Food is Medicine

Connecting Neighbors to Nutrition & Better Health through Food Bank and Healthcare Partnerships
Food Bank of Northern Nevada

• 152 Partner Agencies
• 107,000 people served per month
• 20,000,000 meals provided in 2021
FBNN Programs

• Commodity Supplemental Food Program (CSFP)
• Supplemental Nutrition Assistance Program (SNAP)
• The Emergency Food Assistance Program (TEFAP)
• Mobile Harvest
• Child Nutrition
  – Kids Cafe
  – Summer Lunch
• Nutrition Education
  – Direct Education
  – Systemic approaches (Healthy Pantry Initiative)
Pandemic Effects on Hunger

- Pandemic EBT
- SNAP increases
- Child tax credit
- Child nutrition waivers
- Inflation
- Gas
- Housing costs

People served per month

<table>
<thead>
<tr>
<th>Year</th>
<th>2017</th>
<th>FY 2018</th>
<th>FY 2019</th>
<th>FY 2020</th>
<th>FY 2021</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>96,000</td>
<td>92,000</td>
<td>91,000</td>
<td>106,000</td>
<td>107,000</td>
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2017 FY, 2018 FY, 2019 FY, 2020 FY, 2021 FY

People served per month
Health Equity

How do we address disparities in food security to achieve healthier communities?

Food insecurity does not occur in a silo and is often exacerbated by factors like poverty, poor diet quality and chronic disease. Inadequate access to consistent and sufficient healthy food leads individuals in difficult decisions and coping strategies that can result in an increased risk of chronic disease. Chronic diseases like obesity, diabetes, heart disease and worsening mental health have disparate effects on Black, Latino and Native American communities. As such, addressing and eliminating the negative social determinants of health that can have a deep impact on health outcomes is of increasing importance.

- Higher rates of food insecurity faced by communities of color, along with negative health outcomes compared to their white peers.
Definitions

• Food Insecurity (USDA definition): lack of consistent access to enough food for an active, healthy life.

• Nutrition Security: consistent access, availability, and affordability of foods and beverages that promote well-being and prevent disease.
Why Should We Think About Food Insecurity and Health?

What Goes Into Your Health?

Socioeconomic Factors
- Education
- Job Status
- Family/Social Support
- Income
- Community Safety

Physical Environment

Health Behaviors
- Tobacco Use
- Diet & Exercise
- Alcohol Use
- Sexual Activity

Health Care
- Access to Care
- Quality of Care

Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Wards: Solving Complex Problems (October 2014)
Adapted from The Bridgespan Group
Why Food Bank & Healthcare Partnerships are Important

Social determinants of health, such as access to healthy foods, play an important role in disease prevention, health status and health outcomes. An estimated 20 percent of a person’s health status is predicted by healthcare services such as visiting a doctor. **Socioeconomic factors such as location (zip code), food insecurity and health behaviors (e.g., smoking status, BMI) are estimated to play a much larger role.**
The Healthcare Costs of Food Insecurity

Among food insecure households, reduced access to nutritious foods increases the risk for poor health and chronic diseases, like diabetes and hypertension.

Food insecurity increases stress and the risk of poorer mental health, affecting people’s capacity to manage their overall health.

Food insecurity can cause people to skip or delay medication refills and clinic visits – complicating disease self-management and continuing the cycle of poor health.

In 2016, approximately $52.9 billion in healthcare costs were associated with food insecurity among American adults and children.
How do annual healthcare costs associated with food insecurity vary by state?

This data visualization illustrates the geographic variations of healthcare costs associated with food insecurity in the United States. In the map below, each dollar amount represents the additional healthcare costs associated with food insecurity.

States with the highest Total Cost
- California: $7,213,540,000
- Texas: $6,011,628,000
- Florida: $4,247,553,000
- New York: $3,491,245,000
- Ohio: $2,355,144,000

States with the lowest Total Cost
- District of Columbia: $101,571,000
- South Dakota: $20,045,000
- Wyoming: $83,000,000
- Vermont: $81,853,000
- North Dakota: $57,587,000

The excess total healthcare cost associated with food insecurity is **$518,266,000** in Nevada.
How do annual healthcare costs associated with food insecurity vary by state?

This data visualization illustrates the geographic variations of healthcare costs associated with food insecurity in the United States. In the map below, each dollar amount represents the additional healthcare costs per capita associated with food insecurity. Note that per capita refers to the entire state population, not only to the food-insecure population within the state.

States with the highest Cost per Capita:
- Mississippi $243
- Texas $223
- Louisiana $220
- Florida $213
- Oklahoma $198

Explore States by Cost per Capita

States with the lowest Cost per Capita:
- Virginia $119
- South Dakota $117
- New Hampshire $106
- Minnesota $100
- North Dakota $78

The excess total health care cost associated with food insecurity is $183 per person in Nevada.
How do annual healthcare costs associated with food insecurity vary by state?

This data visualization illustrates the geographic variations of healthcare costs associated with food insecurity in the United States. In the map below, each dollar amount represents the additional healthcare costs per food-insecure adult.

States with the highest Cost per Food-Insecure Adult

- New Jersey $2,083
- Massachusetts $2,078
- New York $2,064
- Florida $2,046
- California $2,033

States with the lowest Cost per Food-Insecure Adult

- North Dakota $1,469
- New Mexico $1,452
- Oregon $1,439
- Montana $1,400
- Hawaii $1,395

The excess total health care cost associated with food insecurity is **$1,926** per food-insecure adult in **Nevada**.
12% Food Insecure

Nevada

263,100 adults are food insecure**

12% Food-Insecure Adults

$518,266,000

Additional Healthcare Costs associated with Food Insecurity

Washoe County

39,740 adults are food insecure**

12% Food-Insecure Adults

$63,039,638

Additional Healthcare Costs associated with Food Insecurity

** The base estimated healthcare costs (where the slider is set to 0 percentage points) are associated with the overall (adults and children) food insecurity rate. Additional healthcare costs (when the slider is moved away from 0 percentage points) are associated with the change in the adult food-insecure population.
10% Food Insecure

Nevada

263,100 adults are food insecure**

Washoe County

39,740 adults are food insecure**

** The base estimated healthcare costs (where the slider is set to 0 percentage points) are associated with the overall (adults and children) food insecurity rate. Additional healthcare costs (when the slider is moved away from 0 percentage points) are associated with the change in the adult food-insecure population.
Connecting the Dots

IDENTIFYING & ADDRESSING FOOD INSECURITY AT A HEALTHCARE SITE

CONDUCT
Food Insecurity Screening

REFER
To Existing Food Bank Programs & Food Pantries
- On-Site Pantry

HOST
New Food Distribution Programs
- Mobile Food Distribution
- Emergency Food Bags, Boxes or Meals

CONNECT
Clients to SNAP, WIC, and Other Food Programs
Food Bank of Northern Nevada
Prescription Pantry Program

• Prescriptions
  – Healthcare providers to Healthy Food Pantries
• Food procurement
  – More food offered to participating pantries
  – Healthier food offered
• Evaluation
  – A1c levels
  – Healthy Eating Survey
• Nutrition Education
• SNAP Outreach
• Program Referrals
Washoe County 2017- present

- Pilot Program began in 2017
- Currently in partnership with 6 Healthcare Partners:
  - Community Health Alliance
  - Renown Health
  - Northern Nevada HOPES
  - University of Nevada Student Outreach Clinic
  - Care Chest
  - Reno VA (newest partner!)
Rural Nevada Expansion - 2021

- Expansion of the program into Rural Nevada:
  - Carson City
  - Lyon County
  - Douglas County
  - Mineral County

- Partnership with 4 new Rural Healthcare Providers:
  - University of Nevada Rural Health Clinic
  - Walker River Paiute Tribe Health Clinic
  - Carson Tahoe Hospital
  - Carson Valley Medical Center

- Addition of 6 new Healthy Food Pantries
What Foods are Offered at Prescription Pantries?

- MORE fresh produce
- Low Sodium Canned Vegetables
- Frozen fruits and vegetables
- Fruit canned in water or juice
- Plant based protein
- Brown Rice
- Whole Wheat Pasta
- Frozen Meats
- Low Sodium soups
Food Results- 2021

• People Served:
  – 35,186 unduplicated
  – 81,153 instances of service (duplicated number)
• Prescriptions redeemed: 3,542
• Total Pounds Distributed: 1,685,937
  – Fresh produce: 423,867
  – Meat: 148,546
  – Plant based protein: 154,442
  – Dairy: 208,266
• Total Meals: 1,404,947
A1c Results- 2021

- A1c levels were analyzed of patients visiting a Healthy Pantry 4 times or more in 1 year.
- 66% of all patients who had at least two A1c draws had their A1C in a downward trend.

Patient Highlights
- After 12 visits to a pantry, a patient reduced their A1C from 17.7% to 10.8%
- After 9 visits to a pantry, a patient reduced their A1C from 13.4% to 10.6%
- After 12 visits to a pantry, a patient reduced their A1C from 12.4% to 10.2%
- After 15 visits to a pantry, a patient reduced their A1C from 11.3% to 8.7%
- After 10 visits to a pantry, a patient reduced their A1C from 10.3% to 7.6%
Healthy Eating Survey Results - 2021

- Prescription Pantry clients are surveyed once per year to understand behavioral changes being made around food.
- In 2021, 682 surveys were collected, representing 2,141 household members.
- 74.2% of clients were able to avoid skipping meals since visiting the prescription pantries.
Nutrition Education

• Healthy Pantry Initiative
  – Highlighting healthy foods
  – Providing education, and recipes
  – Making the healthy choice the easy choice
Client Choice

• Allowing people seeking food assistance to choose for themselves what products they receive
• Client choice in healthcare—food lists
• Client choice during the pandemic
HER/SWAP Guidelines

- Healthy Eating Research (HER) provides recommendations to improve the quality of food at food banks and food pantries.
- Foods are ranked using HER recommendations and organized using SWAP.
- To rank foods, this information from the nutrition food label is used:
  - Saturated fat
  - Sodium
  - Sugar
SNAP Outreach

• In partnership with DWSS, FBNN’s SNAP Team visits neighborhoods across Northern Nevada to assist with SNAP and Medicaid applications.
• FBNN’s team assists with the application, document submission, and required interview.
Outreach at Prescription Pantries

- SNAP Application Assistance
- Medicaid Application Assistance
- Referrals to other federal programs:
  - TANF
  - WIC
  - TEFAP
  - CSFP
- School breakfast/lunch & Kids Café referrals
- Referrals to other FBNN programs
Outreach Results- 2021

– 9,415 people connected to federal commodities

– 814 households connected to SNAP benefits
  • Additional 199 households connected to SNAP by phone (COVID restrictions)

– 308 people connected to Medicaid

– 4 families connected to Energy Assistance

– 7 families connected to TANF
Long Term Goals

• Sustainable funding
• Ability to scale and replicate in different communities:
  – Increase access in rural areas
  – Hospital wide
  – Community wide
• Long term health improvement
Other ways FBNN partners with Health Centers

- Nutrition Education Classes
- Food Demonstration Classes
- Mobile Harvest in parking lot
- SNAP Outreach during events

- Family Health Festivals
- Referrals to FBNN programs or Primary Care
- Capacity Building grants
Questions?
Thank you!

Kerry Kelly
Programs Manager
kkelly@fbnn.org
775-331-3663 ext. 147