Combatting Food Insecurity through Social Care

BeneLynk™

Content

Imagine...

Meet Mary, an 85-year-old resident of Atlantic City. She never married, and due to her age and independent spirit, has outlived many of her friends and family. Today, Mary rarely has social interaction and faces many life challenges alone.

As a resident of New Jersey, Mary receives a monthly social security check of $900. However, $700 of this income is devoted to rent, which leaves her with only a small amount to manage her utilities, medical expenses, insurance, and other essential needs.

Adding to her daily struggles, Mary lives in Atlantic City, a known food desert. In such areas, obtaining healthy food can be a challenge due to the absence of nearby supermarkets, limited public transportation options, low internet connectivity, and a higher poverty rate.

Given Mary's modest income and limited support network, she faces an increased risk of food insecurity. So, what can we do to ensure that individuals like Mary have access to the nutritious meals they need? In this eBook, we will delve into the definition of food insecurity, identify those most at risk, explore the complications associated with it, and outline actionable steps we can take to combat food insecurity.

Combatting Food Insecurity with Social Care

Social drivers of health (SDoH) barriers, such as food insecurity, drive 80% of health outcomes.

The Centers for Medicare and Medicaid Services (CMS) and other regulatory authorities, such as the National Committee for Quality Assurance (NCQA), have recognized the importance of SDoH on health outcomes and seek to hold health plans accountable for assessing and addressing their members' food insecurities (among other social needs).[2]

The USDA defines food insecurity as "a household-level economic and social condition of limited access to food."[3] Traditional literature states that food security is determined by four pillars:

Availability **Access** **Utilization** **Stability**

Food insecurity occurs in 100% of U.S. counties. [5]

At-Risk Populations for Food Insecurity

More than 34 million people across the United States suffer from food insecurity. However, some communities are affected more than others.

Communities that report higher rates of food insecurity include those who identify as Black, Latino, or Native American; are elderly; or have a disability.

Communities of Color

For Black older adults, the occurrences of food insecurity were 4x higher than for White older adults (19.6% vs. 4.2%, respectively), while the number of Latino older adults struggling with food insecurity was 3x higher (13.2%).

Older Adults

1 in 15 (5.2 million) people aged 60 or older are food insecure. This number increases significantly for older people who reported income below the federal poverty level (26.2%).

People with Disabling Impairments

People with disabilities are twice as likely to experience food insecurity due to challenges such as traveling to the store, shopping for food, and cooking for themselves.[6]

Food insecurity may be linked to as much as $80 billion in annual healthcare costs.[7]

The Complications of Food Insecurity

Food insecurity can have severe consequences on an individual's health.Many chronic illnesses are best managed with a healthy diet and exercise. However, food insecurity makes it difficult, if not impossible, for individuals to meet their nutritional requirements. This can cause a series of downstream effects on health outcomes. In addition, food insecurity has been linked to an increase in multiple health conditions including:

- **71%** HEART FAILURE
- **64%** HEART ATTACK
- **58%** HIGH BLOOD PRESSURE
- **262%** DEPRESSION
- **78%** ASTHMA
- **74%** DIABETES
- **32%** OBESITY

The Steps for Combatting Food Insecurity

Because food insecurity is prevalent among older Americans, the Medicare Advantage population is especially at risk for this social determinant of health barrier. As such, we recommend this four-step approach to combat food insecurity.

These steps include:

- ***Step 1: Identification***
- ***Step 2: Outreach***
- ***Step 3: Intervention***
- ***Step 4: Documentation***

We will conclude this eBook by explaining how we use this four-step approach at BeneLynk.

Step 1: Identification

Identification is an important first step toward addressing food insecurity in our Medicare Advantage population. Food-insecure individuals do not always explicitly state that they are having difficulties affording or accessing nutritious food. Instead, it may be necessary for plans and providers to identify these members on their own.

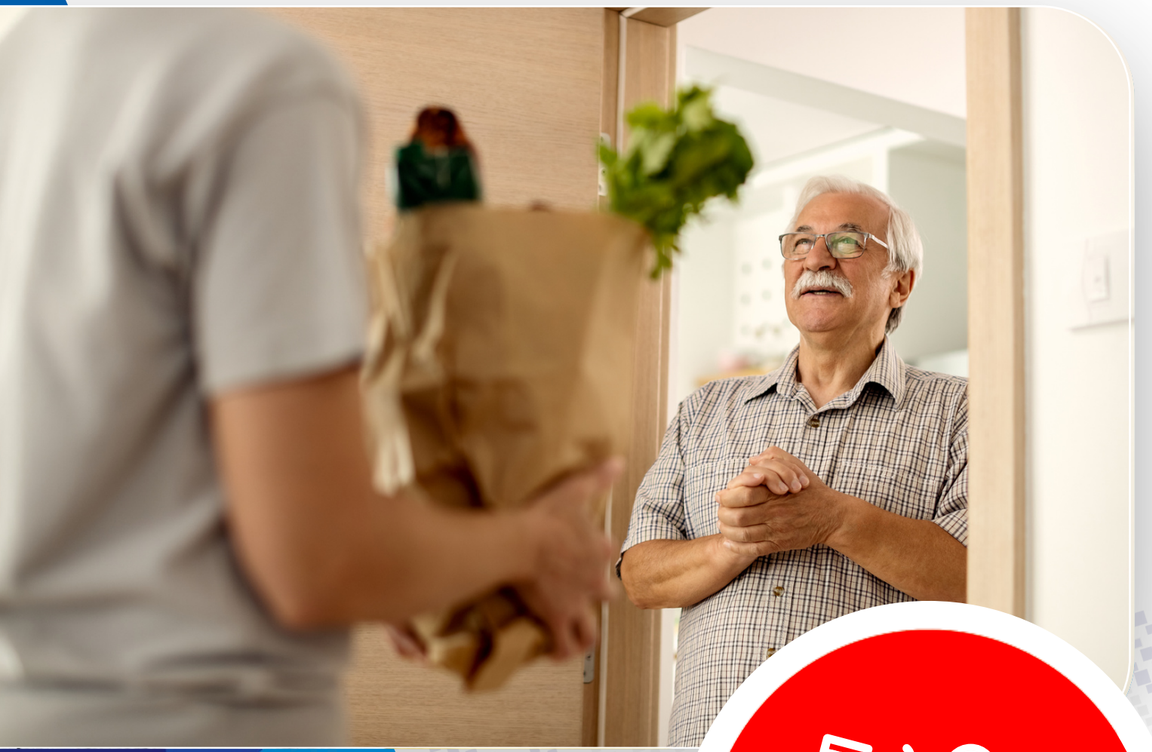
Plans may also use administrative data to identify members who are at risk for food insecurity. As mentioned previously, certain populations are disproportionately affected by this SDoH barrier, which makes these communities a logical place to start when trying to identify members who may benefit from outreach.

Step 2: Outreach

Once potentially food-insecure members are identified, outreach can begin. Food insecurity outreach is a crucial aspect of addressing the needs of individuals who struggle with the lack of access to adequate nutrition. Asking an individual about their life difficulties is a personal question, which is why this question is best asked by trained professionals.

An advocate that understands how to identify barriers, gain trust, and work toward a solution, can make a drastic difference in your organization's ability to address food-insecure individuals.

Identification and outreach have now become an annual requirement for health plans as CMS, NCQA, and other government agencies become increasingly serious about SDoH and health equity. The Social Needs Screening and Intervention (SNS-E) HEDIS (Healthcare Effectiveness Data and Information Set) measure requires health plans to annually screen members using a prespecified screening instrument.



Step 3: Intervention

NCQA requires that plans provide social health screenings and intervention at least once a year. When needs are identified, health plans are required to provide intervention. Help is out there; however, resources that address food insecurity are severely underutilized. For example, some studies suggest that the average gap between SNAP-eligible individuals and SNAP-enrolled individuals is nearly 20%.[8]

Education: One of the biggest impacts a plan can make in addressing food insecurity is providing member education. Not only is it essential to inform members of available resources in their area, but long-term changes can be made when members are educated on making healthier choices, cooking nutritious meals, and shopping for healthy foods on a budget.

Advocate: A skilled social care advocate can play a crucial role in addressing a members food insecurity by linking them to a vast array nationwide programs including local food pantries and food delivery services.

Supplemental Nutrition Assistance Program: SNAP is a federal program that provides essential food-purchasing assistance to individuals with low or no income.
It helps supplement an individual's or family's income to help them buy food. The maximum amount of assistance a household may receive depends on the household's size, income, location, and expenses. In 2022 alone, SNAP helped more than 41 million low-income individuals.

Step 4: Documentation

SDoH barriers, like food insecurity, are most often documented using ICD-10 Z codes. These standardized codes are essential to measuring and improving quality, care coordination, and experience of care.

Accurately and consistently collecting and tracking SDoH information allows us to better serve plan members by addressing non-clinical factors more readily.

Responses to SDoH assessments can also be mapped to SNOMED and LOINC, allowing a member's care team to collect more detailed SDoH data.

Community Lynk+

BeneLynk's Community Lynk+ solution begins with a comprehensive SDoH assessment, allowing us to address members' food needs while meeting growing federal, state, and related SDoH requirements.

Identification: BeneLynk identifies food-insecure members with dynamic technology that utilizes predictive variables such as household and member demographics, member condition profile, and community economic profile, to find members most likely to benefit from outreach.

Outreach: BeneLynk's outreach always begins with a human-to-human conversation. We lead with help by centering our efforts around the member experience and human connection. We excel at engaging members, which allows us to better serve them and your plan.

Intervention: When BeneLynk begins intervention for a food insecure member, one of the first programs we screen members for is SNAP. In addition to SNAP screenings, we leverage our database of benefit programs to connect members to local food pantries, food delivery services, and other programs that provide life-changing food interventions.

Documentation: BeneLynk has integrated the PRAPARE® screening tool into our Community Lynk+ engagements, allowing us to report SDoH barriers in a systematic fashion. Community Lynk+ also allows us to seamlessly map the assessment responses to ICD-10 Z codes, SNOMED, and LOINC.

Conclusion

Overall, identifying and addressing food insecurity among Medicare Advantage plan members is a critical component of improving health outcomes and reducing healthcare costs for this population. Solving food insecurity requires a group effort. Because there is no one size fits all solution, we must screen for a variety of programs to ensure members are getting the most out of their advocacy.

By leveraging innovative approaches and partnerships, plans can ensure that all members have access to the basic needs required for optimal health. Addressing food insecurity may only play a small role in your plan's overall SDoH strategy and quality performance, but it can make a huge difference in the lives of your members.

Helping to fulfill members' most basic human needs through SDoH advocacy can impact every aspect of their lives and health and is proof that health is more than healthcare.

Sources

[1] Hurdle, Jon. “State Maps ‘Food Deserts’ Where Healthy Choices Are Hard to Find.” NJ Spotlight News, 12 Jan. 2022, https://www.njspotlightnews.org/2022/01/nj-food-deserts-pinpointed-camden-atlantic-city-newark-paterson-lack-of-access-obesity-snap/.

[2] “Proposed New Measure for HEDIS®1 Measurement Year (MY) 2023: Social Need Screening and Intervention (SNS-E).” The National Committee for Quality Assurance, 4 Feb. 2022, https://www.ncqa.org/wp-content/uploads/2022/02/04.-SNS-E.pdf.

[3] “Definitions of Food Security.” U.S. Department of Agriculture Economic Research Service, 17 Oct. 2022, https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-u-s/definitions-of-food-security/#:~:text=Food%20insecurity%E2%80%94the%20condition%20assessed,may%20result%20from%20food%20insecurity.

[4] “Policy Brief: Food Security.” Food and Agriculture Organization of the United Nations, Food and Agriculture Organization, June 2006, https://www.fao.org/fileadmin/templates/faoitaly/documents/pdf/pdf_Food_Security_Cocept_Note.pdf.

[5] Dawes, Sena, et al. “The State of Senior Hunger in 2020: Executive Summary.” Feeding America, May 2022, https://www.feedingamerica.org/sites/default/files/2022-05/The%20State%20of%20Senior%20Hunger%20in%202020_Full%20Report%20w%20Cover.pdf.

[6] “Map the Meal Gap.” Feeding America, 2020, https://map.feedingamerica.org/.

[7] Beltrán, Sourik, et al. “Food Insecurity and Hypertension: A Systematic Review and Meta-Analysis.” U.S. National Library of Medicine, PloS One, 17 Nov. 2020, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7671545/.

[8] Schwartz, Pam. “Food for Life: Health Care’s Role In Improving Health Through Food Assistance Benefits.” Health Affairs, 6 Oct. 2021, https://www.healthaffairs.org/do/10.1377/forefront.20211004.232712.

BeneLynk™

BeneLynk is a national social care vendor for managed care companies. We engage members to understand SDoH challenges and to provide professional advocacy to access assistance.

BeneLynk helps to remove barriers to allow members to live their healthiest lives.