



# Hunger and Health

**FEEDING**<sup>®</sup>  
**AMERICA**  **ATLANTA  
COMMUNITY  
FOODBANK**



# Hunger and Health video

<https://www.youtube.com/watch?v=85Kr8nNXXA0>

<https://www.youtube.com/watch?v=85Kr8nNXXA0>

# What is food insecurity?



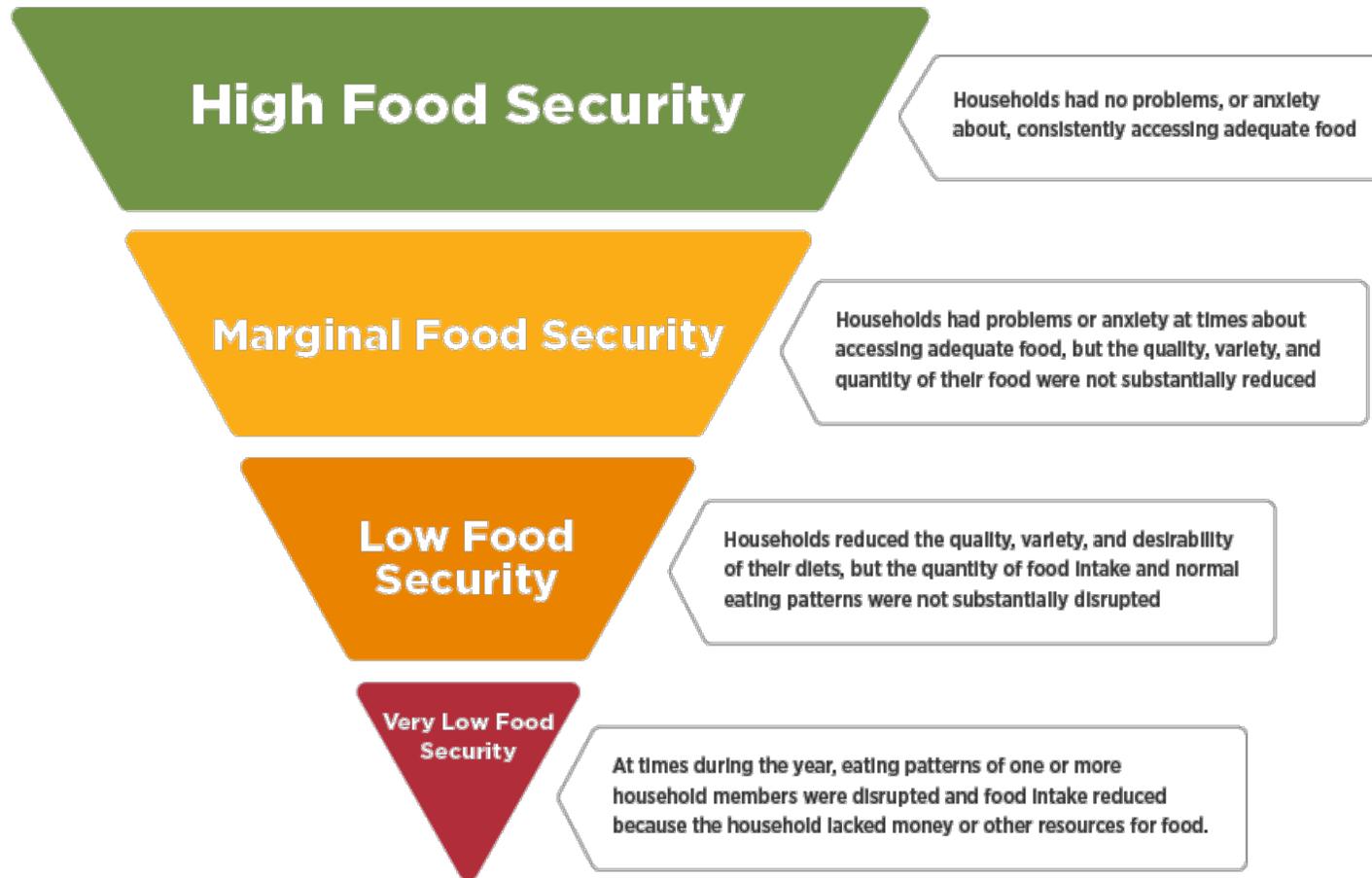
**Defined:** The lack of access to enough food for a healthy, active life

**Prevalence:** 1 in 6 Georgians

**What you may hear from a patient:**

- “I can’t afford [healthy food, my medication, my bills, etc].”
- “I don’t always eat because I need to feed my kids.”
- “I’m worried my [electricity, gas, phone, internet, etc.] will be shut off this month.”

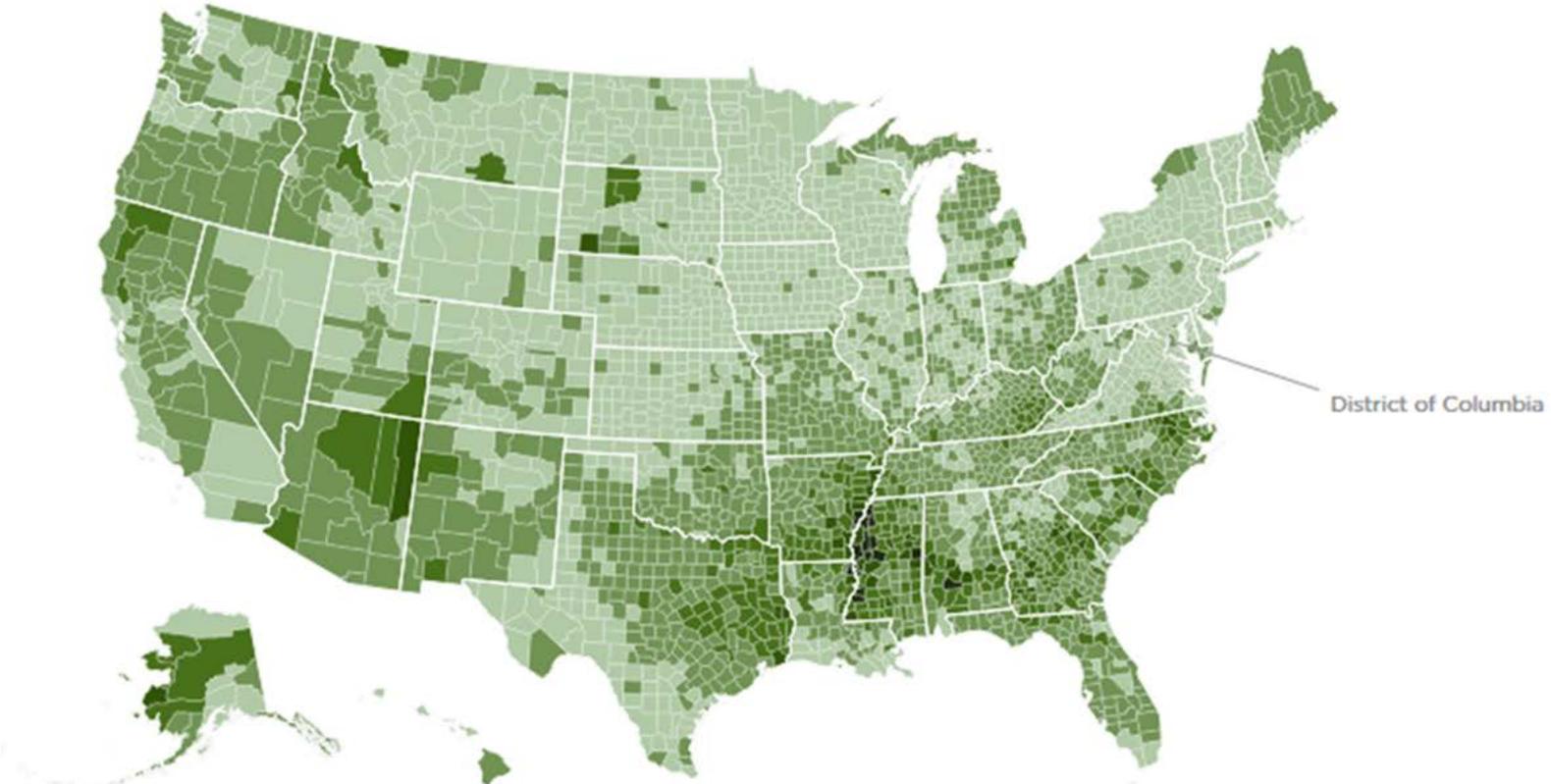
# Levels of Food Insecurity



Source: Adapted from the USDA Economic Research Service.



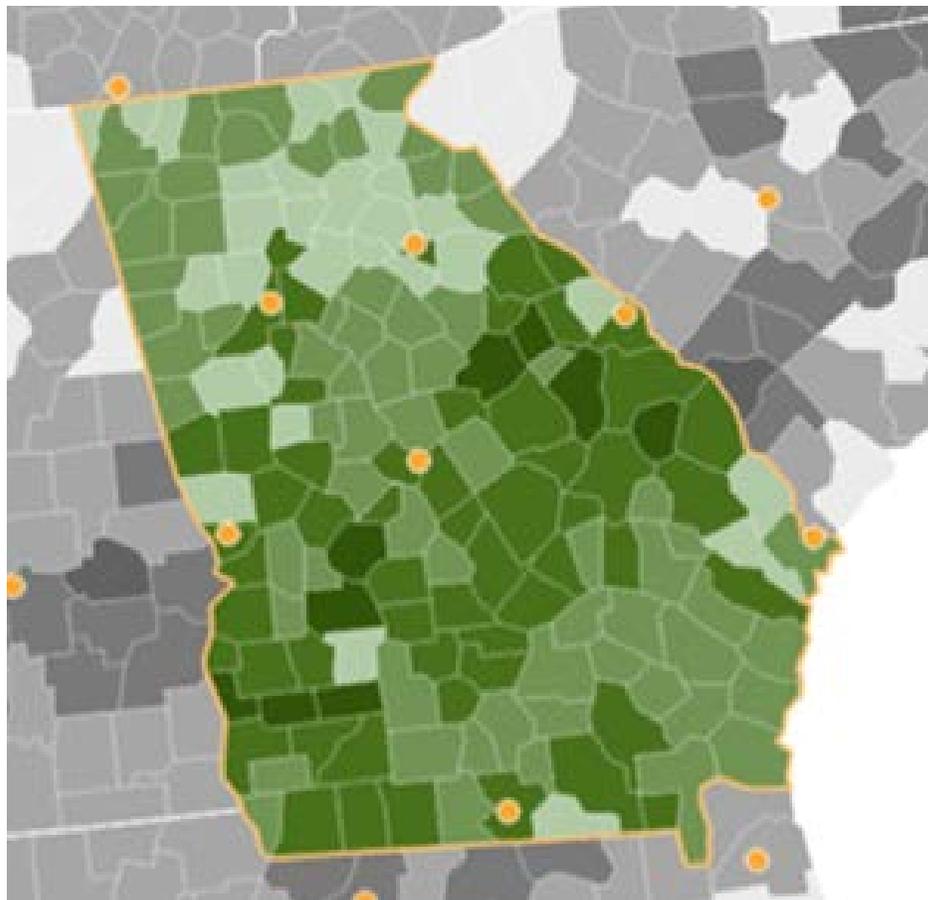
# Hunger is in every community



[www.feedingamerica.org/mapthemealgap](http://www.feedingamerica.org/mapthemealgap)



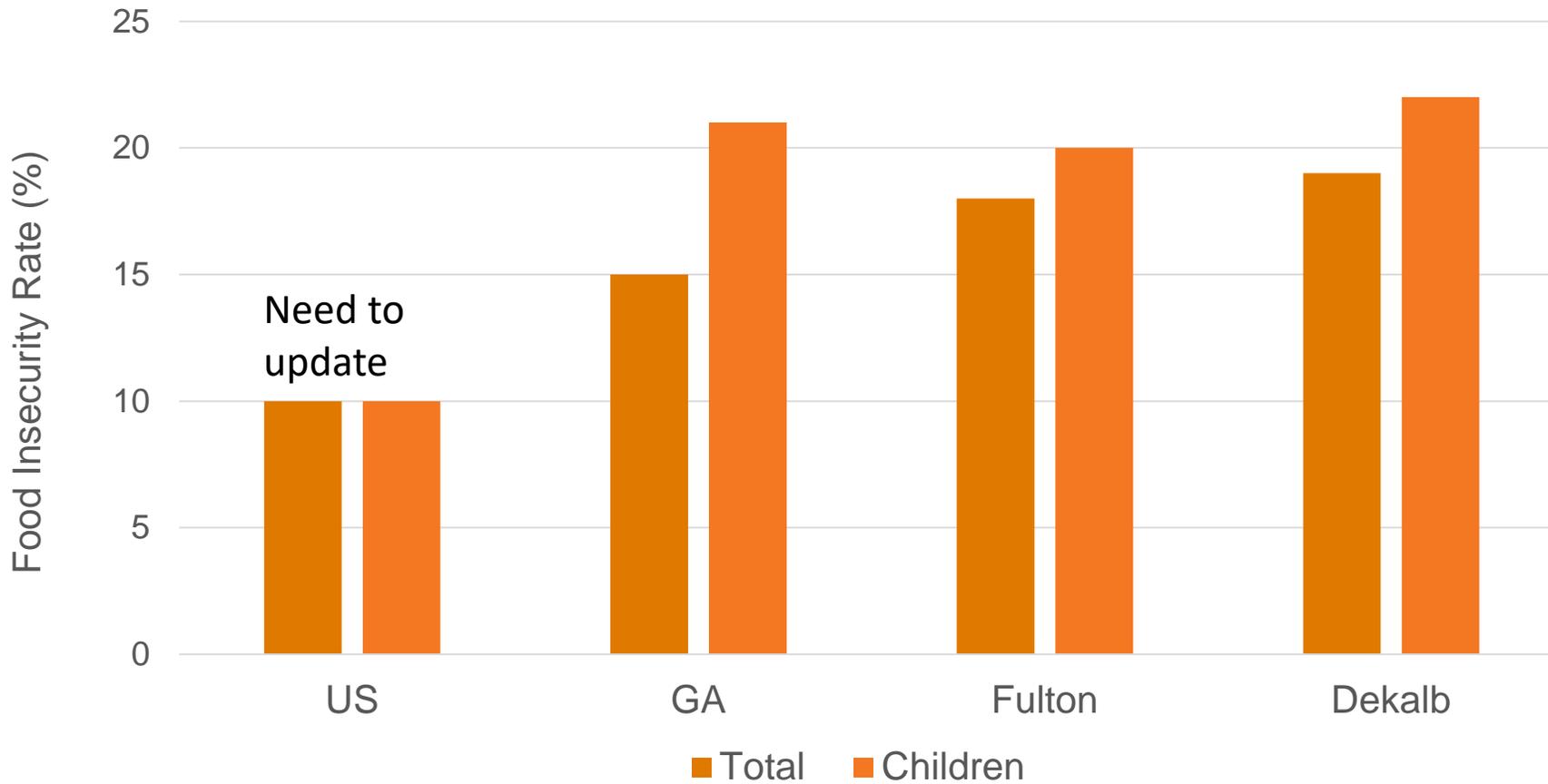
# Hunger in Georgia



Key: Rate of Food Insecurity
4-14%
15-19%
20-24%
25-29%
30%+



# Food Insecurity in Atlanta



Source: Gundersen, C., A. Dewey, A. Crumbaugh, M. Kato & E. Engelhard. Map the Meal Gap 2018: A Report



# Hunger in Georgia

**1 in 6**  
GEORGIANS  
*are food insecure*

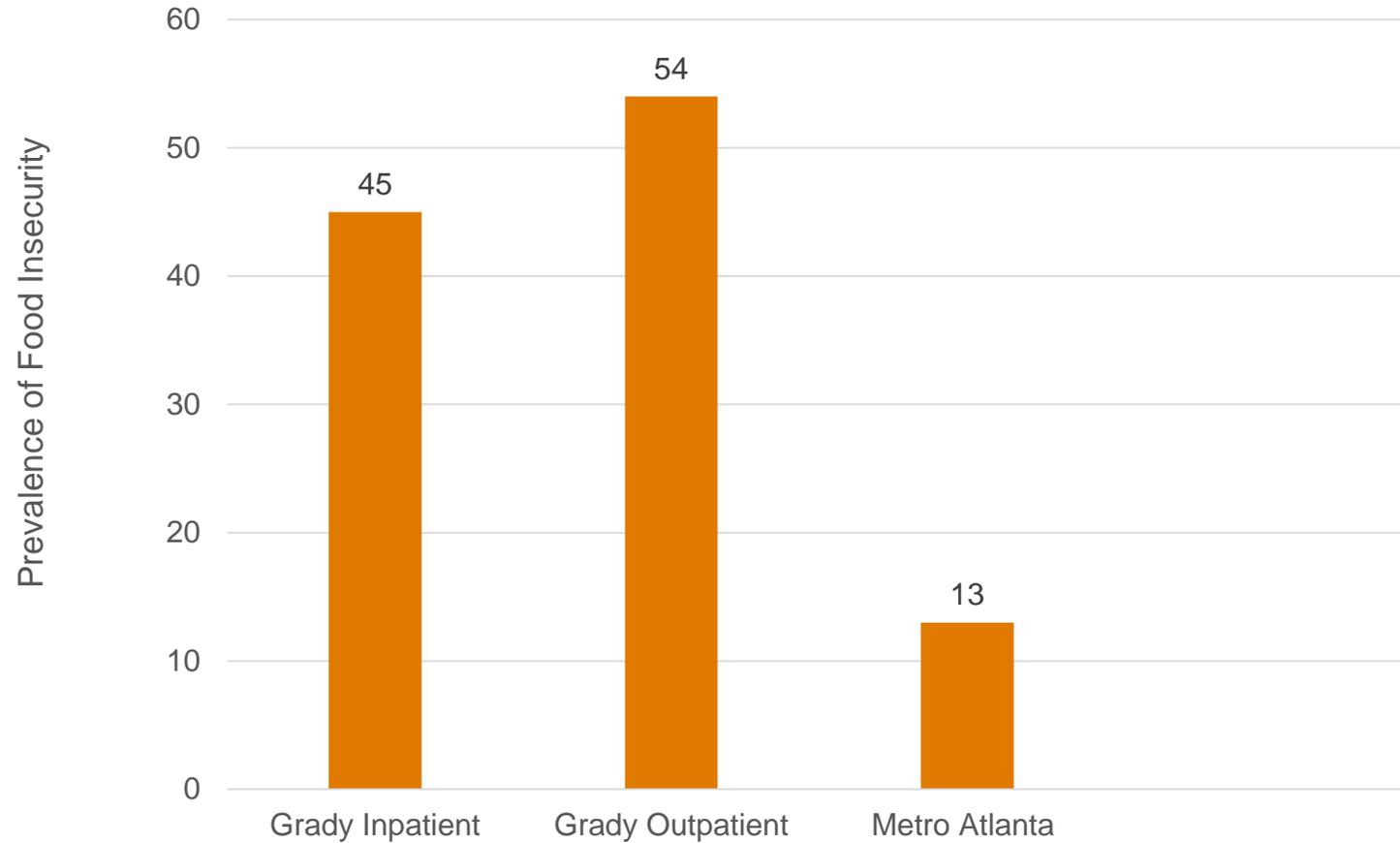
**1 in 4**  
GEORGIA CHILDREN  
*are food insecure*

**842,000**  
PEOPLE  
ARE IN NEED  
*across our 29-county service area*

**HALF**  
OF THOSE WHO  
EXPERIENCE HUNGER  
*live in the suburbs*



# Food Insecurity in Atlanta



Sources



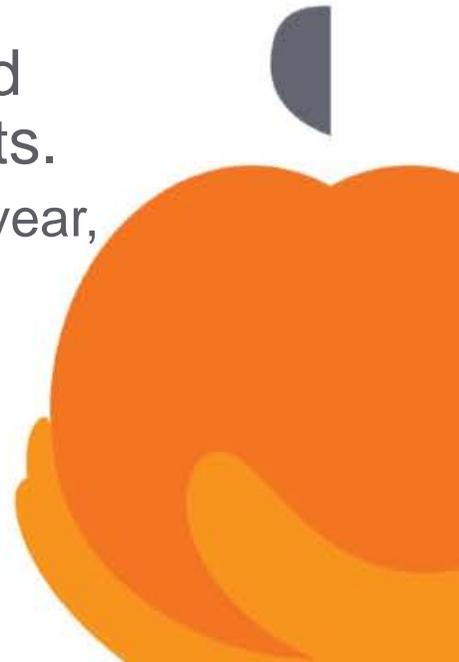
# Food Insecurity Harms Health

**Greater disease risk:** Food insecure patients are more likely to develop chronic conditions, such as diabetes, hypertension and cardiovascular disease.

**Problems with care management:** Food and medication trade-offs and infrequent access to healthy food make managing a chronic disease more difficult.

**Increased cost:** More chronic conditions, more hospitalizations and readmissions, and lower medication adherence result in higher costs.

- Each food-insecure patient costs the health care system \$1,863 more per year, totaling **\$77.5 billion in additional health care costs per year.**



# Impacts on Health

Impaired growth  
in children



More chronic  
disease for adults



Higher  
healthcare costs



Missed work days  
and lower income



## HEALTH IMPLICATIONS

- Higher prevalence and risk of diabetes, hypertension, CHD, hepatitis, stroke, cancer, asthma, arthritis, COPD and CKD<sup>3,4</sup>
- Medication non-adherence<sup>5</sup>
- Poor diabetes self-management<sup>6</sup>

## FINANCIAL IMPLICATIONS

- Higher probability of mental health issues, such as depression<sup>7</sup>
- Higher rates of iron-deficient anemia<sup>8</sup>
- More hospitalizations and in-patient stays<sup>9</sup>

longer



# Food Insecurity Directly Impacts Health

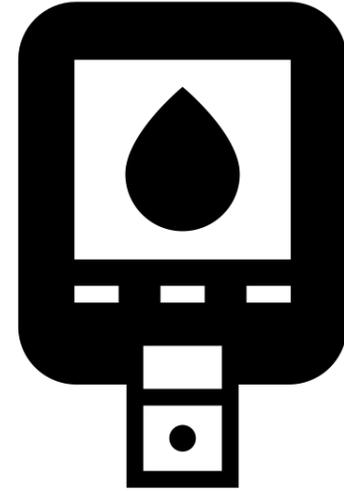
Food Insecure Individuals have Increased Prevalence of and Risk for Disease:

- Cardiovascular disease (HTN 25% more common)
- Diabetes (T2DM rates  $\approx$  25% higher)
- Kidney disease ( $\approx$  50%  $\uparrow$  risk)
- Osteoporosis (4x  $\uparrow$  risk)
- Obesity (2x as prevalent)



# Impacts on Diabetes

- Type 2 DM 25% higher prevalence<sup>5</sup>
- End of month hypoglycemia<sup>6</sup>
- Financial trade-offs (food, medicine, medical supplies)
- Poor diabetes self management<sup>7</sup>





# Impacts on Senior Health

- 50% more likely to be diabetic
  - 14% more likely to have high blood pressure
  - nearly 60 % more likely to have congestive heart failure or experience a heart attack
  - 2 times as likely to have asthma.
  - 3 times higher prevalence of depression
  - 30 percent more likely to report at least one ADL limitation
  - 2 times as likely to report fair or poor general health.
  - A diminished capacity to maintain independence while aging<sup>10</sup>
- 

# Impacts of Child Health



# Food Insecurity Increases Healthcare Costs

- 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**
- Food Insecurity incurs **\$77.5 billion** in additional health care costs per year



# What you can do

- Learn
- Volunteer
- Donate
- Advocate
- Screen



# Change to cycle with HC and FB interventions

## A Conceptual Framework: Cycle of Food Insecurity & Chronic Disease



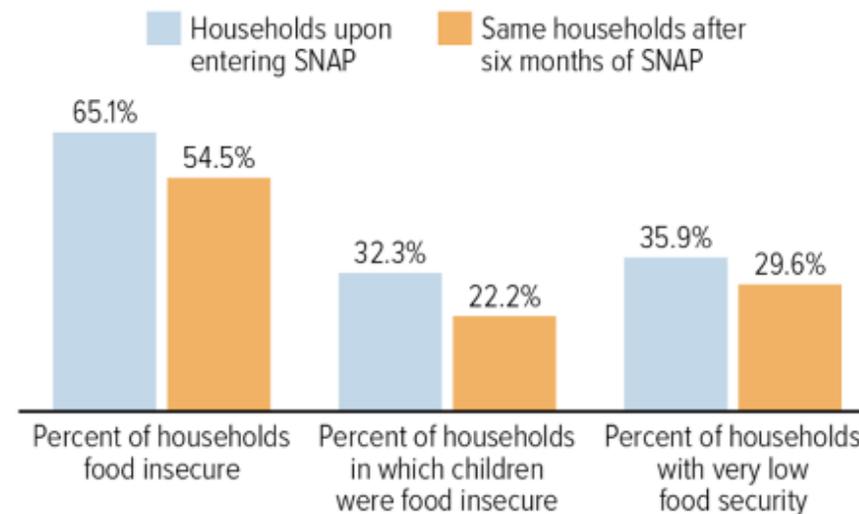
Adapted: Seligman HK, Schillinger D. N Engl J Med. 2010;363:6-9.

# The Importance of SNAP for Food Security

“SNAP improves food insecurity, creates opportunity to purchase healthier foods, frees up household budgets and alleviates stress.”

FIGURE 5

## SNAP Helps Families Afford Adequate Food



Source: Agriculture Department, “Measuring the Effect of Supplemental Nutrition Assistance Program (SNAP) Participation on Food Security,” August 2013. This chart shows the results of a study that looked at longitudinal data comparing SNAP households upon beginning to receive SNAP, and six months after SNAP receipt.

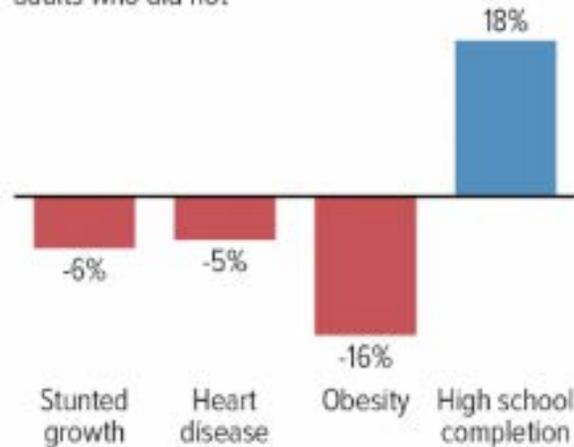
# SNAP improves health over time and is associated with lower health care costs

FIGURE 7



## Children With Access to SNAP Fare Better Years Later

Percentage-point change in outcomes for adults who received SNAP as children, compared to adults who did not



Note: The study compared individuals who had access to SNAP (then food stamps) in early childhood after its introduction in the 1960s and early 1970s to similar children who did not (because they were born before its introduction) in each county.

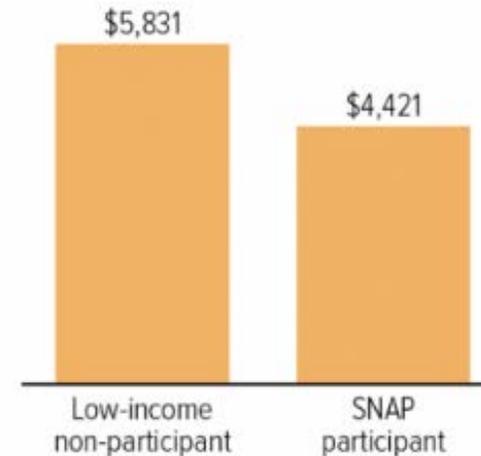
Source: Hoynes, Schanzenbach, and Almond, "Long-Run Impacts of Childhood Access to the Safety Net," *American Economic Review*, April 2016.

FIGURE 10



## A SNAP Participant Incurs \$1,400 Less for Health Care

Estimated annual per-person health care spending



Note: Health care spending includes out-of-pocket expenses and costs paid by private and public insurance, including Medicare and Medicaid.

Source: Seth Berkowitz, Hilary K., Seligman, and Sanjay Basu, "Impact of Food Insecurity and SNAP Participation on Healthcare Utilization and Expenditures," University of Kentucky Center for Poverty Research, 2017.

Carlson, S. & Keith-Jennings, B. [SNAP Is Linked with Improved Nutritional Outcomes and Lower Health Care Costs](#), Center for Budget & Policy Priorities, January 2018.



What is your experience  
talking with patients about  
access to food?



# Screen and Intervene

1. Identify patients living in food insecure households
2. Connect patients with proper resources
3. Consider clinical needs that result from food insecurity
4. Follow up with patients at their next office visit
5. Measure the impact of food insecurity intervention(s) on patients' food insecurity status and health





# Hunger Vital Sign™ 2-Question Screening Tool

“Within the past 12 months we worried whether our food would run out before we got money to buy more.” Was that often true, sometimes true, or never true for you/your household?

“Within the past 12 months the food we bought just didn’t last and we didn’t have money to get more.” Was that often, sometimes, or never true for you/your household?

Sometimes true or often = food insecurity



# Talking to patients about Food Insecurity

- What has your experience been?
- Concerns?



# Talking to patients about Food Insecurity

1. Acknowledge the problem
2. Discuss the importance of food to their health
3. Refer them to available resources

*“I ask all of my patients about access to food because it’s such an important part of managing your health.”*



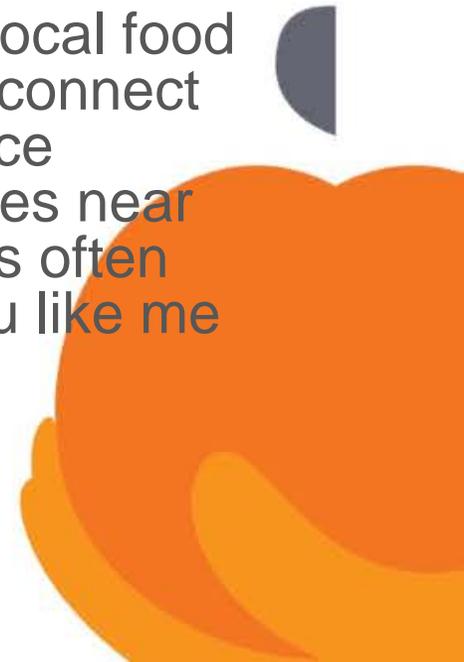
# Talking to patients about Food Insecurity

Patients may not want to talk about food insecurity because they are:

- Embarrassed
- Worried about judgment
- Worried that they can't get any help
- Worried about social services involvement

“That must be very difficult. I'm glad you shared this with me because the kinds of foods you eat are really important for your health.”

“I'd like to connect you to the local food bank in your area. It can help connect you to available food assistance programs, such as food pantries near your home and SNAP, which is often called food stamps. Would you like me do that?”



# Screening for food insecurity

How can screening fit into the clinic flow?

**Who:** can be medical assistant, nurse, social worker, dietitian or physician

**When:** integrate with other screenings for BP, BMI, etc.

**Where:** consider privacy, presence of family or children



# Documenting Food Insecurity

- Hunger Vital Sign in EPIC
- ICD-10 code
  - Z59.4: Lack of adequate food and safe drinking water
- NCP code (Registered Dietitians)
  - NB-3.2 Limited access to food



# Connect Patients to Food Resources

- SNAP outreach
  - [benefits@acfb.org](mailto:benefits@acfb.org)
  - (678) 553-5917
- Local food pantries



