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.
Central Florida Food Insecurity

- 13.8% or 592,000 Central Floridians
- 180,000 are Children
- 110,000,000 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
Cycle of Food Insecurity & Chronic Disease

- Households in our network serve...

- Cycle of Food Insecurity & Chronic Disease

  - **FOOD INSECURITY**
  - **HEALTH PROMOTION**
  - **COPING STRATEGIES:**
    - Dietary Quality
    - Eating Behaviors
    - Bandwidth

- **HOUSEHOLD INCOME** ↓
- **SPENDING TRADEOFFS** ↑
- **HEALTH CARE EXPENDITURES** ↑
- **EMPLOYABILITY** ↓

- **HEALTH CARE**
- **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 ≈ 25% more common)
- Diabetes (Type 2 Diabetes 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
  • HIV
  • Cancer
Hospital Admissions Attributable to Low Blood Sugar

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 \(\Rightarrow\) $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

$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
- 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.
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