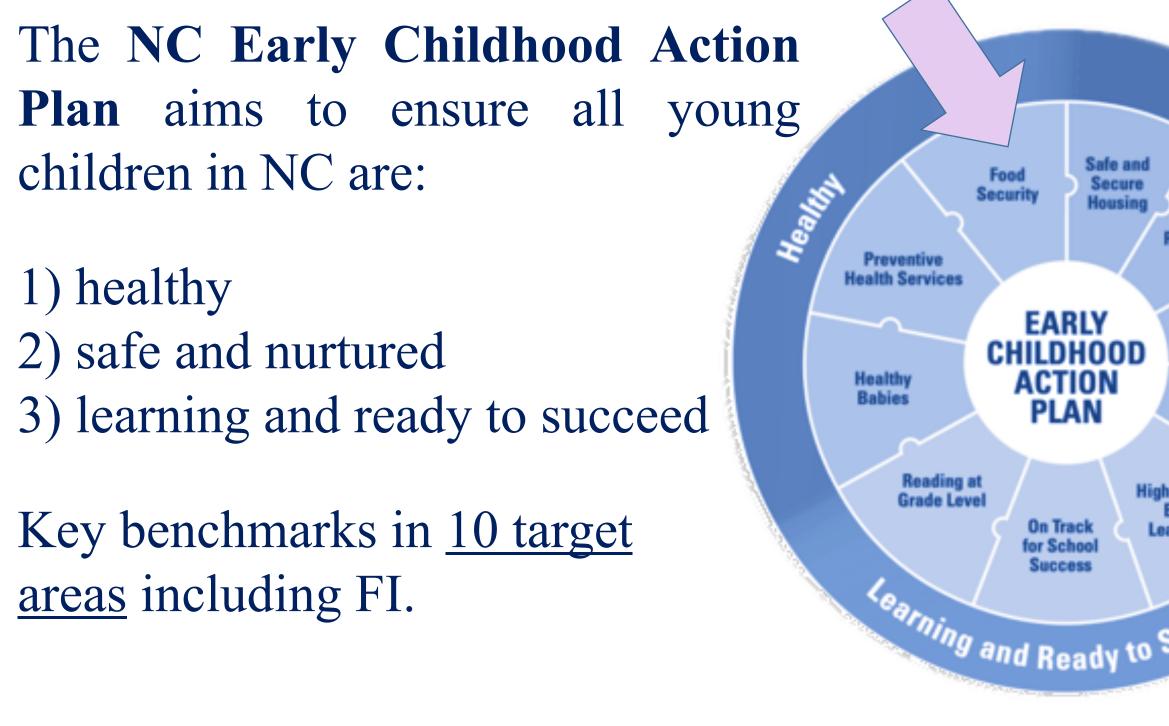


#### BASS CONNECTIONS

## MARGOLIS CENTER for Health Policy

### Background

- 1 in 5 children in North Carolina are food insecure (FI) or lack consistent access to adequate food
- FI is linked to poor child and adult outcomes in several domains



#### **North Carolina Integrated Care for Kids** (NC InCK):

- Child-centered service delivery and payment model, aims to improve <u>quality of care and reduce cost of care for</u> children insured by Medicaid or CHIP
- 80,000-100,000 children, 5 NC counties (Alamance, Orange, Durham, Granville, Vance), 2020-2027
- Aims to:

More holistically assess the needs of children

**Coordinate services** across sectors for kids with high needs

Design new ways of paying for care and outcomes

lies for Child

in Foster Care

Health and

Integrated care across core services areas e.g. clinical care, schools, food, housing, early care, child welfare, legal. Currently developing implementation strategies.

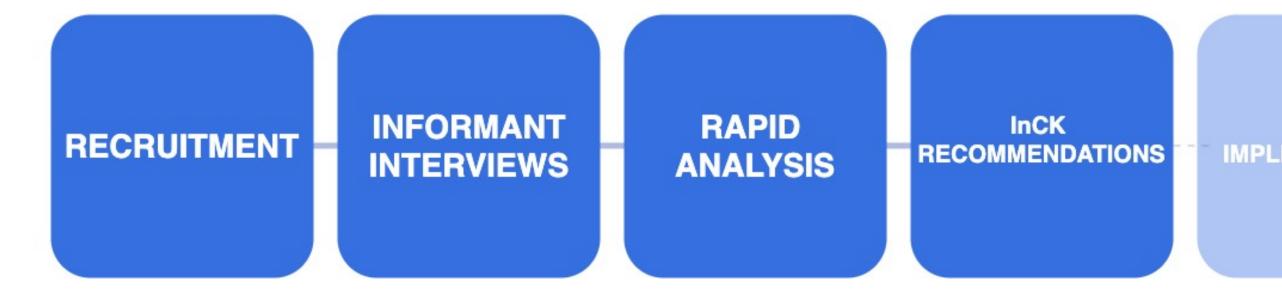
#### **Objectives:**

- Describe cross-sector community-based resources and strategies to address FI for children in NC in order to inform NC ECAP planning
- Apply findings to <u>develop specific implementation</u> recommendations to target FI in the NC InCK model



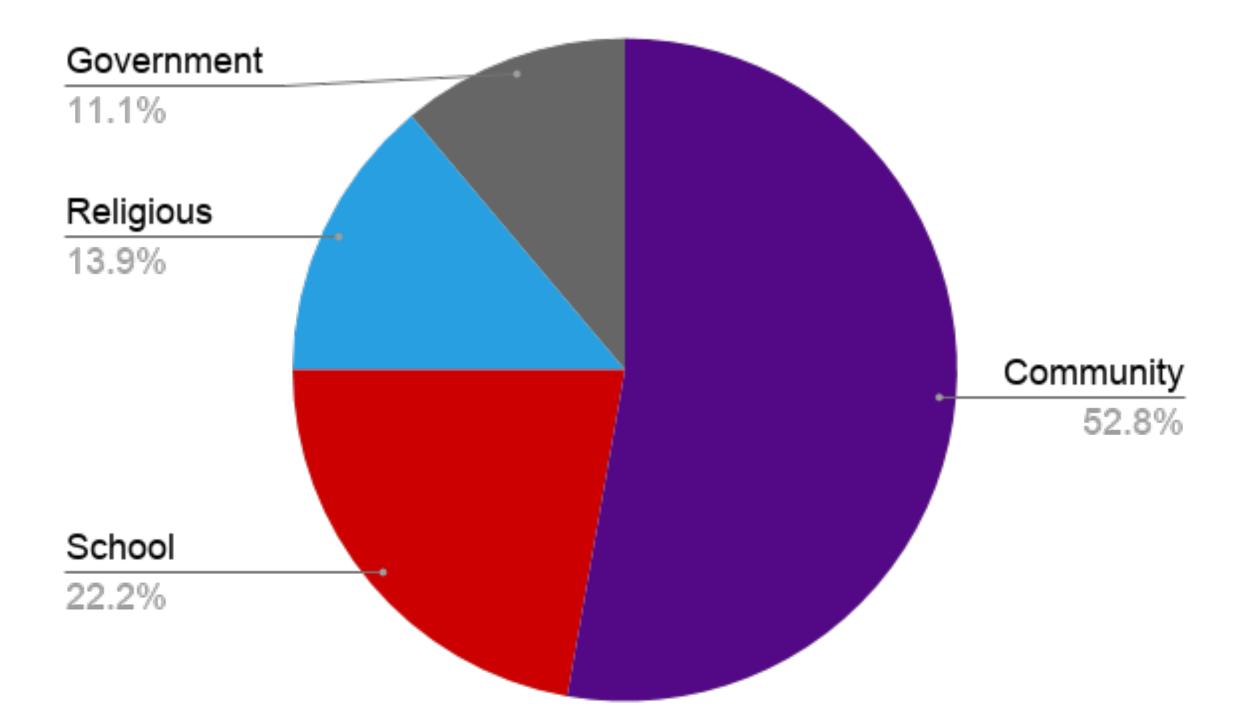
Sophie Hurewitz. Lilianna Suarez, Michelle Franklin, Gillian Sanders Schmidler, Beth Gifford, K.K. Lam, Ainsley Buck, Emma Dries, Emma Garman, Reed Kenny, Ellie Winslow, and Rushina Cholera

#### **Data & Methods**

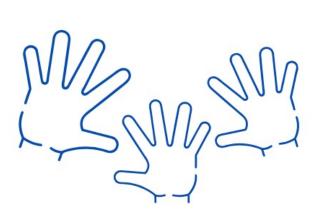


- 34 informants in various sectors, including school, community, and government (Figure 1).
- Interview content: organizational information and services, changes due to COVID-19, referral and engagement processes, community engagement, gaps and potential solutions, and best practices for addressing FI with families

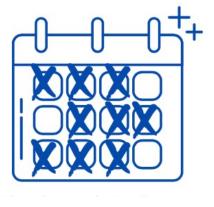
#### Figure 1. Key informants (N=34) interviewed from a range of sectors providing food resources for children



## **Key Findings: COVID-19 Specific**



Increased Food Need





Weekend Pickup Sites



Acknowledgements: Eliana M. Perrin, Corinna Sorenson, Charlene Wong and the NC InCK team. Special thank you to all of our interview participants.

# **Cross-Sector Intervention Strategies to Target Childhood Food Insecurity in North Carolina**

InCK PLEMENTATIO

Heightened Awareness



Sustainability Concerns

"...COVID had really, has really awakened the public to the childhood nutrition issues."





Lack of Transportation Lowers Accessibility

Barrier	Infor
Transportation	<b>"the a</b> During transp
Stigma	"They way fo
Access Barriers	"There becaus get it, <b>langu</b> s
Federal Program Enrollment	"A lot meals

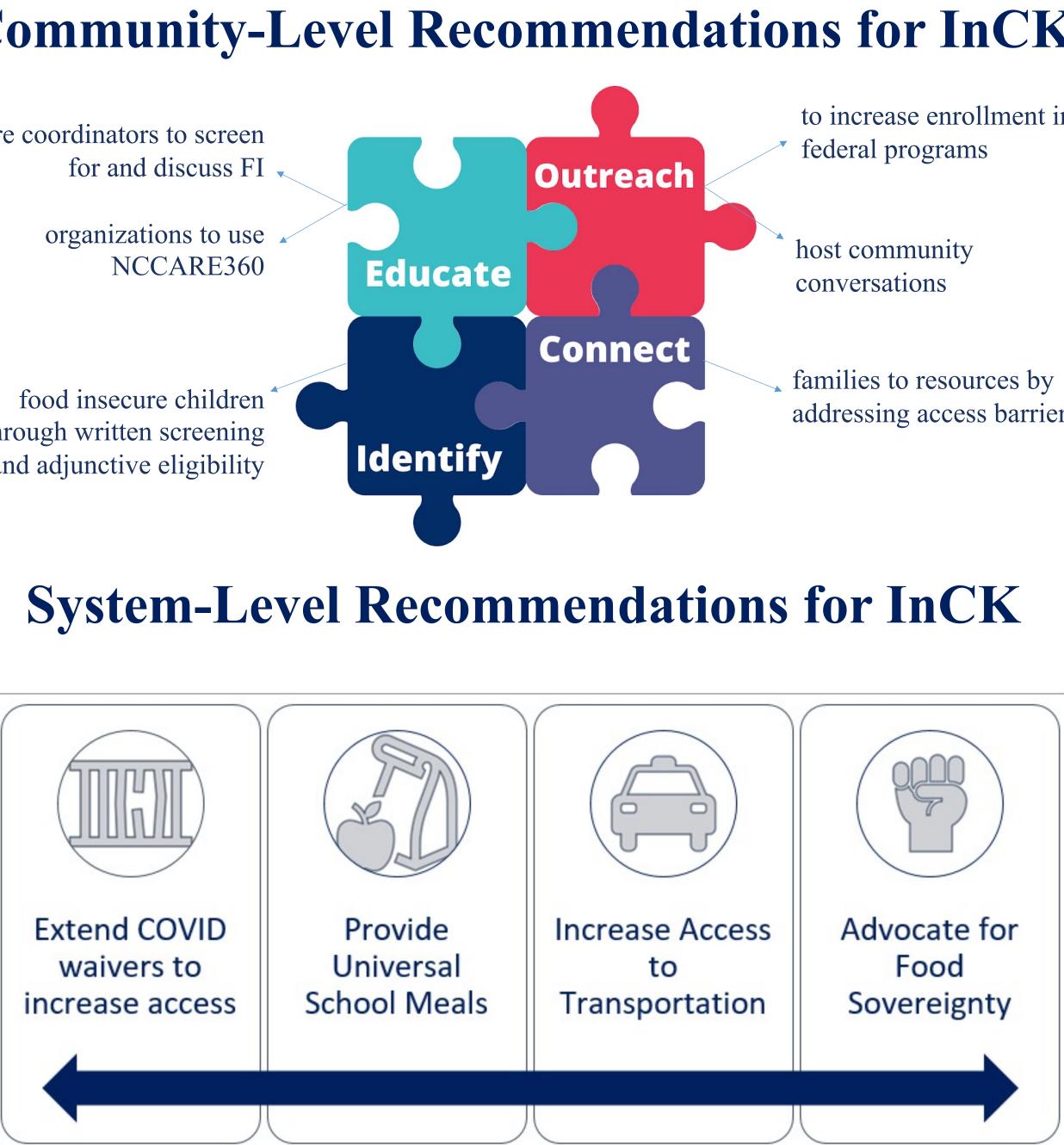
#### **Community-Level Recommendations for InCK**

care coordinators to screen for and discuss FI

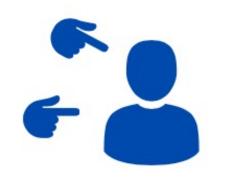


through written screening and adjunctive eligibility





#### **Key Findings: General**





Stigma Discourages Program Use

Non-Specified Access Barriers



Inder-enrollment in Federal Food Programs

#### rmant Quote

**bility to have resources** to get everybody to where... It's hard. g this day and time, we don't think about people who don't have ortation because we just go out and get in the car and go."

don't want charity. It's **embarrassing** and it's **denigrating** in a or them to come and get food for free."

e are some people that don't get the support that they need se of where they live or because of lack of knowledge of how to and I'm not sure how else to reach them. There might be a age barrier, there might be because of lack of internet access."

of times we hear that, "Yeah, I knew that they were serving free at school, but that's not for my family." When really, it is."