



NATIONAL COMMUNITY OF PRACTICE

Four Opportunities for Medical and Health Organizations to Address Food Insecurity



Introduction

Food insecurity is a social determinant of health affecting tens of millions of Americans.¹ Even when experienced at mild levels, an extensive body of research demonstrates that food insecurity threatens health and achievement across the lifespan and is associated with increased health care utilization and costs. For instance, food insecurity has been linked with diet-related chronic disease, poor disease management, and medication non-adherence, as well as increased inpatient and emergency care, surgeries, and prescription costs.^{2,3,4,5,6}

In response to these and other health and economic impacts, the health care sector is increasingly recognizing and investing in strategies that address and alleviate food insecurity such as screening patients for food insecurity and connecting at-risk patients to the federal nutrition programs and other food resources. This brief provides examples of work by leading medical and health organizations to support Hunger Vital Sign™ National Community of Practice members' efforts to improve the food security of their patients at practice and policy levels — work that ultimately promotes positive health outcomes, addresses longstanding disparities in health, and reduces health care costs.

Drawing on concrete examples, this brief describes the following four opportunities for medical and health organizations to engage their members in addressing food insecurity:

1. **adopt** a formal, organizational statement promoting food security and the importance of the federal nutrition programs;
2. **assist** members at the practice level by recommending, developing, adapting, or promoting tools and resources for identifying and addressing food insecurity in clinical settings;
3. **advocate** at national, state, and local levels for policies that address food insecurity and its root causes, and support coding and reimbursement for providers engaged in this work;
4. **advance the field** by joining, as an organization or individual members, the Hunger Vital Sign™ National Community of Practice (no membership costs), co-convened by Children's HealthWatch and the Food Research & Action Center (FRAC).

Opportunity #1:

Adopt a formal, organizational statement promoting food security and the importance of the federal nutrition programs.

The adoption of a formal, organizational statement is a key lever to elevate the importance of food insecurity and the federal nutrition programs to members. The adoption of a statement can occur at the national, state, or local chapter level of the organization. A range of medical and health organizations have signaled to members the need to prioritize and address food security through issuance of policy statements, resolutions, standards of care, ethical standards, and positional statements (see examples in Table 1). Some of the efforts to address food insecurity are part of broader social determinants of health work prioritized by leading medical and health organizations.⁷



The American Academy of Pediatrics' (AAP) [policy statement on food insecurity](#) serves as the current gold standard of organizational statements. The statement provides a blueprint as to the why and how pediatricians should address patient food insecurity at practice and policy levels by describing

- short- and long-term impacts of food insecurity on child health and developmental outcomes;
- key programs and resources to mitigate food insecurity for children and their families, including the Supplemental Nutrition Assistance Program (SNAP), Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), school meals, Child and Adult Care Food Program, Summer Food Service Program, and emergency food system;
- existing tools to identify food insecurity, specifically recommending the validated Hunger Vital Sign™ to screen for food insecurity; and
- advocacy and educational efforts at federal, state, and local levels to protect federal nutrition programs and train the next generation of medical providers.

Table 1:

Examples of Medical and Health Organizational Statements on Food Insecurity (Last updated January 2020)

Organization	Type of Organizational Statement	Statement Title, Publication Date, and Excerpts/Descriptions
American Academy of Family Physicians (AAFP)	Position Paper	<p>Advancing Health Equity by Addressing the Social Determinants of Health in Family Medicine (April 2019)</p> <p>“The AAFP supports federal nutrition programs as a matter of public health. Access to affordable and healthy food significantly affects an individual’s health, education, and development. Food access also supports medical treatment that requires patients to take medications with food.”</p>
American Academy of Family Physicians (AAFP) New York Chapter Resolution	Chapter Resolution	<p>Resolution No. 405 (New York State C) Screening, Intervening, and Advocating to Address Food Insecurity (reaffirmed as current policy) (September 2017)</p> <p>“The resolution asks AAFP to support efforts to screen patients for food insecurity, using tools like the validated Hunger Vital Sign™, and connect patients to federal nutrition programs and resources.”</p>
American Academy of Pediatrics	National Policy Statement	<p>Promoting Food Security for All Children (November 2015)</p> <p>“Pediatricians can play a central role in screening and identifying children at risk for food insecurity and in connecting families with needed community resources. Pediatricians should also advocate for federal and local policies that support access to adequate healthy food for an active and healthy life for all children and their families.”</p>
American Diabetes Association	Standard of Care	<p>Standards of Medical Care in Diabetes (January 2020)</p> <p>“Providers should assess social context, including potential food insecurity, housing stability, and financial barriers, and apply that information to treatment decisions.”</p>
American Nurses Association	Code of Ethics	<p>Code of Ethics for Nurses (2015)</p> <p>“... health, including food security, is a human right, that the nurse must address health inequities and the social determinants of health, and that the nurse must advocate for macro and community policies to address inequities and foster human rights.”</p>
Academy of Nutrition and Dietetics	Position Statement	<p>Position of the Academy of Nutrition and Dietetics: Food Insecurity in the United States (December 2017)</p> <p>“It is the position of the Academy of Nutrition and Dietetics that systematic and sustained action is needed to achieve food and nutrition security in the United States. To achieve food security, effective interventions are needed, along with adequate funding for, and increased utilization of, food and nutrition assistance programs; inclusion of nutrition education in such programs; strategies to support individual and household economic stability; and research to measure impact on food insecurity- and health-related outcomes.”</p>

Opportunity #2:

Assist members at the practice level by recommending, developing, adapting, or promoting tools and resources for identifying and addressing food insecurity in clinical settings.

To encourage members to take actions to address food insecurity at the practice level, medical and health organizations can recommend, develop, adapt, or promote tools and resources for addressing food insecurity in clinical or hospital settings, including embedding this work into institutional workflows and electronic health records (see examples in Table 2). For instance, several organizations recommend that members screen patients for food insecurity using the [Hunger Vital Sign™](#), a validated tool developed by Children’s HealthWatch while encouraging members to tailor screening efforts to existing time and resource constraints.

Medical and health organizations also are promoting a range of food insecurity interventions and strategies to connect at-risk patients to food and nutrition resources, including determining whether patients are participating in available federal nutrition programs (e.g., SNAP, WIC, school meals, congregate meals, home-delivered meals). These programs are available in every community and are backed by a large and growing body of evidence demonstrating effectiveness in improving the food security, health, nutrition, and well-being of program beneficiaries across the lifespan.



In addition to recommending that patients be connected to federal nutrition programs, many medical and health organizations recommend that providers connect patients to food pantries, food pharmacies, community gardens, medically tailored meals, veggie prescription programs, or grocery distribution programs. Organizations also are lifting up community partnerships (with local food banks, anti-hunger groups, and community-based partnerships), and developing mapping tools to refer patients (sometimes based on patient zip codes) to a broad range of nutrition and food resources and social services.

Table 2:

Examples of Recommended Screening Tools and Resources Developed by Medical and Health Organizations (Last updated January 2020)

Organization	Recommended Screening Tool	Resource(s)
American Academy of Family Physicians	Hunger Vital Sign™	EveryONE Project Toolkit includes screening tools for a range of social determinants of health and a Neighborhood Navigator referral system.
American Academy of Pediatrics	Hunger Vital Sign™	<p>Addressing Food Insecurity: A Toolkit for Pediatricians includes research on the impacts of food insecurity on child health; opportunities and strategies to screen; the importance of connecting families to federal nutrition programs and other resources; and advocacy opportunities to improve the nutrition and health of children.</p> <p>AAP’s STAR Center offers information and resources on a variety of topics, including screening recommendations, practice tools, and individualized assistance.</p>
American College of Obstetricians and Gynecologists	N/A	Sample WIC referral form for doctors to connect patients to WIC.
American Hospital Association	N/A	Food Insecurity and the Role of Hospitals (Part of the Social Determinants of Health Series) provides recommendations for screening and intervening.
National Association of Community Health Centers	In the past year, have you or any family members you live with been unable to get any of the following when it was really needed? Food: <i>Yes/No</i>	Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences Tool (PRAPARE) is a comprehensive platform to help community health centers address social determinants of health.

Opportunity #3:

Advocate at national, state, and local levels for policies that address food insecurity and its root causes, and support coding and reimbursement for providers engaged in this work.

Medical and health organizations, and individual members, provide critical, trusted, and credible voices for shaping anti-hunger policies at all levels of government and for encouraging policies that make it possible for medical providers to screen and intervene to address food insecurity. Medical and health organizations typically employ legislative staff, and support member-driven legislative and advocacy work, thus providing a strong infrastructure for starting or expanding food insecurity advocacy.

Of note, AAP's extensive advocacy work to address food insecurity includes a range of efforts by the organization and its members (e.g., congressional visits, position papers, advocacy institutes, testimony before legislative bodies) aimed at addressing the root causes of poverty and food insecurity. Specific advocacy opportunities for health providers are described in [Ten Advocacy Actions Pediatricians Can Take to Address Childhood Food Insecurity](#), a resource developed by AAP and FRAC. While the focus is on children, many of the actions and examples are applicable or relevant across the lifespan.

Medical and health organizations play a critical role in strengthening and protecting key federal nutrition programs that improve food insecurity, including SNAP and WIC. Program reauthorization, federal or state regulatory or administrative actions, budgets, and annual appropriations can positively or negatively affect the programs and their participants, thereby presenting multiple opportunities for advocacy work by medical and health organizations and their members. For example, after the December 2018 passage of the Farm Bill, [AAFP signaled](#) to its members and the public that “after eight months of fighting over food stamps, Congress has passed a farm bill that favors the AAFP's advocacy priorities as outlined in a letter to leaders of the Senate and House agriculture committees.” In addition, many medical and health organizations weighed in to oppose a series of harmful SNAP rules in 2019, including [America's Essential Hospitals](#) that submitted a comment to the U.S. Department of Agriculture (USDA) expressing concern that changes to SNAP could increase food insecurity and worsen health outcomes.

Health and medical organizations also are actively engaged in working to build on existing and emerging opportunities for [documenting food insecurity screening, assessment, intervention, and billing](#) for each part of a patient's visit. For instance, the American Academy of Nutrition and Dietetics and the Oregon Primary Care Association

signed on in support of the March 2019 application to expand ICD-10-CM codes for food insecurity and related concepts.

Opportunity #4:

Advance the field by joining, as an organization or individual members, the Hunger Vital Sign™ National Community of Practice, co-convened by Children’s HealthWatch and the Food Research & Action Center (FRAC).

Through free membership with the Hunger Vital Sign™ National Community of Practice (HVS™ NCoP), medical and healthcare providers and other stakeholders gain significant understanding of existing and emerging practices to address food insecurity across the U.S. and among various populations.

HVS™ NCoP members benefit from a collaborative forum that hosts quarterly virtual meetings and sub-groups to

- share leading best practices and data on food insecurity screening and intervention activities;
- discuss opportunities to bring promising strategies to scale;
- incubate innovative ideas; and
- inform and influence large-scale policy and practice changes to alleviate food insecurity and improve population health outcomes.

Members also draw on the HVS™ NCoP for technical assistance on addressing food insecurity in clinical settings, researching the health consequences of food insecurity and the health benefits of the federal nutrition programs, and recruiting experts to engage in conferences, workshops, or webinars. An organization or individual can join the HVS™ NCoP at <https://www.surveymonkey.com/r/ncopmembersurvey>.

Next Steps

Growing numbers of health care professionals and organizations around the country are tackling patient food insecurity, backed by evidence that addressing health-related social needs through enhanced clinical-community linkages can improve health outcomes and reduce costs.^{8,9,10} Even so, there is plenty of room to grow.¹¹

As trusted messengers for their members and policymakers alike, medical and health organizations are in a prime position to capitalize on the growing interest, research, and investment in efforts to address social determinants of health, including addressing food

insecurity and ensuring that all patients have access to the nutritious food needed for an active, healthy life.

Whether looking to start new or expand existing efforts, there are many concrete ways medical and health organizations can engage in food insecurity work and support their members in these efforts at the federal, state, or local level. The Hunger Vital Sign™ National Community of Practice is equipped to share best practices, make professional connections, and assist medical and health organizations with identifying appropriate mechanisms to address and alleviate food insecurity among various populations.

For more information or technical assistance with the four opportunities contained in this brief, contact Alexandra Ashbrook (aashbrook@frac.org) at the Food Research & Action Center, and Rich Sheward (richard.sheward@bmc.org) at Children's HealthWatch.



This brief was prepared by Alexandra Ashbrook and Heather Hartline-Grafton at the Food Research & Action Center, and Rich Sheward and Charlotte Bruce at Children's HealthWatch, on behalf of the Hunger Vital Sign™ National Community of Practice.

Sources

- ¹ Coleman-Jensen, A., Rabbitt, M. P., Gregory, C. A., & Singh, A. (2019). Household food security in the United States in 2018. *Economic Research Report*, 270. Washington, DC: U.S. Department of Agriculture, Economic Research Service.
- ² Tarasuk, V., Cheng, J., De Oliveira, C., Dachner, N., Gundersen, C., & Kurdyak, P. (2015). Association between household food insecurity and annual health care costs. *Canadian Medical Association Journal*, 187(14), e429–e436.
- ³ Berkowitz, S. A., Seligman, H. K., Meigs, J. B., & Basu, S. (2018). Food insecurity, healthcare utilization, and high cost: a longitudinal cohort study. *American Journal of Managed Care*, 24(9), 399–404.
- ⁴ Cook, J. T., & Poblacion, A. P. (2016). Estimating the Health-Related Costs of Food Insecurity and Hunger (appendix 2 in the 2016 Hunger Report – The Nourishing Effect: Ending Hunger, Improving Health, Reducing Inequality). Available at: http://hungerreport.org/2016/wp-content/uploads/2015/11/cost_of_hunger_study.pdf. Accessed on January 17, 2020.
- ⁵ Berkowitz, S. A., Basu, S., Meigs, J. B., & Seligman, H. K. (2018). Food insecurity and health care expenditures in the United States, 2011–2013. *Health Services Research*, 53(3), 1600–1620.
- ⁶ For more information on the impact of food insecurity on health, see FRAC's [Hunger and Health – The Impact of Poverty, Food Insecurity, and Poor Nutrition on Health and Well-Being](#).
- ⁷ For more on social determinants of health efforts by health organizations, see SIREN's [Characteristics of Social Prescribing Statements by Professional Medical Associations](#).
- ⁸ Centers for Medicare & Medicaid Services. (last updated November 13, 2019). Accountable Health Communities Model. Available at: <https://innovation.cms.gov/initiatives/ahcm>. Accessed on January 15, 2020.
- ⁹ Eggleston, E. M., & Finkelstein, J. A. (2014). Finding the role of health care in population health. *JAMA*, 311(8), 797–798.
- ¹⁰ Centers for Disease Control and Prevention. (2016). Community–Clinical Linkages for the Prevention and Control of Chronic Diseases: A Practitioner's Guide. Available at: <https://www.cdc.gov/dhdsp/pubs/docs/ccl-practitioners-guide.pdf>. Accessed on January 17, 2020.
- ¹¹ Cottrell, E. K., Dambrun, K., Cowburn, S., Mossman, N., Bunce, A. E., Marino, M., Krancari, M., Gold, R. (2019). Variation in electronic health record documentation of social determinants of health across a national network of community health centers. *American Journal of Preventive Medicine*, 57(6), S65–S73.

About the Hunger Vital Sign™ National Community of Practice

Co-convened by Children's HealthWatch and the Food Research & Action Center (FRAC), the CoP facilitates conversations and collective action across a wide-range of stakeholders interested in addressing food insecurity through a health care lens. The group collects and conducts research on the connections between food insecurity and health; promotes the use of the Hunger Vital Sign™ to screen for food insecurity; and champions effective interventions to address food insecurity both at the practice and policy level. The group includes physicians, health care professionals, public health researchers, anti-hunger advocates, food and nutrition service providers, and policy experts.