



## *Collaborating Across the Clinical-Community Continuum of Care*



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## Our Role Improve the health of the communities we serve



3 Core Priorities: **healthy eating, active living, and prevention of unhealthy substance use**



Serve as a convener and help people work across boundaries in service of overarching community health priorities

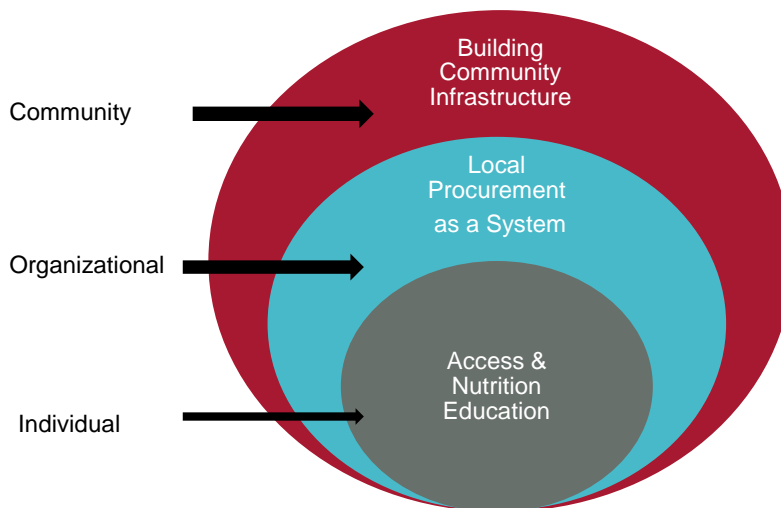
Support for interventions in partnership; honoring local expertise



Partner to strengthen what exists; improve effectiveness of healthcare interventions; support economic development



## Our Healthy Eating Strategy



# Addressing Social Determinants of Health

Measuring the impact on the Triple Aim



6

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Food Pharmacy



# Food Insecurity & Its Effects

1 in 5 families in Bernalillo County

Food insecure homes face dietary hardships

Poor nutrition in seniors

Food insecurity effects on children



3

# Food Pharmacy Process

## Food

Some people have made the following statements about their food situation. Please answer whether the statements were **OFTEN**, **SOMETIMES**, or **NEVER** true for you and your household in the last 12 months.

Within the past 12 months, you worried that your food would run out before you got money to buy more.

Often true     Sometimes true     Never true

Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.

Often true     Sometimes true     Never true



### Food Pharmacy Intake Form

Personal Information		Today's Date:	
First Name	MI	Last Name	DOB MM/DD/YEAR / /
Street Address			
City	State	Zip	Phone ( )
Household Information		Accessibility	
Indicate how many are in your household. Please mark with "X" if you have the following at home.			
Children Birth-4	Seniors Age 65+	<input type="checkbox"/> Oven	<input type="checkbox"/> Freezer
Children Ages 5-17	Total Household	<input type="checkbox"/> Stove	<input type="checkbox"/> Microwave
Adults Age 18-59	Size	<input type="checkbox"/> Refrigerator	
Demographics		Food Access	



### Food Pharmacy Exit Form

*To be completed after the initial 13 weeks or 3 months of receiving a prescription to the Food Pharmacy*

Personal Information		Today's Date:	
First Name	MI	Last Name	DOB MM/DD/YEAR / /
Health Goals Achieved			
<input type="checkbox"/> Increase consumption of vegetables	<input type="checkbox"/> Increase consumption of fruits		
<input type="checkbox"/> Lose Weight	<input type="checkbox"/> Gain Weight		
<input type="checkbox"/> Lower my A1C	<input type="checkbox"/> Lower my blood pressure		
<input type="checkbox"/> Other (please specify)			
Additional Comments			



## Food Pharmacy at a Glance



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10

## Food Pharmacy Impact



### Patients

- Food insecurity
- Social isolation



### Providers

- Empowered to help patients with social needs



### Volunteers

- Employees
- Donate food and money
- Volunteer time
- Volunteer positions

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## Our Partnership with Meal on Wheels Albuquerque



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## Creatively Evolving Our Partnership and Addressing Gaps in Services

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 **MEALS  
on WHEELS  
ALBUQUERQUE**

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**Thank you!**

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