FOOD INSECURITY IS AN AMERICAN PROBLEM

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OBJECTIVES

- 1-Define food insecurity across all settings and describe barriers to food access.
- 2-Integrate food insecurity screening in case management assessments.
- 3-Review food insecurity data to support the mission for equitable access to nutritious, affordable, and culturally appropriate food.

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DISCLAIMER

The content presented does not represent the views and opinions of the United States Government, the Department of Defense, or the U.S. Navy. It is the sole creation of the speaker.

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FOOD FOR THOUGHT

"Let thy food be thy medicine and thy medicine be thy food."

-Hippocrates

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FOOD FOR THOUGHT

"The roots of disease are usually found in bad housing, inadequate food, overwork, and hundreds of other causes."

Isabel Stewart, RN

American Journal of Nursing, 1919

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FOOD FOR THOUGHT

"Nothing could be worse than the fear that one had given up too soon, and left one unexpended effort that might have saved the world." Jane Addams

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FOOD FOR THOUGHT

- **More U.S. adults are sick than healthy**
- 1 in 2 have diabetes
- 3 in 4 are overweight or obese
- 14 in 15 have suboptimal cardiometabolic health
- 1 in 3 people will have cancer in their lifetime.

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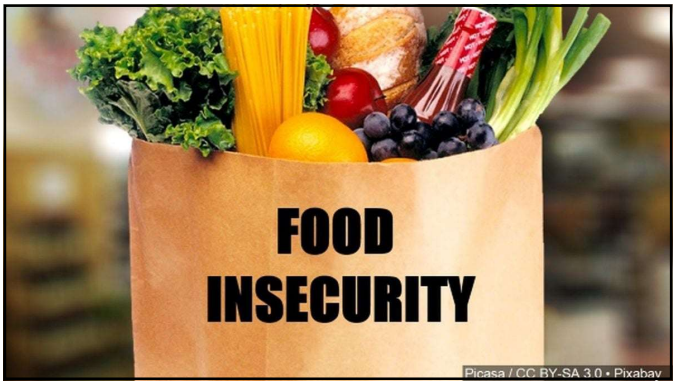

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FOOD INSECURITY (FI) AND HEALTH

Food insecurity is associated with a wide range of adverse health outcomes

- Chronic diseases can worsen in the absence of good nutrition
- Physical and emotional stressors of inability to meet basic food needs can:
- Exacerbate chronic medical and mental health conditions
- Precipitate new acute conditions
- Make it difficult to access needed resources
- A relationship exists between the availability of appropriate nutrition and medical nutrition therapy and (high) healthcare costs

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DEFINE FOOD INSECURITY (FI)

A **household-level economic and social condition** characterized by **limited or uncertain access to adequate food**. It refers to situations where individuals or families do not consistently have equitable access to **healthy, safe, and affordable foods** that promote optimal health and well-being. -USDA

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LEVELS OF FOOD INSECURITY (FI)

Marginal Food Security: Anxiety over sufficient food or shortage of food in the household.

Low Food Insecurity: Households that report reduced quality, variety, or desirability of their diet. There is little or no indication of reduced food intake.

Very Low Food Insecurity: multiple indications of disrupted eating patterns and reduced food intake.

* **Food insecurity does not necessarily cause hunger, but hunger is a possible outcome of food insecurity.**

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WHAT ARE THESE NUMBERS?

1:5

44 Million

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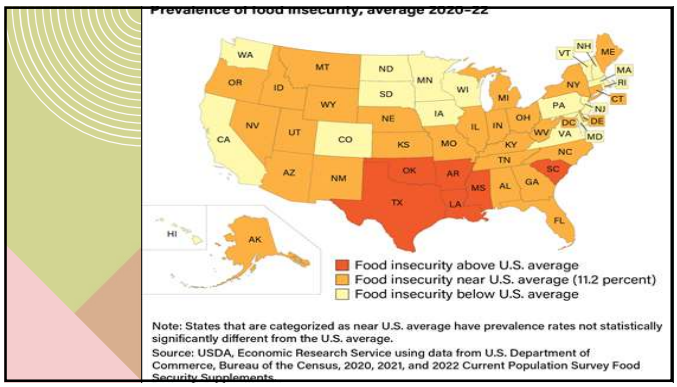

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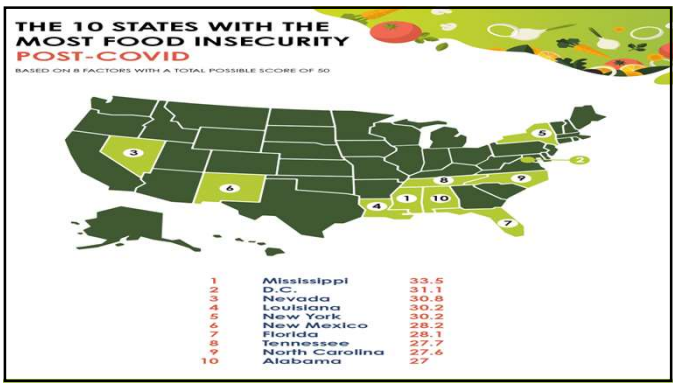

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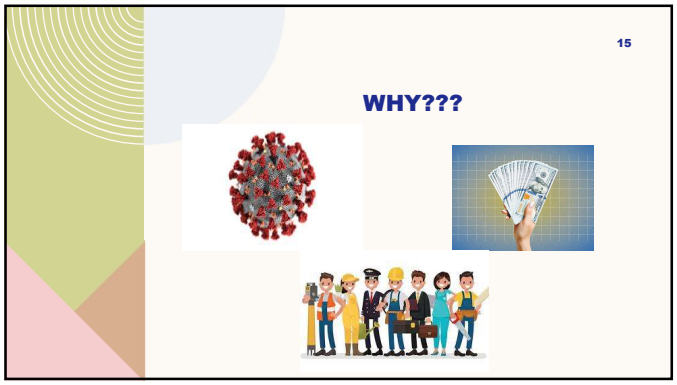

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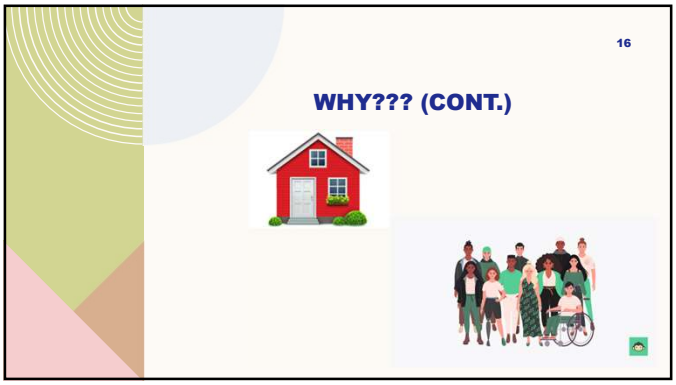

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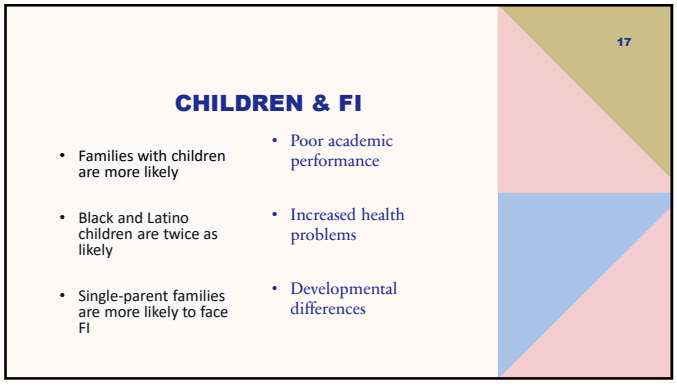

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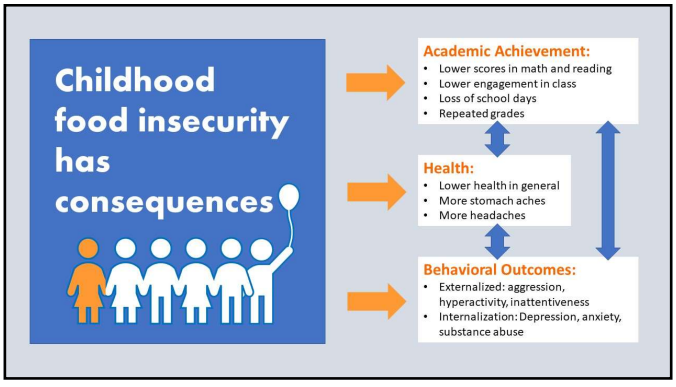

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OLDER ADULTS & FI

- 5 million; highest in New Orleans and Oklahoma City
- Black, Latino, and Native Americans have higher FI
- Social isolation
- Caring for grandchildren

- Worsen chronic health conditions
- Increased mental health issues such as anxiety and depression
- Food insecurity rates among both seniors and older adults remained **higher** than before the Great Recession.

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VETERANS AND FI

- 1:9 working age
- Difficulty with jobs & housing
- Low income
- Disabilities

- 7.4 percent more likely to live in a FI household than non-veterans.
- 1.2 million enrolled in SNAP
- Working age veterans are more vulnerable to FI

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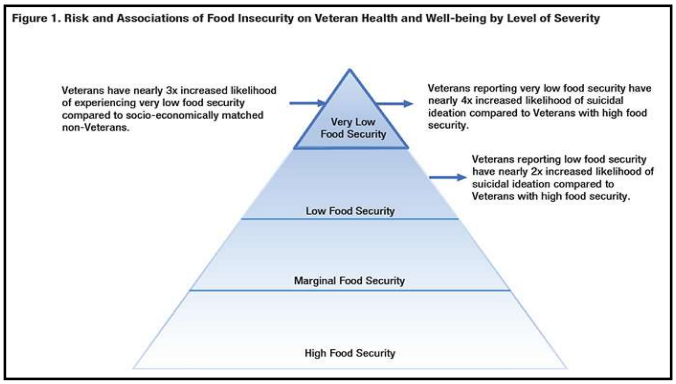

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IMPACT OF FI

- Poor overall health
- Decreased academic achievement
- Increased financial stress
- Poor mental health

- Reduced workforce productivity
- Increased healthcare costs
- Reduced military readiness

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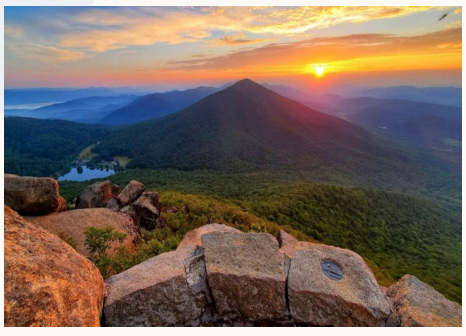

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FI & A NATIONAL STRATEGY

National Strategy on Hunger, Nutrition, and Health

Goal: End hunger and increase healthy eating and physical activity by 2030 so fewer Americans experience diet-related diseases while reducing health disparities.

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FI & A NATIONAL (CONT.)

- Improve food access and affordability
- Integrate nutrition and health
- Empower all consumers to make and have access to healthy choices
- Support physical activity for all
- Enhance nutrition and food security research

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CASE MANAGER FI ASSESSMENT

Normalize the Situation

- Begin conversations by reassuring them that their food insecurity is not abnormal
- *"I'm noticing that many of my patients struggle to afford food…"*
- *"I know the cost of groceries has increased and I want to be sure that you can purchase what you need…"*

Preface your Recommendations

- *"I'm glad you shared this with me because the kinds of foods you eat are important for your health. I'd like to connect you to the (insert SNAP program, WIC, local food bank/pantry, or other resource)."*

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CASE MANAGER (CONT.)

Hunger Vital Sign

"Within the past 12 months, we worried whether our food would run out before we got money to buy more.

Yes or No

Within the past 12 months, the food we bought just didn't last and we didn't have money to get more."

Yes or No?

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WHAT'S IN YOUR FRIDGE AND PANTRY?

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Z59.41
Z CODE FOR FOOD INSECURITY

- Z codes refer to factors influencing health status or reasons for contact with health services that are not classifiable elsewhere as diseases, injuries, or external causes=SDoH.
- Z codes offer a broader context of health, beyond medical diagnoses.
- Improve equity in health care delivery and research

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STRATEGIES FOR CASE MANAGERS

- Apply interventions based on individual needs gathered from your assessment
- Interventions should be flexible and collaborative
- Interventions may be multi-layered
- Consider interventions that address short-term "immediate needs" and longer-term care coordination needs
- Work with the individual to ensure their ability to access the intervention provided

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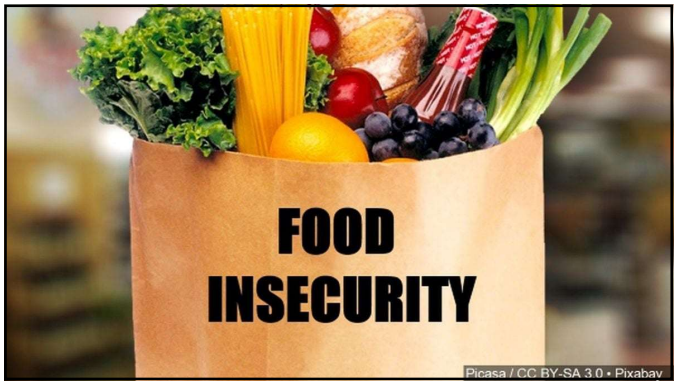

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WHAT'S FOR DINNER?

- Food Pantry items
- What are you making?
- Seasonings, utensils, cookware?

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REFERENCES/RESOURCES

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Feeding America Importance of Nutrition on Health in America | Feeding America The Impact of Coronavirus on Food Insecurity | Feeding America

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QUESTIONS???

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THANK YOU

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