Addressing the Intersection of Health & Hunger
February 1, 2020
Today’s Key Ideas:

• Intersection of Food Insecurity and Health
• The Central Florida Response: Unlikely Partnerships and the Health & Hunger Task Force
• Local Pilots, Projects and Next Steps
Mission:

To create hope and nourish lives through a powerful hunger relief network, while multiplying the generosity of a caring community.
60 MILLION MEALS
Who’s doing what about food insecurity?
Central Florida Food Insecurity

- 13.8% or 592,000 Central Floridians
- 180,000 are Children
- 56,000,000 Meal Gap

Florida has the 3rd highest number of food insecure children in the country.
74% of households receiving food from Second Harvest live in poverty.

50% exhaust SNAP benefits in two weeks.

60% of households were employed in the past year.
Making Ends Meet Means Making Tough Choices

For the people we serve, household income doesn’t cover basic needs.

- 69% Have had to choose between paying for utilities and food
- 67% Have had to choose between paying for transportation and food
- 66% Have had to choose between paying for medical care and food
- 57% Have had to choose between paying for housing and food
Food Insecurity

- Dietary Intake
- Stress
- Self-Efficacy
- Bandwidth
- Competing Demands
- Binge-Fast Cycles
- Employability
- Stability

Poor Health
Hunger Creates an Unhealthy Cycle

Of households our network serves...

- **79%** Purchase inexpensive, unhealthy food
- **58%** Report a member with high blood pressure
- **33%** Report a member with diabetes

- Hunger in America 2014
- Berkowitz et al-2017-Health_Services_Research
Starting with Food Insecurity to Address Social Determinants of Health

- Food Insecurity Affects **Health Status & Quality of Life**
- Food insecurity Affects **Health Care Costs**
- There are **Solutions** for patients living with food insecurity
Food Insecurity Directly Impacts Disease Risk

Food Insecure individuals have increased **Risk for Chronic Disease:**

- Cardiovascular disease (hypertension ≈ 25% more common)
- Diabetes (Type 2 Diabetes Mellitus rates ≈ 25% higher)
- Kidney disease (≈ 50% higher)
- Osteoporosis (4x ↑ risk)
Food Insecurity Directly Impacts Disease Management

Without adequate access to healthy food, management of chronic disease is also more challenging.

- Food Insecurity in Diabetes leads to:
  - Increased Medication Non-adherence
  - More food-medicine-medical supplies tradeoffs
  - Poorer diabetes distress and diabetes self-efficacy
  - Worse glycemic control
- Self-management challenges with food insecurity & other diseases
  - HTN
  - HIV
  - Cancer
Hospital Admissions Attributable to Low Blood Sugar

Admissions Attributable To Low Blood Sugar Among Patients Ages 19 And Older To Accredited California Hospitals On Each Day Of The Month, By Income Level, 2000–08.

27% increase in low blood sugar admissions during 4th week of month (compared to 1st week of month) for low-income group only

Source: Seligman H K et al. Health Aff 2014;33:116-123
Food Insecurity in additional health care costs per year

- More chronic disease treatment
- More diabetes hospitalizations
- More hospital readmissions
- High-Cost User status associated with food insecurity
- Food insecure patients cost health care system $1,863 more per year, or ~ $155 more per member per month

Cost of A Health Care Visit for Low Blood Sugar vs. Food

$17,564
INPATIENT ADMISSION

$1,387
EMERGENCY VISIT

$394
OUTPATIENT VISIT

$825*
MONTHLY FOOD COST (FAMILY OF 4)

American Journal of Managed Care, 2011.

*Thrifty Food Plan
THE OPPORTUNITY

TACKLING FOOD INSECURITY TOGETHER

HEALTHCARE PARTNER

FOOD BANK
HEALTH & HUNGER TASKFORCE

- Launched late 2015
- Goals and Workgroups
  - (1) Food insecurity screening
  - (2) Building value proposition for the work
  - (3) Measuring health outcomes
- Platform for funding opportunities
- Platform for knowledge transmission
- Platform for advocacy
- Pathway to improved patient and community health
- Pathway to decreased healthcare costs
PILOTS and PROJECTS

Current
- OH 8/17 -- Late 2020 completion
- FH Community Care -- 8/18-1/20
- Aetna Healthy Food Boxes -- ongoing
- OMYF-Grace Medical Home -- 8/18-1/20
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- AH CHIC -- 1/19-12/21

Completed
- WPHF Pantry Capacity-building -- 2014-2017
- FA/Americares-Grace Medical Home -- 3/18-3/19

Under Consideration
- Aetna Community Care

Other Projects
- DOH in Seminole County on site pantry
- VA Medical Center Mobile Pantry
HEALTHY PANTRY NETWORK

- Subset of SHFB larger feeding partner network
- Patients referred from pilots
- Upgraded capacity
- Commercial cooling and freezing equipment
- Trained in basic nutrition
- Utilize behavioral nudges
- Sustainable community asset
FOOD INSECURITY SCREENING

2-Question Screening Tool
- Why use it?
- Where is it being used?
- American Academy of Pediatrics

Responding to Positive Screens
- Existing Community Resources

Billing & Coding
- DeSilvey White Paper
- Rx for Food, Fredric Garner, MD

Challenges
- Integrating into Workflow
- Developing recurring data loop

- Within the past 12 months we worried whether our food would run out before we got money to buy more.
- Within the past 12 months the food we bought just didn’t last and we didn’t have money to get more.
WHAT’S NEXT?

- Sustainability of healthy food costs
- Buy-in from clinical community
- Increased awareness
- Utilization/Integration into healthcare systems
- Addressing barriers
- Nutrition education expansion
- Healthy food access/food as medicine institutionalized across provision of healthcare
Q&A...

Let’s talk.
For more information, contact:
Karen Broussard, MSW
Vice President, Agency Relations and Programs
kbroussard@feedhopenow.org
407 514 1030

www.feedhopenow.org