



Addressing the Intersection of Health & Hunger

December 20, 2019

Today's Key Ideas:

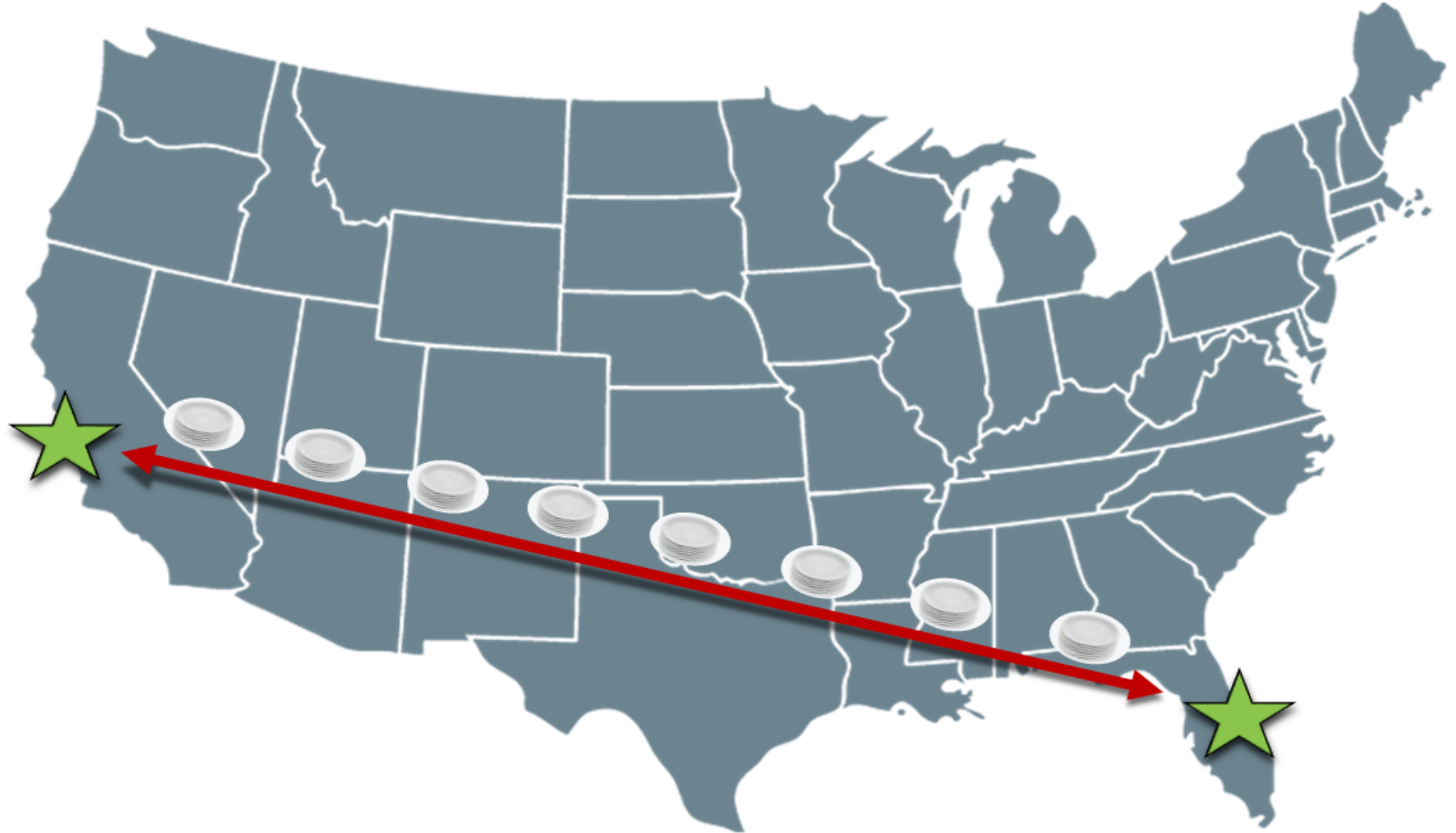
- Intersection of Food Insecurity and Health
- The Central Florida Response:
Non-Traditional Partnerships and the
Health & Hunger Task Force
- Local Pilots, Projects and Next Steps



Mission:

To create hope and nourish lives
through a powerful hunger relief network,
while multiplying the generosity of a caring community.

60 MILLION MEALS



Central Florida Food Insecurity

- 13.8 % or 592,000 Central Floridians
- 180,000 are Children →
- 110,000,000 Meal Gap



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

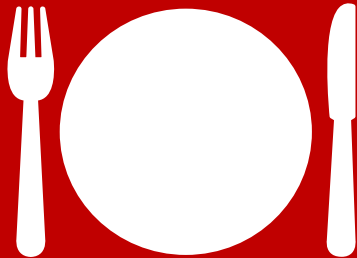
66%

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

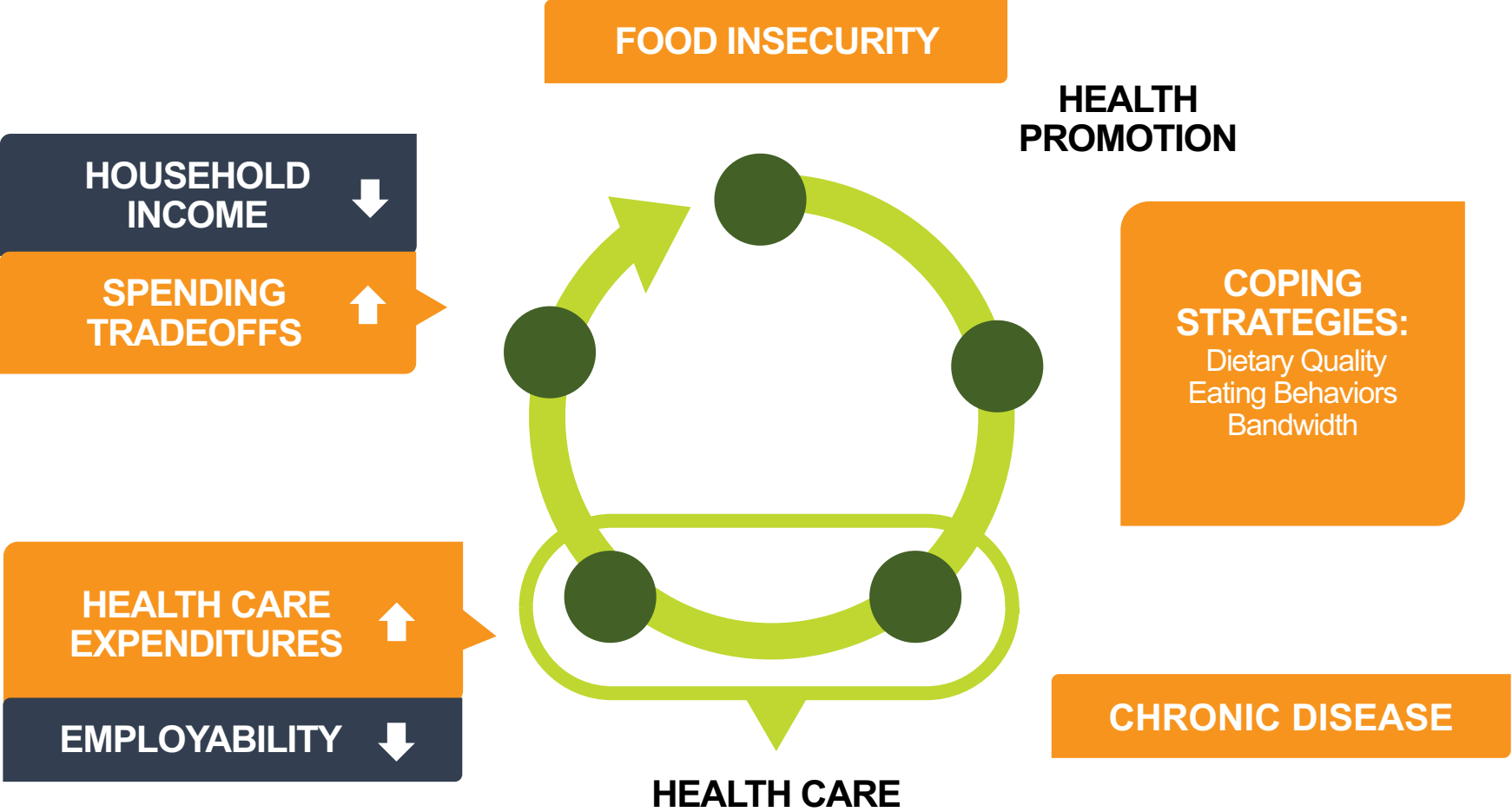
Employability

Stability

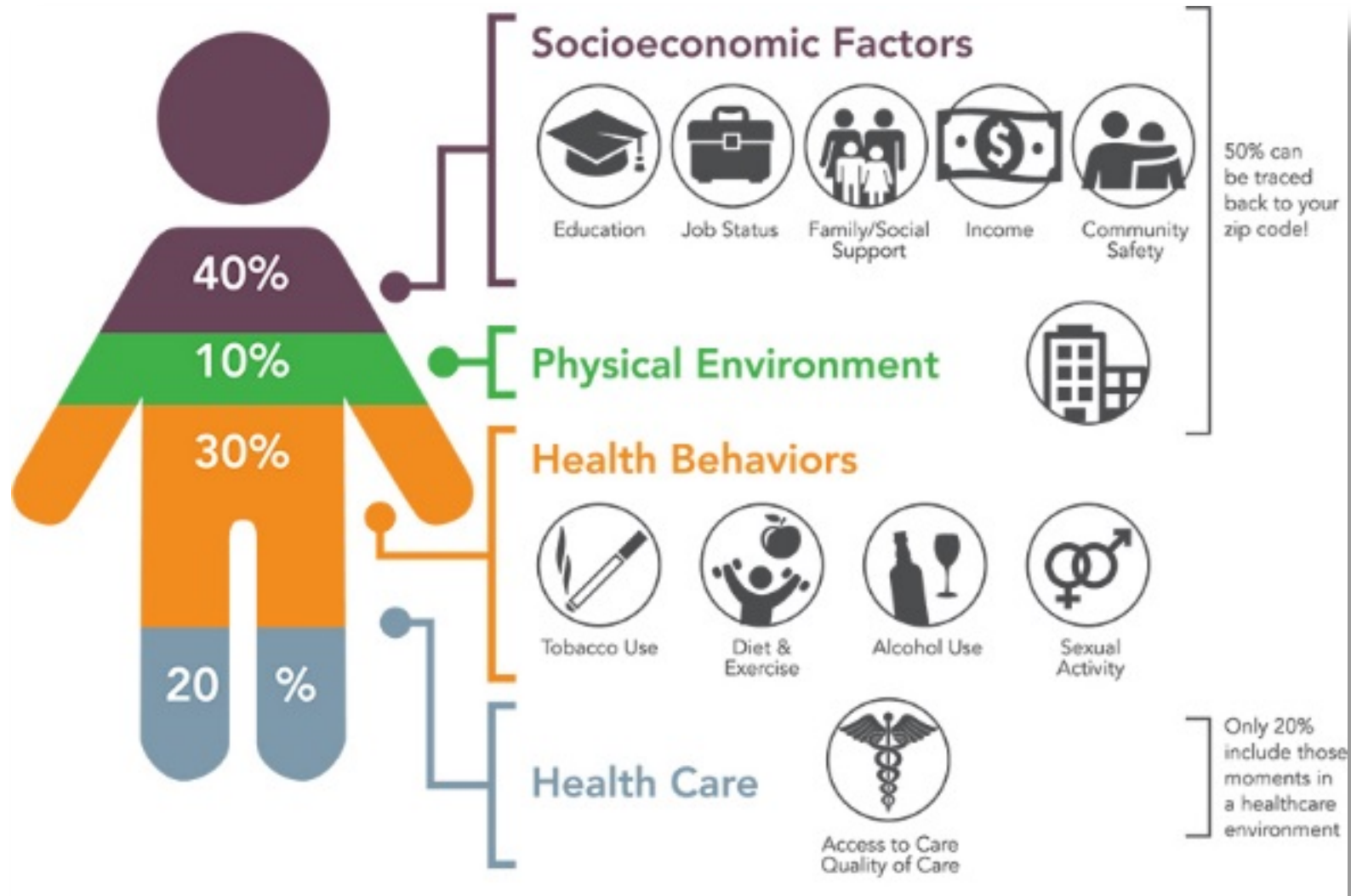
Poor Health



Cycle of Food Insecurity & Chronic Disease



Starting with Food Insecurity to Address Social Determinants of Health



Food Insecurity Directly Impacts Disease Risk

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

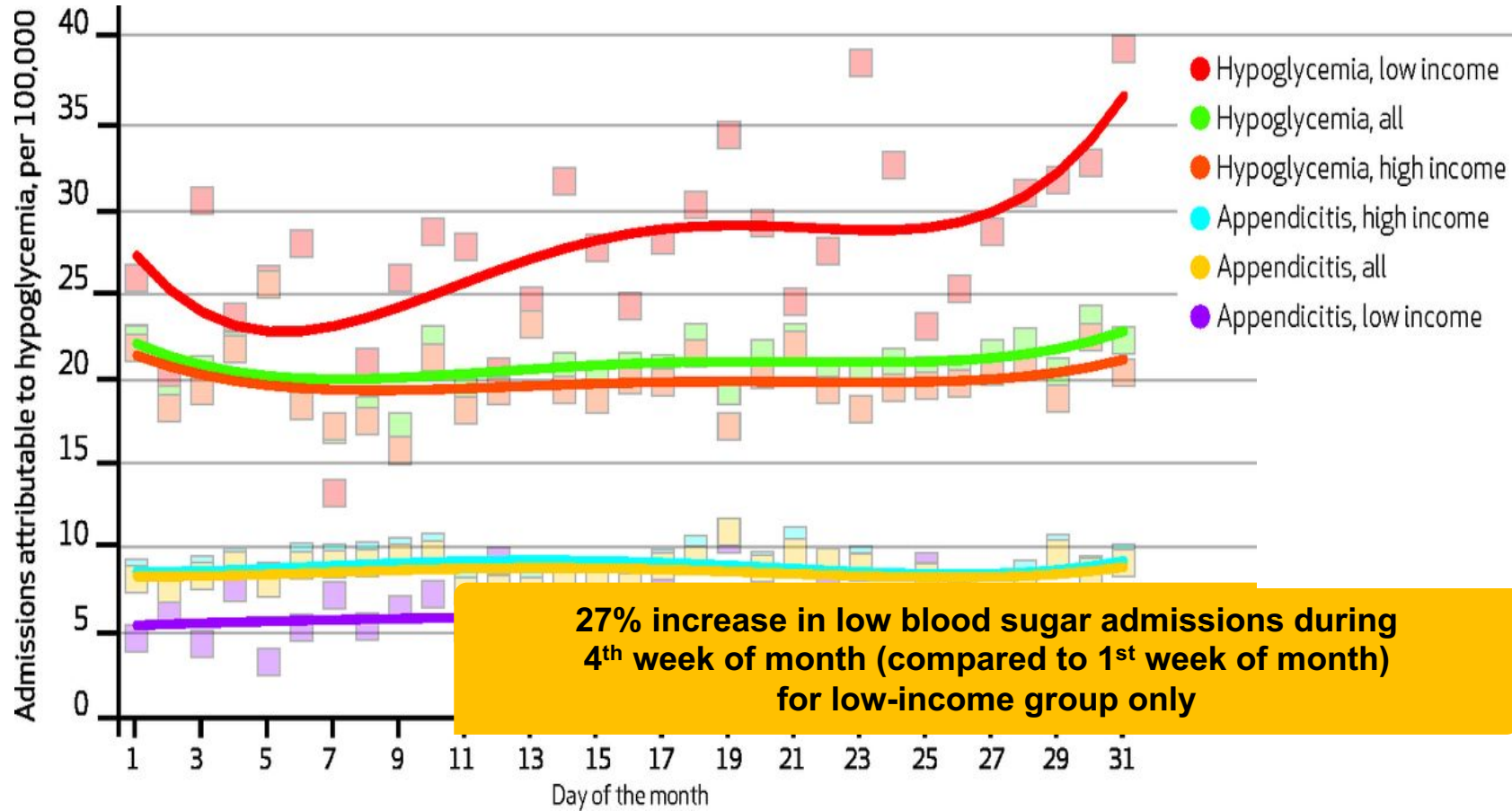
- Cardiovascular disease (hypertension \approx 25% more common)
- Diabetes (Type 2 Diabetes rates \approx 25% higher)
- Kidney disease (\approx 50% higher)
- Osteoporosis (4x \uparrow risk)

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
 - HIV
 - Cancer

Hospital Admissions Attributable to Low Blood Sugar

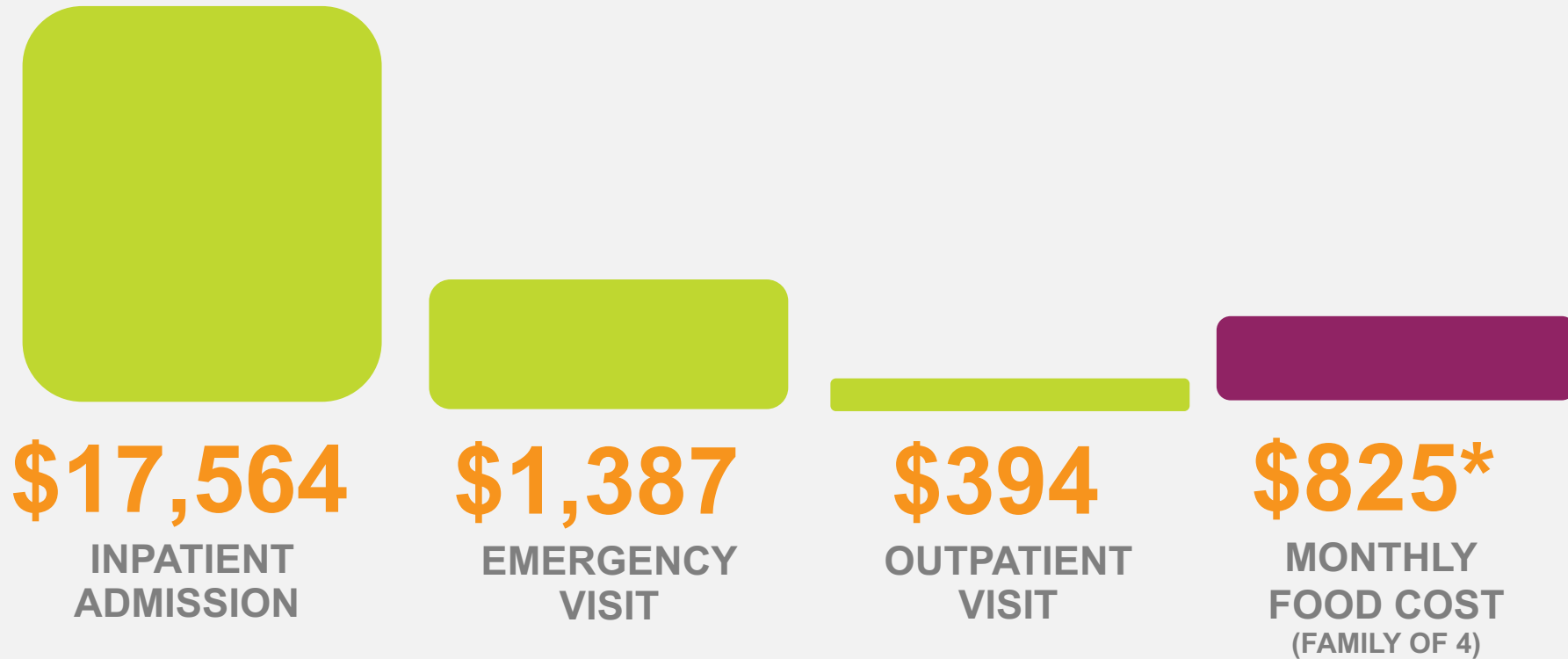


Source: Seligman H K et al. Health Aff 2014;33:116-123

Food Insecurity  ***\$52.9 Billion***
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**

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

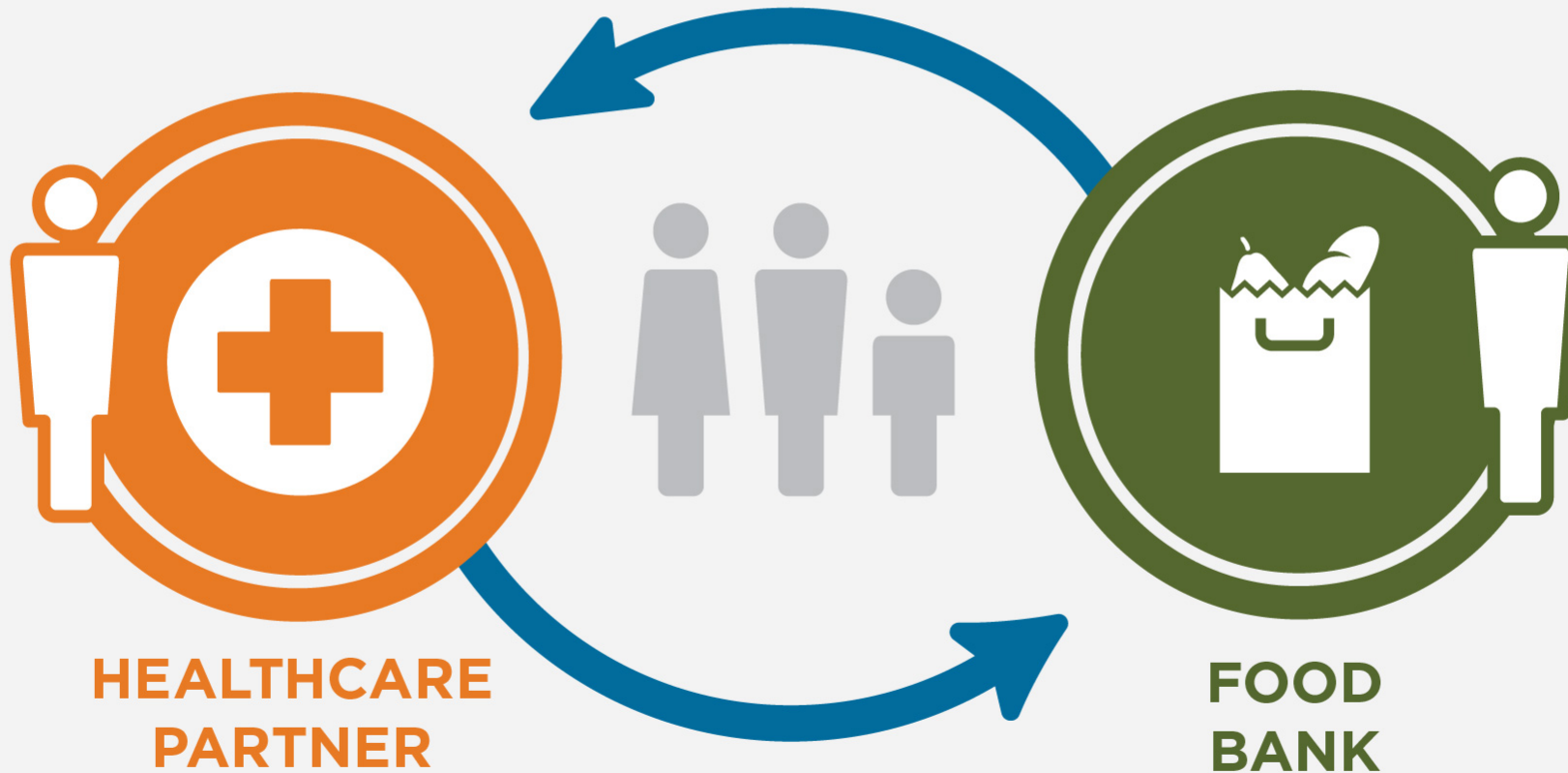


American Journal of Managed Care, 2011.

*Thrifty Food Plan

THE OPPORTUNITY

TACKLING FOOD INSECURITY TOGETHER



HEALTH & HUNGER TASKFORCE



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

- West Orange Health District
- Orlando Health
- Aetna Healthy Food Boxes
- Grace Medical Home
- Advent Health

Completed

- Winter Park Health Fdtn. Pantry Capacity-building
- Americares-Grace Medical Home

Under Consideration

- Aetna Community Care

Other Projects

- Dept. of Health 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

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