



**The National
Resource Center on
Nutrition & Aging**

SCREEN, DOCUMENT AND INTERVENE

ADDRESSING FOOD INSECURITY IN OLDER ADULTS

May 23, 2018



**The National
Resource Center on
Nutrition & Aging**

INTRODUCTION



Screen, Document, & Intervene: Addressing Food Insecurity in Older Adults

May 23, 2018 Webinar

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Presentation Overview



- Food insecurity and health review
- Online course on screening and intervening
- Food insecurity coding brief
- Opportunities to address senior hunger



Polling Questions for Webinar Participants

About 1 in 10 households with an older adult 60+ is food insecure



Source: FRAC analysis of December CPS Food Security Supplement files from 2010-2015 for U.S. households with an adult aged 60 or over

Risk Factors for Food Insecurity among Older Adults

Low income

Less educated

Black or
Hispanic

Separated or
divorced, or
never married

Residing in the
South

Unemployed

Living with a
disability

Living alone or
with children

“Younger”
older adults

Sources: Strickhouser et al., AARP Foundation, 2014; Ziliak et al., *Southern Economic Journal*, 2016

Food insecurity is associated with some of the most costly and serious health problems in the U.S.



Food Insecurity & Health Consequences (Older Adult Examples)

Diabetes

Congestive
heart failure

Hypertension

Depression

Poor overall
health status

Osteoporosis

Limitations in
activities of
daily living

Lower intakes
of calories &
key nutrients

Gum disease

Sources: FRAC's *Hunger & Health Series*, 2017; Gundersen et al., *Health Affairs*, 2015

Health-Compromising Coping Mechanisms

- Forgo the foods needed for special medical diets (e.g., diabetic diets)
- Purchase a low-cost diet that relies on energy-dense but nutrient-poor foods
- Make trade-offs between food and other basic necessities (e.g., housing)
- Adults forgo food so children can eat enough
- Cost-related medication underuse
- Postpone preventive or needed medical care

Exacerbate disease

Compromise health

Increase physician encounters

Increase ER visits

Increase hospitalizations

Increase expenditures for prescription medications

Sources: FRAC's *Hunger & Health Series*, 2017;
Gundersen et al., *Health Affairs*, 2015

Household food insecurity is a strong predictor of higher health care utilization and increased health care costs.



Health-related costs of hunger and food insecurity in U.S. for children and adults
One estimate: \$160 billion (2014)

Sources: Berkowitz et al., *Health Services Research*, 2017; Cook et al., *2016 Hunger Report*; Tarasuk et al., *Canadian Medical Association Journal*, 2015

The Impact of Poverty, Food Insecurity, and Poor Nutrition on Health and Well-Being

There is growing awareness and acknowledgment in the health care community that health outcomes and disparities, more often than not, are driven by social determinants of health than by medical care.¹ Social determinants of health include social, economic, physical, or other conditions where people live, learn, work, and play that influence their health.² Poverty and food insecurity are social determinants of health, and are associated with some of the most serious and costly health problems in the nation.

Maintaining good health, consuming a nutritious diet, managing an existing chronic disease, or a combination of these can be a challenge for those struggling with poverty or food insecurity for a variety of reasons, including limited finances and resources, competing priorities, and stress. In addition, those impacted by poverty or food insecurity are likely experiencing additional resource-related hardships (e.g., housing instability, energy insecurity)³ that, in turn, can contribute to poor nutrition, health, and disease management.^{4,5,6}

This white paper reviews the latest research on the harmful impacts of poverty, food insecurity, and poor nutrition on the health and well-being of children and adults. Two other accompanying white papers from the Food Research

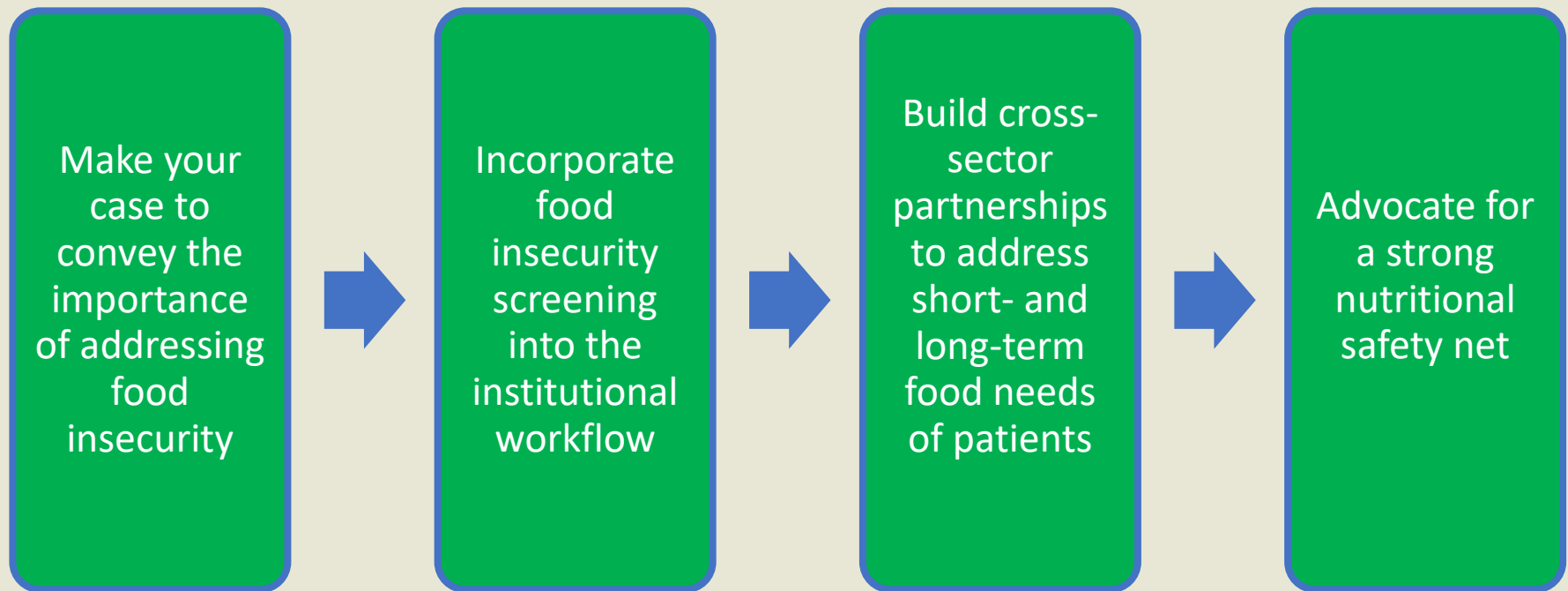
Poverty, Health, and Well-Being

In 2016, about 40.6 million Americans (12.7 percent of the population) lived in poverty.⁷ This included nearly 13.2 million children, or 18 percent of all children.⁸

Furthermore, one estimate finds that nearly two-thirds of Americans will experience at least one year of relative poverty at some point between the ages of 25 and 60, indicating that “relative poverty is an economic condition that will strike the majority of Americans.”⁹ (Relative poverty was defined as falling below the 20th percentile of the income distribution.)

A considerable amount of research demonstrates that people living in or near poverty have disproportionately

Four Key Actions to Effectively Addressing Food Insecurity in Health Care Settings



Source: *Addressing Food Insecurity in Health Care Settings: Key Actions & Tools for Success*, 2018 (by FRAC, Feeding America, & Children's HealthWatch)

**What do
health care
providers
know about
food
insecurity?**



Survey - Purposes

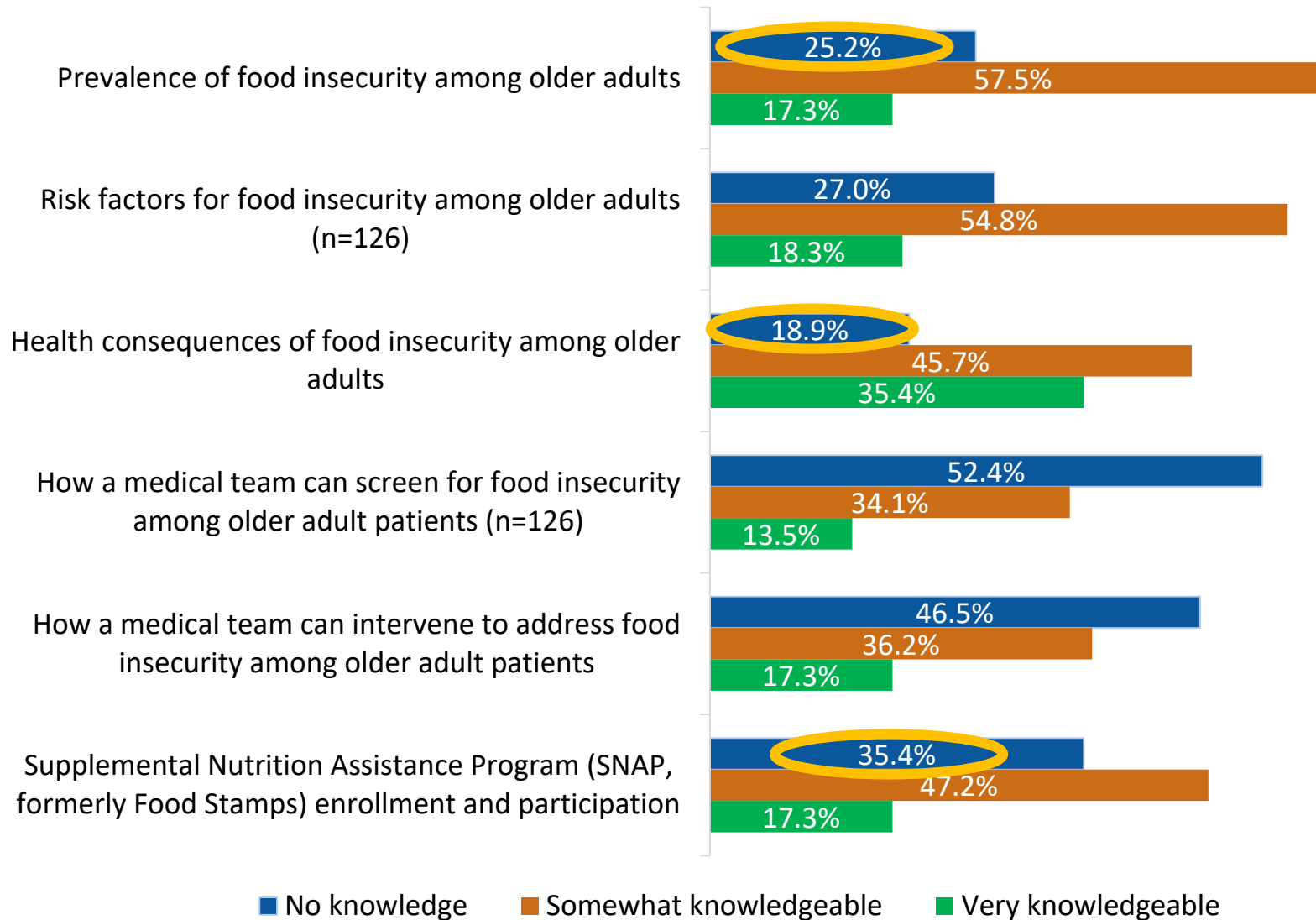
- 1) Assess **current knowledge** of food insecurity, the health consequences of food insecurity, and federal nutrition programs
- 2) Identify **current practices and capacity** for screening and intervening on food insecurity among older adults
- 3) Identify **resources needed** to effectively screen and intervene to address food insecurity among older adults

Survey Methods & Sample

- E-mailed October 2016
- “Health care provider” used broadly
- Eligibility: health care providers currently in practice and serving adults 50+
- Final sample of 127 individuals (including 49 medical doctors) from wide range of:
 - Health care professions (MD, RN, RD, PA, admin)
 - Specialties (family medicine, diabetes, emergency)
 - Geographic areas (rural, urban)
 - Medical settings (clinics, hospitals, VAs)

Survey – Key Findings

Current Health Care Provider Knowledge about Food Insecurity among Older Adults (n=127 unless otherwise indicated)

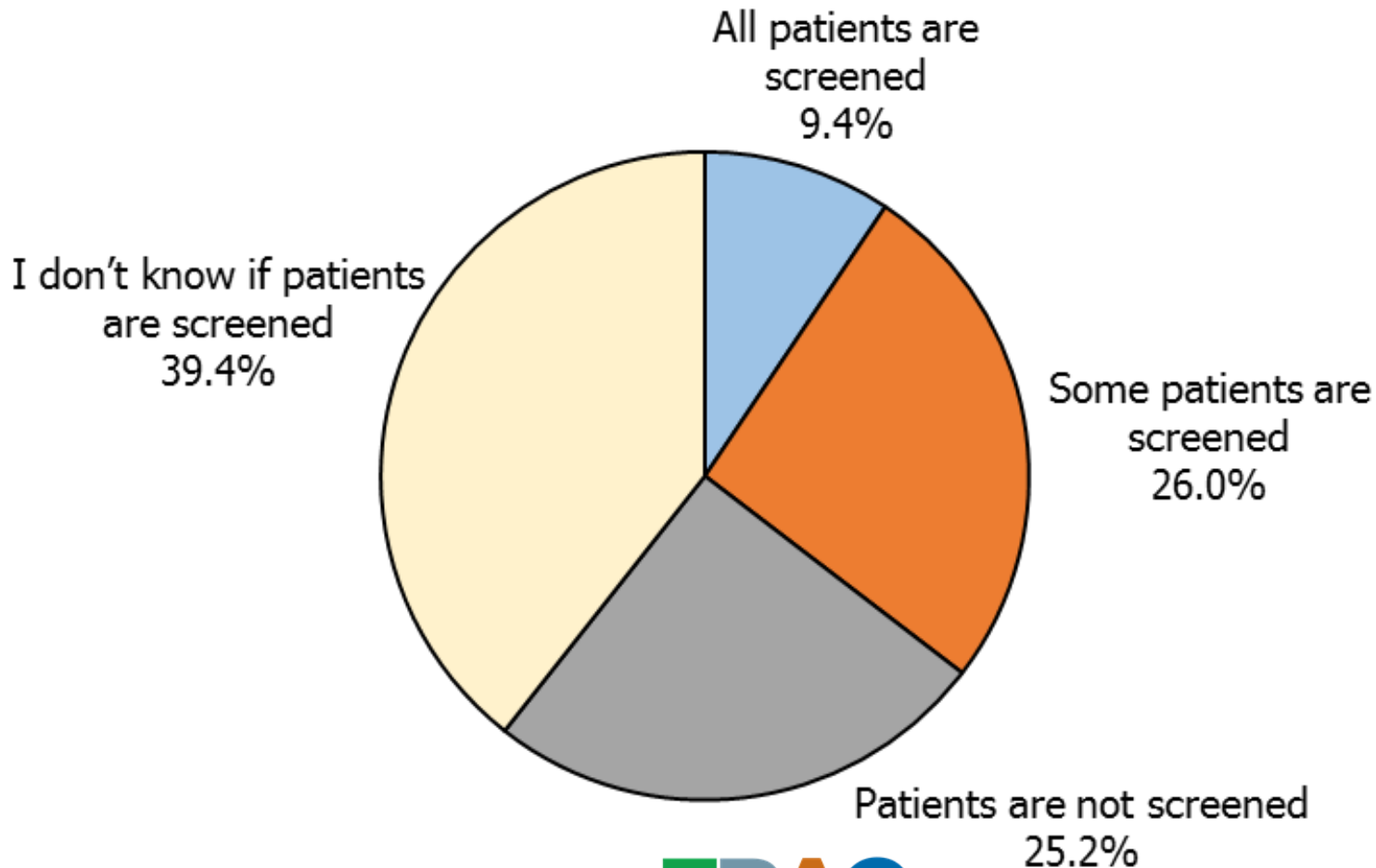


Survey – Key Findings

Top 5 Barriers to Routinely Screening for or Addressing Food Insecurity among Older Adults	% (n)
Time constraints	46.5 (59)
I don't know enough about the issue	41.7 (53)
Community interventions that address this issue are unknown to me	27.6 (35)
Resources addressing this issue are unavailable to me	20.5 (26)
I don't know how to ask questions about food insecurity	17.3 (22)

Survey – Key Findings

Screening Older Adults for Food Insecurity in Health Care Provider's Practice or Hospital (n=127)





Screen & Intervene: Addressing Food Insecurity Among Older Adults

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Begin

seniorhealthandhunger.org

Course Overview

- Launched February 2018
- Focuses on adults 50+, but often relevant across the lifespan
- Targets health care providers and community-based agencies working with older adults (e.g., AAAs)
- Free!
- One-hour course
- Approved for continuing education credits (e.g., CMEs for MDs/DOs, CPEUs for RDNs)
- Downloadable resources (e.g., posters, charts)
- Interactive activities and knowledge checks

Course Objectives

- Define food insecurity
- Identify the risk factors for food insecurity among older adults
- Identify the negative health outcomes that food-insecure patients may face
- Use the Hunger Vital Sign™ screening tool
- Connect individuals to SNAP, other nutrition resources, and community partners

Addressing Food Insecurity Among Older Adults



Opening Module: Welcome and Introduction



Welcome to This Course

Improve Ability to Identify and Address Food Insecurity in Older Adults
Content Delivered in 5 Modules

- 1. Definition, Prevalence, and Risk Factors
- 2. Health and Nutrition Consequences
- 3. How to Screen Older Adults for Food Insecurity
- 4. How to Intervene When Individuals Screen Positive
- 5. Special Considerations When Working with Older Adults



Approximately 10-15 minutes to complete each module

Thanks to the AARP Foundation for making this course possible.



Addressing Food Insecurity Among Older Adults



Module 2: Consequences of Food Insecurity Among Older Adults



Other Food-Related Challenges

Additional Challenges Older Adults May Face That Impact Dietary Intake^{14,15}

 Click on each puzzle piece to learn more.



Social Isolation

- Living alone or being socially isolated can reduce the motivation to prepare or consume food.
- Homebound individuals may have to rely on family, friends, or services to acquire food.

Click **NEXT** after viewing all items.

Addressing Food Insecurity Among Older Adults



Module 3: How to Screen Older Adults for Food Insecurity



A Simple, Effective Tool for Screening

The Hunger Vital Sign™

A patient screens positive for food insecurity if the response is “often true” or “sometimes true” to either or both of the statements.

Benefits of the Hunger Vital Sign™

- Easy to use in clinical settings or community outreach
- Validated in pediatric,⁶⁹ adolescent, and adult⁷⁰ populations
- Can be administered verbally or in writing
- Available in English, Spanish, and other languages

Word of Caution

- Patients may screen negative, but still need and qualify for food assistance



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

- ☒ Often True
- ☐ Sometimes True
- ☐ Never True
- ☐ Don't Know/Refused

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

- ☐ Often True
- ☒ Sometimes True
- ☐ Never True
- ☐ Don't Know/Refused

A patient **screens positive** for food insecurity if the response is “often true” or “sometimes true” to either or both of the above statements.

Addressing Food Insecurity Among Older Adults



Module 4: How to Intervene When an Older Adult Screens Positive for Food Insecurity



Module 4: Introduction

Identifying the Problem is Essential...

...but it is unlikely to be solved without your help connecting patients to the necessary resources.

Resources for Supporting Patients with Food Insecurity

- Supplemental Nutrition Assistance Program (SNAP)
- Other federal nutrition programs and community resources for older adults

Learn about different models to connect older adults with resources and how to integrate each model into a health care practice

[< BACK](#)[NEXT >](#)

Supplemental Nutrition Assistance Program (SNAP)

- Administered by USDA
- Low-income individuals of any age are eligible
- Benefits loaded on an EBT card for food purchases at authorized SNAP retailers
- Benefits are based on household size and income

**SNAP serves over 40 million
people each month
(almost 20 million households)**

Senior (60+) Participation in SNAP

- SNAP serves 4.7 million households with seniors each month (22% of all SNAP households)
- Average monthly benefits for seniors living alone = \$106
- 42% of eligible seniors participate (versus 86% of non-elderly adults). Why low participation?
 - Stigma
 - Misinformation about the program
 - Lack of information on how to apply
 - Barriers related to mobility

Sources: AARP Foundation & FRAC, 2015; Farson Gray et al., USDA, 2017; Lauffer, USDA, 2017

SNAP is a Critical Health Support for Older Adults

- Reduced hospitalization
- Less costly hospital stays
- Reduced nursing home admissions and costs
- Lower likelihood of depression
- Less likely to engage in cost-related medication nonadherence

**Estimated health savings associated with SNAP:
\$1400 per person per year (for adults 18+)**

Sources: FRAC's *Hunger & Health Series*, 2017; Srinivasan et al., *American Journal of Public Health*, 2018

“Simply put, SNAP should be viewed as an important health care intervention for low-income Americans.”

Gundersen et al., *Health Affairs*, 2015



The Role of the Supplemental Nutrition Assistance Program in Improving Health and Well-Being

The Supplemental Nutrition Assistance Program (SNAP, formerly “food stamps”) is the largest nutrition assistance program administered by the U.S. Department of Agriculture (USDA). SNAP serves as the first line of the nation’s public policy defense against hunger and undernutrition as well as an effective anti-poverty initiative. This invaluable program has a critical role, not just in reducing food insecurity, but in improving the health of the nation, especially among the most vulnerable Americans.

SNAP’s role in improving health is crucially important, given the high rates of food insecurity,¹ obesity,^{2,3} and diet-related chronic disease in the nation.⁴ Furthermore, leading scholars, economists, and health professionals recognize SNAP’s impacts on health and well-being, for example:

- According to the White House Council of Economic Advisors for the Obama Administration, “a growing body of high-quality research shows that SNAP is highly effective at reducing food insecurity, and in turn has important short-run and long-run benefits for low-income families. SNAP’s benefits are especially evident and wide-ranging for those who receive food assistance as children; they extend beyond the immediate goal of alleviating hunger and include improvements in short-run health and academic performance as well as in long-run health, educational attainment, and economic self-sufficiency.”⁵
- In 2015, two prominent food insecurity and poverty scholars wrote: “simply put, SNAP should be viewed as an important health care intervention for low-income Americans.”⁶
- James Marks, MD, MPH, of the Robert Wood Johnson Foundation, wrote in 2012: “SNAP helps families stretch their food dollars to alleviate hunger and buy healthier foods ... As we strive for a full economic recovery and a healthier nation, supporting SNAP is both the right thing to do and the smart thing to do.”⁷

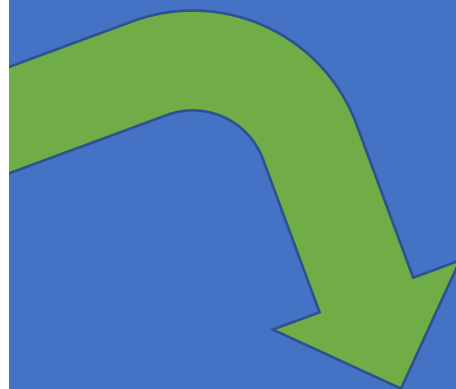
Overall, this white paper demonstrates that poverty and food insecurity have serious consequences for health and well-being in the short and long terms. Research shows that SNAP plays a critical role, not just in alleviating poverty and food insecurity, but also in improving dietary intake and health, especially among children. Increasing access to SNAP and improving SNAP benefit levels would further improve the nation’s health.

This paper will provide background information on SNAP; briefly summarize the harmful impacts of poverty, food insecurity, and poor nutrition on health and well-being; summarize research on SNAP’s role in addressing these issues among low-income Americans;^{*} and describe how this role of furthering the public’s health would be enhanced if SNAP benefits were more adequate.

“Simply put, SNAP should be viewed as an important health care intervention for low-income Americans.”

— Gundersen & Zillak, 2015⁸

* For research on the federal Child Nutrition Programs, see FRAC’s *The Role of the Federal Child Nutrition Programs in Improving Health and Well-Being* at www.frac.org. [The federal Child Nutrition Programs include the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); National School Lunch Program (NSLP); School Breakfast Program (SBP); Child and Adult Care Food Program (CACFP); Summer Food Service Program (SFSFP), and Afterschool Nutrition Programs.]



The Supplemental Nutrition Assistance Program (SNAP):

- reduces poverty and deep poverty;
- supports economic stability and academic outcomes;
- reduces food insecurity;
- protects against obesity;
- improves dietary intake;
- improves health outcomes; and
- improves mental health outcomes.

Addressing Food Insecurity Among Older Adults



Module 4: How to Intervene When an Older Adult Screens Positive for Food Insecurity



SNAP Basics

 Click on each image to learn more about how SNAP works.



What Do You Get?

Benefits for Eligible Individuals

- Monthly benefits can be used to purchase food at SNAP-authorized grocery stores, farmers' markets, and other food retail outlets
- Benefits are loaded on an EBT card, much like a debit card, to eliminate stigma
- The average benefit for an older adult living alone is \$108/month; the minimum benefit is \$16/month⁷²

Click **NEXT** after viewing all items.

Addressing Food Insecurity Among Older Adults



Module 4: How to Intervene When an Older Adult Screens Positive for Food Insecurity



Richard

X CLOSE



Richard

Concern: I've never taken charity

- He doesn't feel comfortable accepting welfare.

Health Care Provider:

- You've paid money to the government in taxes that support this program.
- You've earned the right to receive assistance from government programs you've supported.
- SNAP is not a handout, and the program can help you purchase food that will keep you healthy and independent.



Health Care
Provider

Addressing Food Insecurity Among Older Adults



Module 5: Special Considerations in Working with Older Adults



Be Sensitive When Discussing Food Insecurity

Food Insecurity Is Often Invisible

Don't Count on Appearances

- Food insecurity may be lurking behind a well-dressed appearance
- Patients may have possessions that project financial stability, but be struggling due to unemployment, unexpected expenses, or a family or personal crisis
- Someone may be simultaneously struggling with overweight or obesity while experiencing food insecurity*

See the **Resources section of the course for more information on the connections between food insecurity and obesity.*

Make no assumptions about patients or you may overlook their needs.



X CLOSE



**You don't need to choose
between food and medicine**

YOUR NUTRITION MATTERS

Ask your doctor about SNAP/Food Stamps
and other food resources, or:

Call the USDA Hunger Hotline

1-866-3-HUNGER/866-348-6479

1-877-8-HAMBRE/877-842-6273

Hours: Mon-Fri 8AM-8PM ET



SNAP/Food Stamps: Doctor recommended to put healthy food on your plate

Ask someone on the medical team about
SNAP/Food Stamps and other food resources, or:

Call the USDA Hunger Hotline

1-866-3-HUNGER/866-348-6479

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U.S. Department of Agriculture – Food and Nutrition Service

Age of Patient	Name of Program	How It Works	Who Can Apply	Learn More
All ages, but special rules for adults age 60 and older & individuals with disabilities	Supplemental Nutrition Assistance Program (SNAP, formerly known as Food Stamps) States may use a different name than SNAP	Monthly benefits to purchase food at SNAP-authorized grocery stores, farmers' markets, and food retail outlets Benefits loaded on an electronic benefit transfer card (similar to a debit card) The average benefit for an older adult living alone is about \$108 per month. The minimum benefit is \$16 per month.	Low-income individuals – typically 130–200 percent of the federal poverty level (FPL) – who meet income and asset tests (which can vary by state) Available to anyone who meets the eligibility criteria (even if they are employed) Special program rules for older adults (age 60 and older) and individuals with disabilities include: <ul style="list-style-type: none"> No gross income test and higher asset test (\$3,500); Deduction of out-of-pocket medical expenses in excess of \$35 per month; No cap on housing expenses; States can adopt policies, such as a standard medical deduction, longer certification periods, or elderly simplified applications 	Reaches about 4.3 million older adults each month, but could reach millions more Call the SNAP information line at 1-800-221-5689 for how to apply Online application for SNAP available in 42 states at: https://www.fns.usda.gov/snap/apply Local resources:
Age 60 and older	Commodity Supplemental Food Program (CSFP) States may use a different name	Pick-up of a monthly food box with items, such as canned fruit and vegetables, cheese, shelf stable milk, cereals, potatoes, grains, peanut butter, and dried beans Receive nutrition information	Low-income (at or below 130 percent of the FPL) Participation is capped based on annual appropriations Limited to designated service areas in states that participate Administered by a state agency in conjunction with local food banks, or community action organizations	Reaches about 700,000 older adults each month State information: http://www.fns.usda.gov/csfp/csfp-contacts Local resources:
Age 60 and older	Senior Farmers' Market Nutrition Program (SFMNP)	Annual vouchers (worth a total of \$20–\$50) to use for eligible foods (fruits, vegetables, honey, and fresh-cut herbs) at participating farmers' markets, roadside stands, and community-supported agriculture programs	Low-income (at or below 185 percent of the FPL) older adults, but states have option to tie eligibility to seniors participating in other means-tested programs, such as SNAP or CSFP Participation is capped based on annual appropriations, but not all states participate Vouchers distributed by a state agency or in conjunction with an entity contracted out to administer a means-tested program, such as CSFP	Reaches about 825,000 older adults each year For participating states, visit: https://www.fns.usda.gov/sfmnp/sfmnp-contacts Local resources:



Screen & Intervene: Addressing Food Insecurity Among Older Adults

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Begin

seniorhealthandhunger.org



Purpose: facilitate conversations and collective action among a wide-range of stakeholders interested in addressing food insecurity through a health care lens

What do we do?

- Collect and conduct research on the connections between food insecurity and health
- Promote the use of the Hunger Vital Sign™
- Champion effective interventions to address food insecurity

Who are we?

Physicians, health care professionals, public health researchers, anti-hunger advocates, food and nutrition service providers, and policy experts



To join or learn more, contact:

Alexandra Ashbrook

FRAC

aashbrook@frac.org

Richard Sheward

Children's HealthWatch

richard.sheward@bmc.org



An Overview of Food Insecurity Coding in Health Care Settings

Existing and Emerging Opportunities

Reviews existing and emerging opportunities to document food insecurity screening, assessment, intervention, and billing for each part of a patient visit



Promoting and improving opportunities to document food insecurity in the medical record is critical for:

- Enabling **documentation** of food insecurity screening and assessment
- Providing **comprehensive health care** to individual patients
- Obtaining **population data** for clinical resource planning
- Improving **reimbursement** for food insecurity assessment and intervention
- Fostering **research and quality improvements**
- **Sharing** food insecurity assessments and interventions with outside entities



How can you use the course?

INSERT POLL

Opportunities to Address Senior Hunger



I'M LOOKING
FOR HELP ON THIS,
VIRTUAL TEAM...

VIRTUAL
TEAM
MANAGER

Project
Plan

Function

IT'S NOT
IN MY
P & L.

Country

IT'S NOT
IN MY
OBJECTIVES.

Product
Group

I'D LIKE
TO HELP,
BUT...

Traditional silos getting in the way?

Nutrition Programs for Seniors

OAA

- Home-Delivered Meals (836,000 individuals /yr with 137 million home-delivered meals)
- Congregate Meals (1.57 million seniors/yr with about 80 million congregate meals)

USDA-FNS

- SNAP (4.7 million/mo) abt. \$106/mo)
- CSFP (700,000/mo abt. \$55/mo)
- TEFAP
- Senior Farmers Market Nutrition Program (825,000/yr)



Break down the silos!



YouTube

iterate

BUT
HOW?



Connect to Your Organizational Mission



Partner

[Alabama](#) – [Alaska](#) – [Arizona](#) – [Arkansas](#) – [California](#) –
[Colorado](#) – [Connecticut](#) – [Delaware](#) – [District of](#)
[Columbia](#) – [Florida](#) – [Georgia](#) – [Hawaii](#) – [Idaho](#) – [Illinois](#)
– [Indiana](#) – [Iowa](#) – [Kansas](#) – [Kentucky](#) – [Louisiana](#) –
[Maine](#) – [Maryland](#) – [Massachusetts](#) – [Michigan](#) –
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[Washington](#) – [West Virginia](#) – [Wisconsin](#) – [Wyoming](#)

Take Doable Steps



 **SNAP/Food Stamps:
Doctor recommended
to put healthy food on your plate**

Ask someone on the medical team about
SNAP/Food Stamps and other food resources, or:

Call the USDA Hunger Hotline

1-866-3-HUNGER/866-348-6479

1-877-8-HAMBRE/877-842-6273

Hours: Mon-Fri 8AM-8PM ET

 **AARP** Foundation

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Food Research & Action Center

EDUCATE

- Look at ways to bring in public money for your work (e.g., SNAP state outreach plan, state investment in OAA programs)
- Look at ways to improve the programs (e.g., simplified elderly application for SNAP)
- Develop a state policy agenda for addressing hunger



FRAC.org

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PRE-CONFERENCE EVENTS

REFOCUSING ON SOCIAL DETERMINANTS OF HEALTH TO STRENGTHEN CLIENT IMPACT

August 27, 2018





**The National
Resource Center on
Nutrition & Aging**

THANK YOU