

FOOD SECURITY IMPROVES HEALTH OUTCOMES

Massachusetts has long understood the connection between hunger and health. Now Project Bread is proving that increased food security can improve health outcomes.

Since April 2020, Project Bread is leading an innovative pilot program with MassHealth that could serve as a nation model to integrate food insecurity into health care. Project Bread has provided nutrition intervention case management to over 6,000 patients from 35 health centers, hospitals and primary care offices across the Commonwealth. Three Accountable Care Organizations refer eligible patients to Project Bread as part of MassHealth's Flexible Services Program pilot under the 1115 MassHealth Demonstration waiver.

Preliminary findings demonstrate an increase in food security for patients, and point to health cost savings.

It's about more than food

One-on-one case management connects people with a wide range of goods and services for health improvements that continue beyond the program.

Project Bread provides culturally aware support in **185 languages**.

- Grocery store gift cards
- Transportation assistance
- Kitchen supplies and appliances
- Cooking classes
- Nutrition counseling
- Assistance accessing SNAP, School meals, & WIC
- Information and referrals to local food pantries
- Referrals for medically tailored meals

OUTCOMES

Evaluation of 494 participants who engaged in the program between November 2020 - October 2021

- ✘ **25.3% decrease**
in reported food insecurity
- ✘ **99% of patients**
reported improved health
- ✘ **88% of clients**
felt confident in their nutrition knowledge after 6 months
- ✘ **12.4% increase**
in SNAP utilization
- ✘ **3.5 additional servings**
of fruits and vegetables for clients per week

Our Policy Recommendations

- ✘ All Medicaid/Medicare nutrition support programs should integrate the provision of “more than just food” into their work, including:
 - Wrap around case management support, connecting patients to federal nutrition and local community food programs; coordinating nutrition counseling services and kitchen equipment deliveries; and partnering with the patient’s clinician.
 - Kitchen Equipment—82% of patients needed basic kitchen equipment such as plates, cups, utensils, toasters, and in some cases, a refrigerator.
 - Nutrition counseling, including cooking classes.
 - Transportation to grocery stores and food programs.
- ✘ More states should make use of the federal waivers made available by the Centers for Medicare and Medicaid Services to offer Flexible Services Nutrition Programs.
- ✘ Flexible Services Nutrition Programs should be intentional about hiring staff that reflect the communities they serve to find success. Project Bread’s case managers are bi-lingual and speak the four languages that are most commonly spoken by patients.
- ✘ Integrate programs aimed at reducing food insecurity into the healthcare setting that go beyond simply accessing food, including, but not limited to, case management, kitchen equipment, nutrition counseling, and cooking classes.
- ✘ The Government Accountability Office (GAO) should conduct a study to determine which programs offer the best outcomes, while meeting the holistic needs of the participants and ensuring choice in food resources.
- ✘ The federal government should incentivize and assist states in establishing a common application between Medicaid and the federal nutrition assistance programs.
- ✘ The federal government should ensure that SNAP more adequately addresses the food needs of eligible households by implementing the U.S. Department of Agriculture (USDA) Low-Cost Food Plan as the basis for calculating benefit amounts. Access to SNAP also needs to be expanded to food-insecure individuals who are currently ineligible for the program, such as removing the five-year bar eligibility restriction for lawfully present immigrants, increasing the income threshold for eligibility, and eliminating the work-for-food rules for college students.
- ✘ The federal government should expand access to complementary nutrition programs, including universal free school meals. To ensure school meals are nutritious and high quality, the federal government must also permanently increase the reimbursement rates provided through the National School Lunch Program and School Breakfast Program.
- ✘ Programs that make healthy food more affordable and accessible, such as the Massachusetts Healthy Incentives Program (HIP), should be expanded and replicated. Launched in 2017, HIP allows SNAP recipients to purchase fresh fruits and vegetables directly from local farmers. Address agricultural subsidies that impact the ability for all Americans, particularly those who are food insecure, to afford nutritious food.
- ✘ Food insecurity does not exist in a vacuum. Issues such as low wages, lack of affordable housing, transportation, and systemic racism affect an individual’s ability to access healthy food. For example, our Health Care Partnerships model addresses additional food access barriers such as transportation. Opportunities to address food insecurity holistically, such as the White House’s cross-sector national initiative to end hunger and reduce the prevalence of diet-related diseases by 2030, should be pursued and supported.

PROJECT BREAD IS PROUD TO PARTNER WITH ACCOUNTABLE CARE ORGANIZATIONS, INCLUDING:

- ✘ Community Care Cooperative
- ✘ Boston Medical Center
- ✘ Boston Children’s Hospital

Food security case management provided by Project Bread is a part of MassHealth’s statewide Flexible Services Pilot provided to patients by referral only.

“I was told after my surgery I needed a lot of calcium and protein to recover, but I’m lactose intolerant. Project Bread gave me nutrition counseling related to non-dairy based calcium sources and grocery gift cards. I now have what I need, and I’ve been eating a lot more fruits and vegetables.”

✕ The data included in this brief is based on Community Care Cooperative patients only.

Flexible Services is a pilot program and not all eligible members may receive services.

