

HOW HEALTH CARE CAN RESPOND TO END NATIONAL HUNGER

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Last year in late September, the Biden-Harris Administration convened the White House Conference on Hunger, Nutrition and Health, more than 50 years after the first White House conference on this issue.¹ The administration announced its ambitious goal to end hunger and increase healthy eating and physical activity by 2030. In a memo announcing the goal and supporting national strategy, the White House wrote, “The consequences of food insecurity and diet-related diseases are significant, far reaching, and disproportionately impact historically underserved communities.”² The memo goes on to note that “food insecurity and diet-related diseases are largely preventable, if we prioritize the health of the nation.”³

In his statement introducing the national strategy, President Joe Biden notes that while the plan builds upon the federal government’s existing work to address hunger and diet-related diseases, it also depends heavily on a “whole-of-government and whole-of-America approach” to achieve success. This call to end hunger can provide health care organizations with a valuable opportunity to review their organization-wide approach to address food insecurity and diet-related diseases in their patient and employee populations and in the broader communities they serve.

As existing and new efforts are considered, it is important to ensure that groups most impacted by food insecurity are included in these discussions. Are their needs and voices heard and reflected in the ways this issue is addressed?

FOOD INSECURITY AND HEALTH IN THE U.S.

According to the U.S. Department of Agriculture’s (USDA) most recent report on food security in the U.S., 10% of American households (13.5 million households) were food insecure in 2021.⁴

However, there are significant disparities in food insecurity in the U.S. based on race/ethnicity, income and household composition:⁵

- Almost 20% of Black households were food insecure at some point in 2021, as were 16% of Hispanic households when compared to 7% of white households.

- In 2021, 32% of households with incomes below the federal poverty line were food insecure.

- In 2021, households with children had a food insecurity rate of 12.5%, while households without children had a rate of 9%. Those with a female head of household, children and no spouse had a 24% food insecurity rate.

Food insecurity can have profound impacts on health and well-being. A 2017 study from the USDA found that in working-age adults, lower food security was associated with higher probability of 10 of the most common, costly and preventable chronic conditions.⁶ Some of these conditions — such as heart disease, cancer, stroke and diabetes — are among the leading causes of death in the U.S.⁷

In young children, research shows food insecurity increases rates of hospitalizations, poor health, iron deficiency, developmental risk and behavioral problems. In school-age children, research finds similar poor outcomes in health, behavioral functioning and academic performance. For both adults and children, the stresses of food insecurity can lead to increased risk of anxiety, depression and mental health issues.⁸

NATIONAL STRATEGY ON HUNGER, NUTRITION AND HEALTH

In the White House’s national plan to end hunger and increase healthy eating and physical activity by 2030, the strategy lays out five pillars of work that the administration will pursue with a “call to action for a whole-of-society response” for each pillar.⁹

1. Improving food access and affordability, including advancing policies that bolster family economic security; helping more people experiencing food insecurity to benefit from federal assistance programs; and investing in community and economic development to increase access to food.

2. Integrating nutrition and health, including leveraging Medicare and Medicaid, and tasking federal agencies such as CMS and the CDC to provide greater access to nutrition services to better prevent, manage and treat diet-related diseases; incentivizing health care organizations to screen for food insecurity and connect people to the services they need; and strengthening and diversifying the nutrition workforce.

3. Empowering all consumers to make and have access to healthy choices, including providing consumers with updated and more accessible food labeling; creating healthier food environments and a healthier food supply so the healthier choice is the easier choice; and supporting robust and tailored nutrition education.

4. Supporting physical activity for all, including building environments that promote physical activity and supporting robust and tailored physical activity education and promotion.

5. Enhancing nutrition and food security research, including bolstering funding to improve metrics, data collection and research to inform nutrition and food security policy, particularly on issues of equity and access; and implementing a vision for advancing nutrition science.

HOW HEALTH CARE CAN RESPOND

Health care organizations have a vital role to play in this work and have been called out by the administration as key partners. As health care organizations consider how to respond, a review of all the ways the organization addresses food and nutrition security can be a useful first step.¹⁰ This review could include a cross section of departments, including clinical care, food services, community benefit, population health, advocacy and philanthropy. Using the federal actions and supporting calls to action for each pillar, organizations can evaluate existing efforts for possible changes as well as identify new approaches or partnerships to undertake.

Possible actions include:

- Screening patients for food insecurity, con-

necting patients to nutrition assistance services and ensuring services are available. The federal government is encouraging screening/referrals for a range of health-related social needs since addressing these risk factors is seen as a key step to improving care and lowering health care costs. As this practice grows, it will be important for health care organizations to work with community partners to ensure there is community capacity to meet referral needs. The Partnership to Align Social Care: A National Learning & Action Network is one group working on this issue and includes health care organizations such as CommonSpirit Health, Kaiser Permanente and Rush University Medical Center.¹¹

- Incorporating nutrition education and healthy food access into patient care plans and serving healthy foods in your facilities.

- Providing assistance to patients and community members to enroll in government food assistance programs for which they are eligible. For some groups, tailored outreach and education may be needed to encourage enrollment. For example, three out of five older adults who qualify for the Supplemental Nutrition Assistance Program (SNAP) pass up this valuable benefit because of misconceptions, such as SNAP being only for families with children or that applying for SNAP assistance will take food benefits away from others who need it.¹²

- Ensuring community health needs assessments and implementation strategies look at food security and access to healthy, safe and affordable foods important to health. Organizations should consider bolstering existing community efforts to address food insecurity, such as food pantries, school meal programs and local food policy councils.

- Advocating for policies that address food insecurity, with particular attention to policy solutions that attend to the needs of populations that are disproportionately impacted. As temporary pandemic response measures — such as expanding free school lunch and nutrition programs used by millions of low-income Americans — are ended, it is important to understand what new policies need to be put in place to ensure impacted groups still have access to the food they need. Advocacy on food security should be part of broader advocacy and coalition efforts that help low-income Americans achieve economic security.

■ Review the \$8 billion in new commitments as part of the White House’s call to action to address hunger, nutrition and health to see what investments might be leveraged, supported or replicated by your organization or community and business partners.¹³ These commitments were announced at the White House conference to show ways various sectors of society can help achieve the administration’s goal.

■ Attend regional “Come to the Table” summits being held around the country to celebrate and showcase what the health care sector is already doing to integrate nutrition and health. These meetings are being sponsored by The Root

Cause Coalition, a membership organization committed to ending the root causes of health inequities, and ProMedica, a nonprofit health care organization serving communities in Ohio and Michigan. The USDA is supporting these meetings as part of their commitment to the national strategy to end hunger.

A CALL TO RESPOND FOR THE COMMON GOOD

As we respond as a ministry to help end hunger in America, we must not lose sight of the human costs of food insecurity and remember it is an issue of protecting life, human dignity and the common good. Parents who cannot feed their children

FOOD, NUTRITION AND HEALTH RESOURCES

CHA RESOURCES

Food and Water *Health Progress* March-April 2019 edition:

■ “Hunger Is a Health Issue,” by Francine Blinten, MS, MBA, CCN, CNS

<https://www.chausa.org/publications/health-progress/archives/issues/march-april-2019/hunger-is-a-health-issue>

■ “Healthy Eating for Healthy Communities” by Susan Bridle-Fitzpatrick, PhD

<https://www.chausa.org/publications/health-progress/archives/issues/march-april-2019/healthy-eating-for-healthy-communities>

CHA Issue Briefs

■ Social Determinants of Health

<https://www.chausa.org/advocacy/policy-briefs/social-determinants-of-health>

■ Health Equity

<https://www.chausa.org/advocacy/policy-briefs/health-equity>

OTHER RESOURCES

Delivering Community Benefit: Healthy Food Playbook

<https://foodcommunitybenefit.noharm.org/>

“HAN (Health Anchor Network) Members Creating Food Systems Level Change”

<https://healthcareanchor.network/2021/02/han-members-creating-food-systems-level-change/>

Health Affairs: “As They Take on Food Insecurity, Community-Based Health Care Organizations Have Found Four Strategies That Work”

<https://www.healthaffairs.org/doi/10.1377/forefront.20210616.615098>

Root Cause Coalition

<https://www.rootcausecoalition.org/>

American Hospital Association’s “Social Determinants of Health Series: Food Insecurity and the Role of Hospitals”

<https://www.aha.org/ahahret-guides/2017-06-21-social-determinants-health-series-food-insecurity-and-role-hospitals>

SIREN (Social Interventions Research & Evaluation Network)

<https://sirenetwork.ucsf.edu/>

NPR: “The Hidden Faces of Hunger in America”

<https://www.npr.org/2022/10/02/1125571699/hunger-poverty-us-dc-food-pantry>

“Come to the Table” Sign-up Form for Summit Information and Invitations

<https://lp.constantcontactpages.com/su/XZg7077/cometotableregionalsummit>

often skip meals to ensure their children can eat. Hunger and the stress of not meeting the basic needs of their families causes anxiety and depression, which can then affect parents' health and ability to work. Children who go to school hungry and see their parents' struggles can also suffer from anxiety and depression, which often results in behavioral and academic issues.

In a recent opinion piece in *The Washington Post* that illustrates how food insecurity impacts families, a mother struggling to feed her family describes her feelings of hopelessness: "If you don't have food, you don't have anything. Hunger is one of the most crippling, unfortunate and devastating feelings in the world. When they're cutting benefits, they're also cutting families. We're going to feel it — mentally, emotionally, financially."¹⁴

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NOTES

1. "White House Conference on Hunger, Nutrition and Health," Office of Disease Prevention and Health Promotion, <https://health.gov/our-work/nutrition-physical-activity/white-house-conference-hunger-nutrition-and-health>.
2. "Executive Summary: Biden-Harris Administration National Strategy on Hunger, Nutrition, and Health," The White House, September 27, 2022, <https://www.whitehouse.gov/briefing-room/statements-releases/2022/09/27/executive-summary-biden-harris-administration-national-strategy-on-hunger-nutrition-and-health/>.
3. "Executive Summary," The White House.
4. "Food Security in the U.S.: Key Statistics & Graphics," USDA: Economic Research Service, October 17, 2022, <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-u-s/key-statistics-graphics/>.
5. "Food Security and Nutrition Assistance," USDA Economic Research Service, October 18, 2022, <https://www.ers.usda.gov/data-products/ag-and-food-statistics-charting-the-essentials/food-security-and-nutrition-assistance/>; Alisha Coleman-Jensen et al., "Household Food Security in the United States in 2021," USDA Economic Research Service, September 2022, <https://www.ers.usda.gov/webdocs/publications/104656/err-309.pdf?v=5832.6>.
6. Christian A. Gregory and Alisha Coleman-Jensen, "Food Insecurity, Chronic Disease, and Health Among Working-Age Adults," USDA Economic Research Service, July 2017, https://www.ers.usda.gov/webdocs/publications/84467/err-235_summary.pdf?v=0.
7. "Leading Causes of Death," Centers for Disease Control and Prevention, September 6, 2022, <https://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm>.
8. "The Link Between Food Insecurity and Mental Health," Psychology Today, November 10, 2020, <https://www.psychologytoday.com/us/blog/evidence-based-living/202011/the-link-between-food-insecurity-and-mental-health>.
9. "Biden-Harris Administration National Strategy on Hunger, Nutrition and Health," The White House, September 2022, <https://www.whitehouse.gov/wp-content/uploads/2022/09/White-House-National-Strategy-on-Hunger-Nutrition-and-Health-FINAL.pdf>.
10. "What Is Nutrition Security?," Economic Research Service, <https://www.usda.gov/nutrition-security>.
11. "Partnership to Align Social Care — A National Learning & Action Network," <https://www.partnership2asc.org/>.
12. "Seniors & SNAP: 5 Myths Busted," National Council on Aging, April 4, 2022, <https://www.ncoa.org/article/seniors-snap-5-myths-busted>.
13. "FACT SHEET: The Biden-Harris Administration Announces More than \$8 Billion in New Commitments as Part of Call to Action for White House Conference on Hunger, Nutrition and Health," The White House, September 28, 2022, <https://www.whitehouse.gov/briefing-room/statements-releases/2022/09/28/fact-sheet-the-biden-harris-administration-announces-more-than-8-billion-in-new-commitments-as-part-of-call-to-action-for-white-house-conference-on-hunger-nutrition-and-health/>.
14. Theresa Vargas, "D.C. Could Offer Free Meals to All Students. Every City Should.," *The Washington Post*, January 28, 2023, <https://www.washingtonpost.com/dc-md-va/2023/01/28/free-school-lunch-dc-nation/>.

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