

The Intersection of Food Insecurity and Health Care

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What is Food Insecurity?

The USDA defines **food insecurity** as "a household-level economic and social condition of limited or uncertain access to adequate food." According to the most recent data, 12.7% of U.S. households (which translates to 42.2 million people), 9.7% of Massachusetts households and 10.3% of households in Worcester county are food insecure, highlighting the importance of identifying and understanding this issue.

Food insecurity has been associated with various poor health outcomes including lower overall health status and poor management of chronic diseases, such as diabetes. Physicians report social needs are just as important to address as medical conditions, but only 1 in 5 feel confident or very confident in addressing their patient's social needs. Only 12.7% of physicians ask about food sufficiency most of the time or always.

Our goal was to research the proportion of CHNAs that identified food

Who is Food Insecure?

Food insecurity can affect people from all walks of life.

- More than half of the Feeding America client households report having at least one employed person at some point in the past year
- "Cleopatra S. has four kids and just adopted 2 grandchildren after her daughter gave birth to a second child while high on heroin and cocaine. Her daughter gave birth at home and she had to hide drugs before calling an ambulance"
- "Abel M. is a 56 year old paralyzed in a motorcycle accident. He communicates through a computer and gets food from a mobile pantry"
- "Peg S. takes care of her son and five other children because her daughter in law passed away"
- "Harold S. gets his food at a food pantry after his wife passed away after a long battle with cancer. He has two children and had spent all his money on her medical bills."

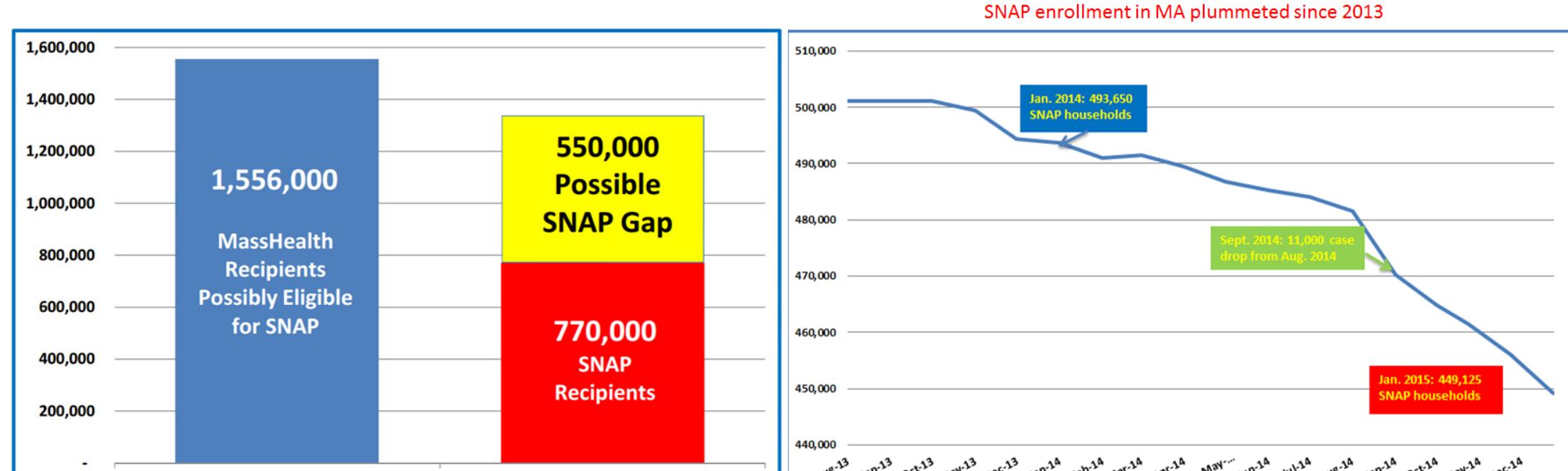
Food Insecurity and Obesity Among Children and Adolescents

- Low-income children in the Massachusetts WIC program who reported having persistent food insecurity without hunger during infancy and early childhood was associated with 22 percent greater odds of child obesity at two to five years of age in comparison to children from persistently food secure households (Metallinos-Katsaras et al.)

How Can This Happen?

- Food deserts: low-income neighborhoods frequently lack full-service grocery stores forcing residents, especially those without access to a vehicle, to shop at local convenience stores for their food (Beaulac, J. et al.)
- Those who eat less/skip meals tend to overeat when food becomes available (Larson et al)
- High levels of stress and poor mental health due to financial and emotional pressures contribute to weight gain (Bruenin M. et al)
- Low-income youth and adults are exposed to more marketing and advertising for obesity-promoting products than those from higher income families

SNAP Gap



Impact of Food Insecurity on Health

Food insecurity has a major and lasting impact on the lifelong health of adults and children

Food insecure individuals are 2x as likely to experience depression

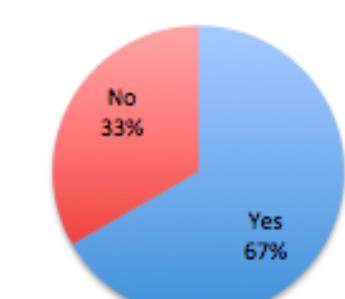
Severe food insecurity is associated with diabetes

Food insecure children are more likely to struggle in school and have lasting effects on their development

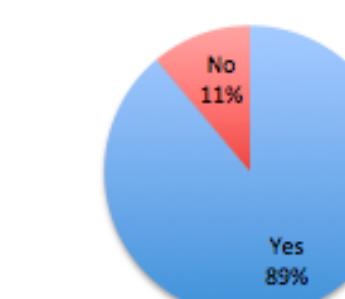
Community Health Needs Assessments

Non-profit medical centers assess the health of their community to help identify top priorities and address them. Performing CHNAs every three years is mandated by the Affordable Care Act. Students evaluated the most recent CHNAs that were available from medical centers in GBFB's service region.

Is Food Insecurity Addressed in the Community Health Center CHNAs?



Is Food Insecurity Addressed in the Large Hospital CHNAs?



Data collection:

CHNAs should be publicly available and were collected from institutions via their websites.

Yes: food insecurity, obesity, and lack of access to healthy foods were mentioned. Interestingly, many smaller community health centers did not have independent CHNAs and were covered by their larger affiliate organization.

CHNA Policy

The Affordable Care Act has created obligations for hospitals/healthcare centers filing as 501(c)(3). Filing as a 501(c)(3) means the hospital files as a non-profit and is exempt from paying federal corporate tax rates on income. These obligations come from research done showing that hospitals nationwide were devoting minimal resources to the improvement of their local communities:

"On a national basis, we found that hospitals devoted, on average, 7.5% of their operating expenditures to community benefits. However, the level of benefits provided varied widely among the hospitals. Moreover, hospitals that provided relatively high levels of one type of benefit were not likely to have provided high levels of other types of benefits."

One of the main obligations of the ACA is that hospitals submit a Community Health Needs Assessment (CHNA) and a Community Health Improvement Plan (CHIP) every three years. Failure to comply with these new requirements results in payment of a \$50,000 excise tax. CHNAs are supposed to assess what barriers are preventing healthcare and assess other factors regarding overall health of the population. CHIPs layout how the hospital plans to address and improve some of the factors impacting the health of their communities exposed by the CHNAs.

Community Health Centers and Free Mobile Markets

Community Health Centers (CHCs) are health centers focused on providing primary care to a region regardless of ability to pay or insurance status. CHCs represent an excellent opportunity to screen for food insecurity because of the high overlap of those in need of a health safety need with those who are food insecure.

Mobile Markets offer a unique opportunity to bring healthy food to local hubs such as CHCs without the barriers of a brick and mortar pantry. New partnerships with Food Banks are emerging throughout the country. The Greater Boston Food Bank is currently piloting a 3-pronged program for health centers: free produce mobile market, Hunger Vital Sign™ screening, and connecting patients via a toolkit of resources.



Credit: The Greater Boston Food Bank

Nutrition and Food Insecurity in Medical Education

In 2003, **Nutrition** was an independent three-month course at UMass with a separate course grade. It is currently a component of a three-week course which also integrates vascular disease and cancer. Nationwide, medical schools provide an average of 23.9 hours of nutrition education during their preclinical curricula.

Screening for food insecurity during interviews is not taught as a portion of the **Doctoring and Clinical Skills** course at UMass. We suggest incorporating "how-to" skills into both this course and the **Determinants of Health** course with a focus on screening for food insecurity, counseling food-insecure patients on nutrition, and connecting them to benefits and resources.

How to Screen for Food Insecurity

Children's HealthWatch Hunger Vital Sign™:

- 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. An answer of "often true" or "sometimes true" for EITHER question means the client screens positive.

How do I feed my family?

Food Assistance Programs

1) Sign up for SNAP (Food Stamps)

Hospital financial counseling: Drop ins welcome!
Location: University campus lobby, across from gift shop
Hours: Mon – Fri 8:00 AM - 4:30 PM
Phone: (508) 334-9300

Healthy Habits

1) Visit Cooking Matters – www.ma.cookingmatters.org

Healthy affordable recipes, opportunities for free cooking classes & grocery store tours

2) Explore REC Mobile Market – www.RECworcester.org

Double the value of SNAP dollars with the mobile market

3) Use Click 'N Cook - GBFB.org

5) Phone: 1-800-942-1007
www.mass.gov/eohhs/consumer/basic-needs/food/wic/

See attached slide for references



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