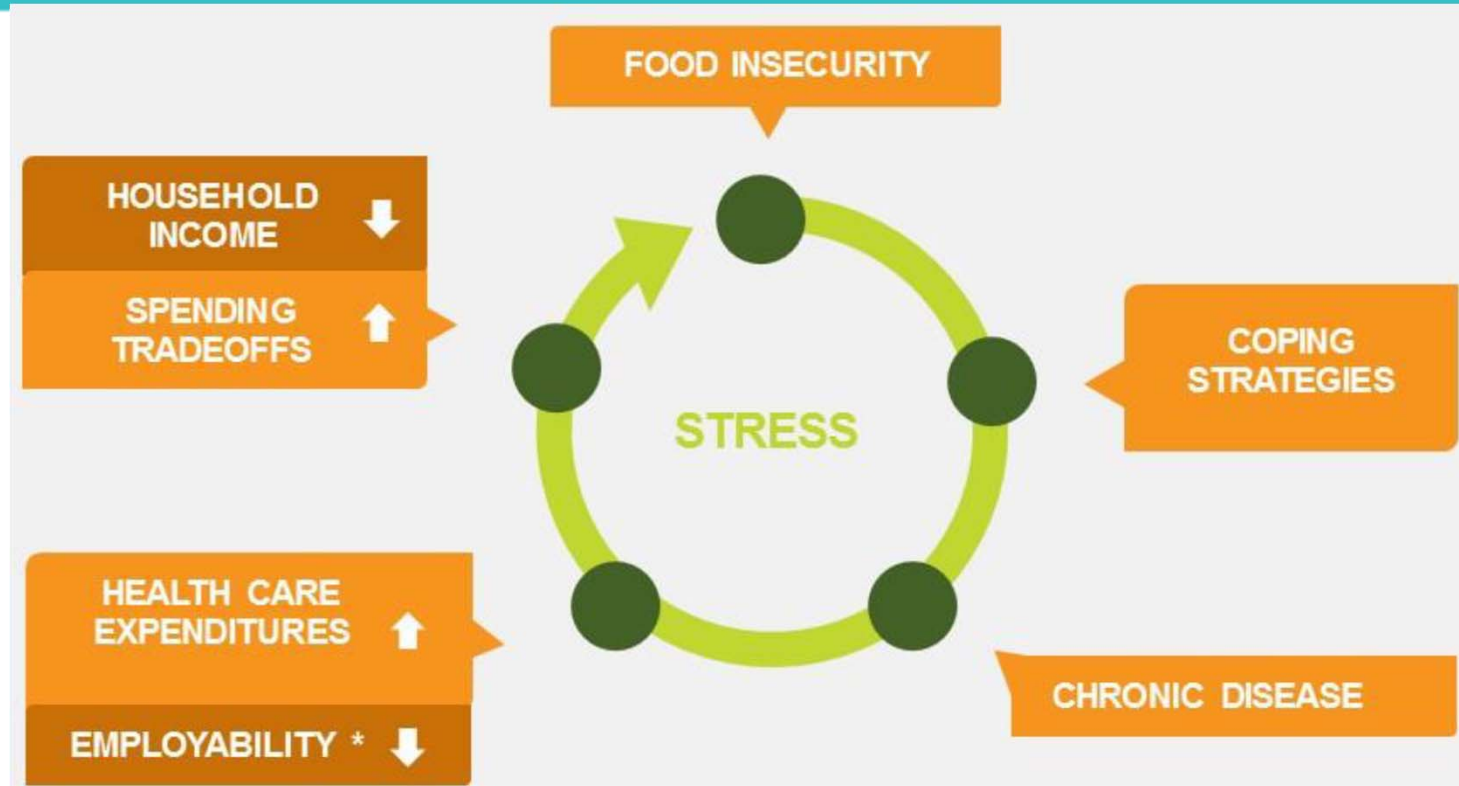
**Food Affordability**

***Stress → Unhealthy  
coping strategies***

***Impact on health status***



# FI AND HEALTH CARE UTILIZATION



*In CA hospitals: 27% increase in hypoglycemia admissions at end of the month for low-income diabetics<sup>1</sup>*

<sup>1</sup>Hilary K. Seligman and Dean Schillinger. Hunger and Socioeconomic Disparities in Chronic Disease. *New England Journal of Medicine*. 2010; 363(1): 6.

# FI AND HEALTH CARE COSTS



Marginally food insecure:  
health care costs → 16% higher

Moderately food insecure → 32%

Severely food insecure → 76%



*Higher with prescriptions!*

<sup>1</sup>Tarasuk, et. al. Association between household food insecurity and annual health care costs. CMAJ. August, 2015.  
DOI: 10.1503/cmaj.150234





# THE COLLABORATION

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- Similar to a Family Resource Center
- Intake functions only
- Concurrent evaluations for Medi-Cal and County Medical Services in all locations
- CalFresh - most locations



## Homeless Outreach

- Partnership with Food Banks
- Coming Soon: Encinitas HOT

## Special Populations

- Recovery sites

## School Outreach

- Community Colleges
- Elementary Schools



- Health Coverage Access and the Hospital Association of San Diego and Imperial Counties build on their long-standing partnership
- Hospital Outstation Services program supporting eligibility operations for Medi-Cal enrollment onsite
- Created a Manual of Policies and Procedures
- Used an electronic communication system: AuthMed



## Benefits of Hospital Outstation Program



- Improved communication
- One point of contact
- Transparency
- Onsite support and ability to meet with customers

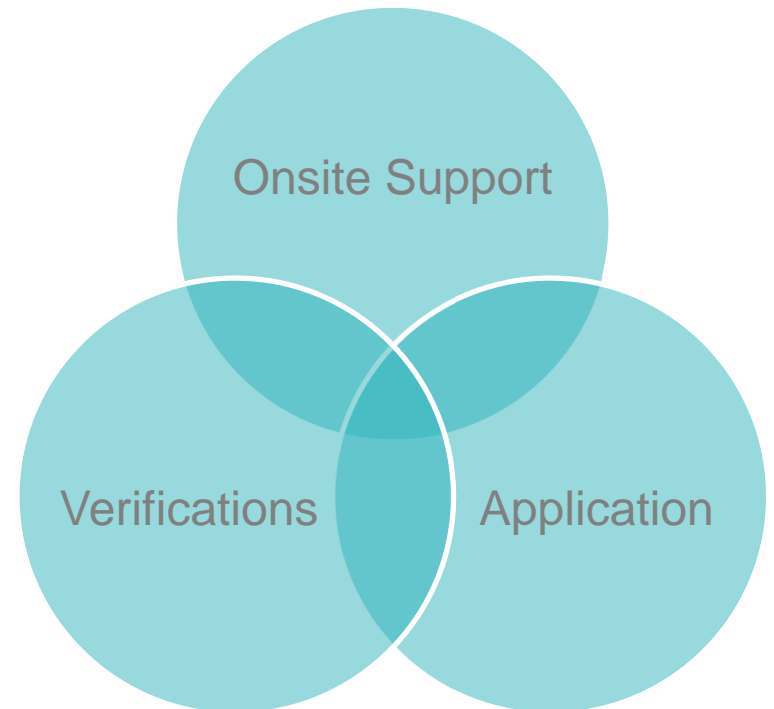
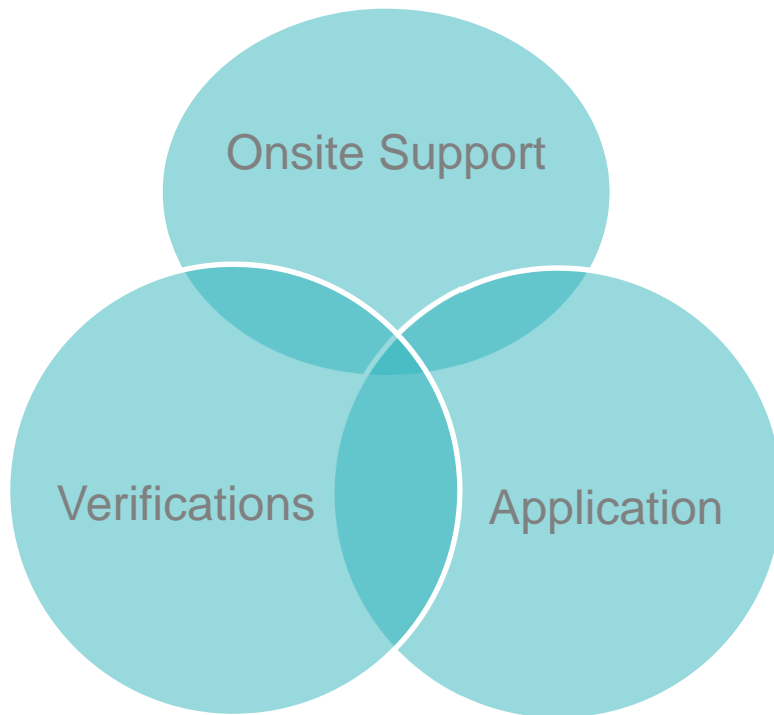
# COMPONENTS FOR ENROLLMENT



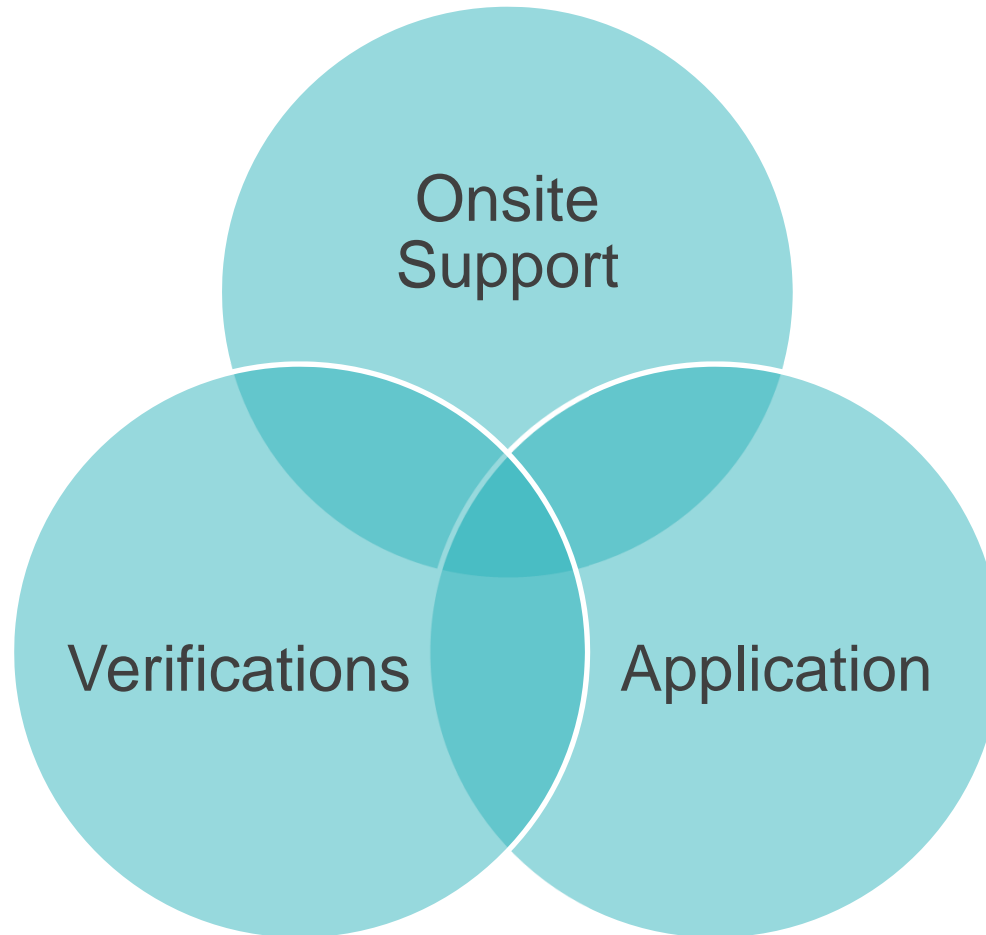
## Medi-Cal



## CalFresh



# COMPONENTS FOR ENROLLMENT FOR MEDI-CAL AND CALFRESH





# PROJECT OVERVIEW

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# PREPARATION



- Providing additional program services
- Developing new ways of doing business
- Utilizing already established infrastructure
- Incorporating subject matter experts
- Implementation
- Review/modification



# PROJECT OVERVIEW



## TIMELINE

### Weeks 1 through 3:

- Formed Advisory Group: Program Subject Matter Experts, Hospital Representatives and Leadership team
- Adopted a new application/forms; updated policy and procedure manual
- Approved a learner workflow which improved the ability to help patients
- Established procedural expectations including an escalation process

### Week 4:

- Training began, created training material, conducted interdepartmental training classes including program experts

# PROJECT OVERVIEW



## TIMELINE CONTINUED:

Week 5:

- Go-Live
- Post Measure

Week 9

- Replication





# DATA AND MEASURES

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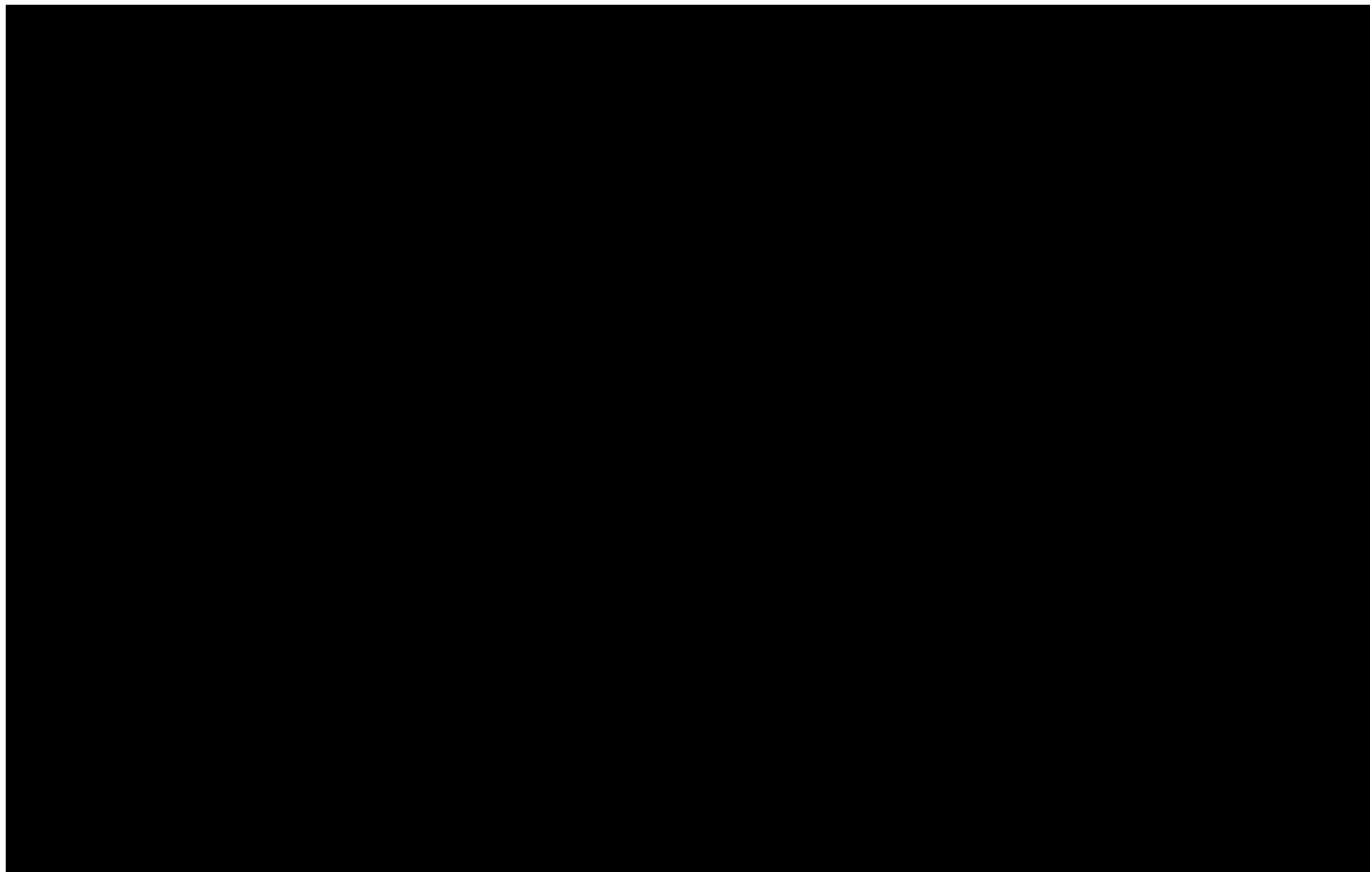


- Pilot began April 2016 with HCA and Sharp Grossmont Hospital
- All Sharp hospitals on board as of January 2017
- 10 of 14 hospitals participating as of July 2017
  
- 687 CalFresh applications processed through 09/2017:
  - 59% approved
  - 37% denied
    - Failure to provide
    - Institutionalized for 30 days or more
  - 4% pending

# DATA AND MEASURES



LIVE WELL  
SAN DIEGO





LIVE WELL  
SAN DIEGO

**“Alone we can do so little, together we can do so much.” ~ *Helen Keller***



# QUESTIONS?





# PRESENTERS



County of San Diego, Health and Human Services Agency

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