

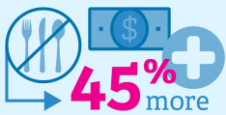


# Access to Healthy Foods: Social Determinants of Health

## ISSUE BRIEF

MAY 2018

### KEY TAKEAWAYS



An estimated 1 in 8 Americans was food insecure in 2016. Food insecure households spend 45 percent more on medical care than people in food-secure households.



Successful, sustainable interventions include community-based support with programs that focus on increasing access and promoting behavior changes related to food preparation.



From food delivery services to mobile food pantries, health insurance providers are investing in innovative models to increase access to nutritious foods and ultimately, improve health care outcomes for their members.

### Background

A person's health is influenced by many factors, including housing, education, employment, and access to healthy food. These factors, sometimes referred to as the social determinants or social influencers of health, are defined by the conditions and environment in which people are born, grow, live, work, and age.

A lifestyle of healthy foods and exercise helps prevent the onset of chronic health conditions. However, millions of Americans have limited access to foods that promote a healthy lifestyle. As a result, they are more likely to suffer from chronic conditions, such as hypertension and diabetes<sup>1</sup>.

Limited access to healthy food can be driven by different factors:

1. Income, where people are not able to afford food, even though nutritious food may be available close by.
2. Accessibility, where people may be able to afford healthy food, but it may not be physically available to them (e.g., people with physical and/or cognitive disabilities, lack of transportation, substandard kitchen not equipped to prepare healthy foods, etc.)
3. Cultural, where people can afford healthy food that is geographically accessible, but they need help to learn how to identify and prepare nutritious meals.

### DEFINITIONS

#### Food Insecurity

The uncertain ability to obtain nutritious foods because of access and/or financial limitations to grocery stores, markets, etc.

#### Food as Medicine

Providing medically tailored foods to high-risk patients for prevention and/or treatment of a specific health care condition (e.g., a low sodium diet for patients with hypertension).

Market forces can also play an important role, with grocers, restaurant owners, and fast food chains all contributing to the landscape of food availability for communities. For example, the U.S. Department of Agriculture defines a **food desert** as a low-income area where a substantial number of residents has limited access to a supermarket or a large grocery store<sup>2</sup>. Recently, experts have also begun citing **food swamps**, or areas with a high-density of stores selling high-calorie fast foods<sup>3</sup>, as a similarly quantifiable region where access to healthy foods may be limited.

As part of their commitment to improve individual and population health, many insurance providers offer coverage for nutritional counseling, where a registered dietician works directly with patients to improve their dietary intake. However, even with nutritional counselors and patient education efforts, some members may still have difficulty accessing healthy foods. Facing this challenge, many insurance providers and hospitals have launched initiatives to bring healthy foods to specific populations of patients who are

chronically ill or face barriers to accessing nutritious foods.

- **Food insecurity** initiatives typically focus on the uncertain ability to obtain nutritious foods because of access and/or financial limitations to grocery stores, markets, etc. Typical interventions may include providing vouchers for families to purchase healthy foods, developing new models of grocery stores, or providing meal delivery programs.
- Building on these interventions, **food as medicine** initiatives programs focus on interventions tailored for high-risk patients for prevention and/or treatment of a specific health care condition (e.g., a low sodium diet for patients with hypertension).

Research continues to emerge on the effectiveness of these programs. In one study, researchers found that seniors who participated in a medically tailored meal delivery program had fewer emergency department visits, hospital admissions, and emergency transportation trips, compared to those who did not participate. Further, medical spending for those in the medically tailored meal delivery program decreased about \$570 per month per person<sup>4</sup>.

Both food insecurity and food as medicine programs have the same goal - increasing patients' access to nutritious foods that promote a healthy lifestyle. These initiatives work best when community leaders and organizations, doctors and hospitals, insurance providers, and others work together to bring together local resources, support local needs, and work toward having a real impact on local health.

## Food Insecurity Resources and Tools

Federal, state, and local government stakeholders recognize the impact of food insecurity and have developed strategies to address these issues. Several programs and tools are available to support these efforts:

- **Supplemental Nutrition Assistance Program (SNAP):** Administered by the USDA's Food and Nutrition Service (FNS), SNAP offers nutrition assistance to eligible, low-income individuals and families. FNS works through its nationwide network of field offices to monitor those stores participating in SNAP.
- **Food Desert Locator:** USDA has a web-based mapping tool to pinpoint the location of food deserts around the country and provide census data to describe population characteristics of residents living in these areas.
- **Women, Infants, and Children (WIC):** USDA's Special Supplemental Nutrition Program for WIC provides federal grants to states for nutrition education, supplemental foods, and health referrals for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk.
- **Medicaid Programs:**
  - **Medicaid Home and Community-Based Waivers (HCBS):** HCBS waivers allow states to provide Medicaid services that help those

## Social Determinants of Health and Access to Healthy Foods

individuals who are at risk of being placed in long-term care facilities stay in their homes. Many states have extended their waivers to include nutrition services (e.g., home-delivered meals, nutrition counseling, etc.).

- **Medicaid Managed Long-Term Services and Supports (MLTSS) Programs:**

Increasingly, states are using MLTSS programs to expand beneficiary access to HCBS. Health insurance providers operating MLTSS programs coordinate all long-term medical and behavioral health needs, which may include nutritional services, in return for a capitation payment.

- **Medicare Advantage:** Starting in 2019, CMS is expanding the scope of the “primarily health related” supplemental benefit standard to include additional items and services if recommended by a licensed medical professional. The item or service must directly impact an enrollee’s health care needs and meet specific criteria. The list of allowable supplemental benefits includes Adult Day Care Services, and specifically lists that meals that are ancillary to primarily health related services may also be provided.

Beyond government, other health care stakeholders have also developed tools to help health care providers identify food insecurity for patients in clinical settings:

- [\*\*American Academy of Pediatrics \(AAP\) Food Insecurity Screening Tool\*\*](#): This two-question screening tool can help providers quickly identify

children that may be impacted by food insecurity issues. If either (or both) questions are answered with “Often True” or “Sometimes True,” the child and family are considered at risk for food insecurity:

- Question 1: “Within the past 12 months we worried whether our food would run out before we got money to buy more.”
- Question 2: “Within the past 12 months the food we bought just didn't last and we didn't have money to get more.”

- [\*\*AARP Resource Guide and Toolkit\*\*](#): Intended for use by health care providers, this guide seeks to address food security screening and referrals in primary care settings serving older adult patients.
- [\*\*Find a Food Bank or Pantry Locator\*\*](#): Developed by Feeding America, this locator connects users with a nationwide database of food pantries and meal programs.

## Health Plan Strategies for Improving Access to Healthy Foods

Health insurance providers continuously innovate new programs to improve access to healthy and nutritious foods. These efforts reflect the growing trend toward a “whole person” approach to health care that is more holistic, effectively addressing all of a member’s health conditions.

Examples of health plan programs are described below.

**Blue Cross Blue Shield of Massachusetts (BCBSMA) Foundation:** BCBSMA is the largest insurer in Massachusetts with more



than 2.5 million members. The BCBSMA Foundation, which operates separately from the insurance plan, provides grants to nonprofit organizations, community health centers, and hospital programs focusing on low-income individuals and populations.

Recently, the Foundation gave a grant to Community Servings to create a “Food as Medicine” State Plan for Massachusetts. The plan will include analysis of the current landscape of food as medicine interventions, provide recommendations to policymakers, and identify opportunities to increase access to such interventions, while coordinating efforts to best support low-income people with chronic diseases.

**Geisinger Health Plan:** An integrated health care system operating in Pennsylvania, Geisinger Health Plan wanted to design a program targeting patients with type 2 diabetes (HBA1C levels greater than 8), after research showed that 1 in 4 of type 2 diabetes patients are food insecure. Geisinger modified its electronic health records (EHR) to include a screening tool to identify patients who are food insecure. These patients receive a “prescription” for Geisinger’s Fresh Food Pharmacy.

The Fresh Food Pharmacy, located in Northumberland County, provides access to a food pantry stocked with healthy foods, and increases access to diabetes self-management courses, registered dietitians, health managers (RN), health coaches, and community health workers. Northumberland County was identified as the location after research showed that 12 percent of residents over the age of 20 have diabetes and 1 in 3 residents is considered food insecure. Geisinger’s investment has paid off:

- Average reduction in hba1c of two points;

- Sustained engagement and improved clinical outcomes for three+ months;
- A decrease of 18 percent or more from baseline to current for other clinical metrics including LDL, triglycerides, weight, and blood pressure;
- Patients asked for additional classes including tobacco cessation, walking programs, and class reunions;
- Increased percentage of care gaps closed with patients enrolled in the program; and
- Demonstrated financial savings.

### **Health Care Service Corporation (HCSC):**

Launched in 2011, HCSC’s Healthy Kids, Healthy Families® initiative invests in and partners with nonprofit organizations to improve the health and wellness of children and families in their communities. The initiative targets sustainable and measurable programs that focus on increasing physical activity, preventing and managing disease, promoting safe environments, and supporting food sources.

HCSC is committed to fighting hunger and food insecurity for children and their families. Local partnerships have been critical to HCSC’s success. HCSC worked with the Chicago Botanic Gardens and Lawndale Christina Health Center to increase the availability of healthy foods in food-insecure communities. The project trained 250 individuals in sustainable urban agriculture and engaged physicians in a nutrition education VeggieRx program. In another Illinois program, HCSC teamed up with the Sweet Water Foundation to engage youth to transform underutilized spaces into sustainable community assets that produce locally-grown food and support nutritional education programs. In Oklahoma, HCSC partnered with Global Gardens to improve nutritional health for underserved students by engaging their families in organic gardening and cooking.

As a result of these and other partnerships, in 2017 HCSC distributed more than 2.2 million pounds of food across five states, benefitting nearly 698,000 adults and children. To learn more HCSC's Social Responsibility efforts, click [here](#).

**UCare:** The Minnesota-based health insurer UCare partnered with the Amherst H. Wilder Foundation to launch the Twin Cities Mobile Market Initiative in 2014. The “grocery store on wheels” model sells healthy foods at below-market prices to low-income areas in Minnesota’s St. Paul and Minneapolis neighborhoods, deemed the fifth largest food desert in the United States. The project began by first transforming an unused Metro Transit bus into a mobile market to deliver healthy foods. The bus’s route travels consistently to more than 30 locations at scheduled times (once/week). In addition to UCare members, the Mobile Market can be accessed by anyone in the community.

Partnering with community organizations to provide customers with cooking demonstrations, culturally appropriate foods, and nutritional education, Wilder recently expanded the Mobile Market to also serve as a mobile health screening unit, with individuals receiving three free grocery items for participating in selected health screenings. In 2017, the Twin Cities Mobile Market had 18,515 transactions, a 17 percent increase from their transactions in 2016. In their most recent customer survey, 89 percent of its customers buy more fruits and vegetables and

84 percent of customers prepare healthier foods and snacks.

### Working with Community Partners to Improve Food Insecurity

In 2016, more than 28 million adults (11.5 percent of all adults) and nearly 13 million children (17.5 percent of all children) lived in food-insecure households.<sup>5</sup>

Health insurance providers recognize the importance of addressing the social determinants of health to prevent and treat health care conditions. A lifestyle of healthy foods and exercise helps prevent chronic conditions, but access to nutritious foods can be limited. Health insurance providers are committed to improving these conditions for families and communities. They continue to innovate to address these needs. From food delivery services to mobile food pantries, health plans are designing creative models to help improve access to healthy foods.

Collaboration is key. Successful, sustainable interventions include community-based support, programs focused on behavior changes related to food preparation, and at-your-door service that meets members in their homes and communities. As a part of their unwavering commitment to improve the health of all Americans, health insurance providers continue to collaborate across the public and private sector to improve access to healthy, nutritious foods.

## Endnotes

<sup>1</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2806885/>

<sup>2</sup> <https://www.acf.hhs.gov/ocs/programs/community-economic-development/healthy-food-financing>

<sup>3</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5708005/>

<sup>4</sup> <https://www.healthaffairs.org/doi/10.1377/hlthaff.2017.0999>