Food Insecurity in San Diego: Impact on Health and Care Utilization

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Food Insecurity Defined

*Low food security*: reports of reduced quality, variety or desirability of diet. Little or no indication of reduced food intake.

*Very low food security*: reports of multiple indications of disrupted eating patterns and reduced food intake.¹


*Food insecurity*: the limited or uncertain availability of nutritionally adequate and safe foods, OR ability to acquire acceptable foods in socially acceptable ways.²

²Life Sciences Research Organization
Food Insecurity in the U.S.

U.S. households by food security status, 2013

- Food-insecure households: 14.3%
- Households with low food security: 8.7%
- Households with very low food security: 5.6%
- Food-secure households: 85.7%

Food Insecurity in the U.S. (cont’d)

U.S. households with children by food security status of adults and children, 2013

- Food-insecure households--19.5%
  - Food insecurity among adults only in households with children--9.6%
  - Food-insecure, children and adults--9.9%
    - Low food security among children--9.0%
    - Very low food security among children--0.9%

Food-secure households 80.5%

Food Insecurity in San Diego

- Feeding America San Diego (FASD) serves 473,500 unique clients annually (143,900 households)

- Including duplicate clients, FASD reaches individuals 3,688,000 times annually (1,162,400 times for households)

- 26% of clients of FASD, the food bank, and its partner agencies are children under the age of 18, while 10% were > 60

- 18% of client households have no income; 37% have annual income of $1 to $10,000 while 24% range from $10,001 to $20,000

- 40% of client households are without health insurance; 53% chose between paying for food and paying for medicine/medical care at least once in the past year\(^1\)

\(^1\)Feeding America, San Diego; Hunger in America 2014 Report
Food Insecurity and Chronic Disease

Feeding America San Diego client households:

- 32% of client households report a family member with diabetes
- 51% report a family member high blood pressure

Food-insecure seniors:

- 60 % more likely to experience depression
- 53 % more likely to report a heart attack
- 52 % more likely to develop asthma
- 40 % more likely to report congestive heart failure
- Overall likely to experience more serious health outcomes when compared to younger individuals

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1Feeding America, San Diego; Hunger in America 2014 Report
2Spotlight on Senior Health: Adverse Health Outcomes of Food Insecure Older Americans; 2013 Feeding America; National Foundation to End Senior Hunger;
Percent Difference in Nutrient Intake when Comparing Food Insecure Seniors to Food Secure Seniors*
The Cycle of Food Insecurity and Chronic Disease.

Food Insecurity and Health Care Utilization

Food insecure adults with diabetes:

- More physician encounters
- More frequent ED visits/hospital admissions
- More likely to delay buying blood testing supplies to avoid food

Brios: Kushel, Nelson, Seligman, JHCPU, 2010 JAMA, 1998; Seligman, JHCPU, 2010

- 27% increase in hypoglycemia inpatient admission in 4th week (compared to 1st week of the month) for low-income group only, in patients ages 19+ to California hospitals

Seligman H K et al., Health Affairs 2014; 33:116-123
Sharp Grossmont Hospital
Care Transitions Intervention Pilot (CTI)

• Based on Eric Coleman’s Transitions of Care Model®

• Provide 30-day post-discharge health coaching to complex, vulnerable patients (Medi-Cal or unfunded) identified through risk stratification tool

• Specifically address social service issues, including food insecurity, through direct connection to community resources
Sharp HealthCare CTI Pilot: Project Team

- SGH Care Transitions Program
- Community Benefit and Health Improvement
- Clinical Nutrition
- Senior Cardiac Specialist
- Diabetes Specialist Educator
- Respiratory Therapy
- Senior Resource Center
- Community support (San Diego Food Bank, Walmart, various other orgs.)
SGH CTI Pilot: Patient Population

May 2014 – March 2015:

• 325 enrolled
  • Medi-Cal /unfunded patients with multiple, chronic health conditions (diabetes, heart disease, etc.)
  • Age:
    • 59.5 years old average age
    • Youngest enrollee 17 years
    • Oldest enrollee 97 years
    • 28% seniors

• Significant proportion isolated from social support
Collaboration with San Diego Food Bank (SDFB)

• Upon admission to the Care Transitions Program the patient is assessed for food insecurity
• With permission, the coaches transmit a referral to counselor at the SDFB dedicated to Sharp referrals
• SDFB counselor contact the patient and determine how to meet their needs with available programs

Food Bank Team:
• Care Transitions Coaches at SGH
• Direct Services Manager SDFB
• Cal Fresh Outreach Coordinator SDFB (“counselor”)
• Vice President of Operations SDFB
SGH CTI / SDFB Collaboration: Results

September 2014 – March 2015:
- 101 CTI patients (36%) referred to San Diego Food Bank
- 68 (67%) connected to EFAP (Emergency Food Assistance Program)
- 22 (22%) connected to CSFP (Senior Food Program)
- 72 (71%) connected to Food Distribution
- 7 enrolled in Cal Fresh

Noted gap in patients ability to acquire EFAP as patients have to go to the SDFB to retrieve food.

Gap narrowed by a Sharp Grossmont Hospital Foundation Grant to provide 3 days of food (Food Bag) to cover time to between evaluation for and enrollment in SDFB programs. Coaches provide food bag to during home visit.
SGH CTI Pilot: Diabetes Support

Received grant funds from the local Walmart for patient diabetes supplies:

- 50 “Diabetes Kits” funded through grant
- Kits provide 3-months worth of supplies
- Kits managed by Care Transition Nurses, Patient Assistance Program Pharmacist and Clinical Specialist Educator for Diabetes.
- Patient must have an order for daily blood sugar checks and will be followed by the Care Transition Coaches for follow up.
SGH CTI Pilot: Impact

Declinations have dropped to almost 0%

Overall readmission rate for past four months at 10.2% for those receiving CTI services, overall readmission rate for these patients is 18%

Readmission rate for this same population without CTI is 28%