



FOOD SECURITY IS HEALTH CARE

EARLY OUTCOMES ON REDUCING HUNGER THROUGH HEALTH INSURANCE

Evaluating the impact of Project Bread's innovative program to address food insecurity through the health care system, part of MassHealth's Flexible Services Program pilot.

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INTRODUCTION

FOOD SECURITY IS HEALTH CARE

As a partner in MassHealth's Flexible Services Program, Project Bread is treating food insecurity through the health care system to improve long-term patient health outcomes.

Project Bread has long recognized the connection between food insecurity and health. As a result, we have been working with health centers for over 15 years to create screening protocols for food insecurity.

In 2020, MassHealth launched its Flexible Services Program. A revolutionary pilot allowing Medicaid dollars to be used on “non-medical” expenses to address two social determinants of health – food insecurity and housing stability.

Since April 2020, Project Bread has piloted the Flexible Services Program with MassHealth and Community Care Cooperative (C3), an accountable care organization, in 14 Massachusetts health centers, to provide nutrition support and address the individualized needs of certain eligible patients who are food insecure* paired with a physical or behavioral health diagnosis.

The Flexible Services Program offers an opportunity to formalize our relationships with health centers, and insurers, and to create a sustainable system in which food is treated as an integral component of healthcare.

*Flexible Services is not an entitlement and, as such, not all eligible member may receive services.

AT A GLANCE

- **We have helped over 5,000 patients to date** (April 2020 - June 2022).
- **Preliminary findings demonstrate a decrease in food insecurity and have pointed to health care cost savings for patients participating in this program.**

Overview of the key trending outcomes of our work to date provided in this brief.

- 1. 25% of patients were no longer food-insecure after six months of programming.**
- 2. The health care system can serve as a critical access point.**
 - SNAP participation among patients increased from 64% of program patients at referral to 72% of all program patients at six months. However, even when they're receiving SNAP, patients are still requesting additional support to purchase and access food.
- 3. Patients living with food insecurity need more than just food.**
 - 82% of program participants requested kitchen supplies and appliances (e.g. refrigerators).



A primary goal of this program is to demonstrate that addressing food insecurity as part of overall health is not only best for the individual patient, but for the overall health care system as well.

OUR ROLE

FLEXIBLE SERVICES PROGRAM (FSP)

How food insecure patients are referred to Project Bread

MassHealth patients are screened for food security by their provider when they visit their health center or physician's office. If a patient is determined to be food insecure and they have a physical or behavioral health diagnosis, they can be referred into the Flexible Services Program, of which Project Bread is a partner.

Once Project Bread receives their referral, our team reaches out to the patient to conduct an intake assessment, to better understand the specific barriers the patient faces in accessing healthy food. **We then create a tailored service plan to eliminate those barriers.**

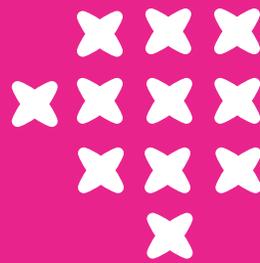
The team follows up with patients every three months and makes adjustments to the plan if there have been changes to the patient's health, employment, housing, or food security status. Patients can participate up to 9 months.

SERVICES OFFERED

- ✖ Grocery store gift cards
- ✖ Transportation assistance
- ✖ Kitchen supplies and appliances
- ✖ Cooking classes
- ✖ Nutrition counseling
- ✖ Referrals for SNAP and WIC
- ✖ Referrals to food pantries
- ✖ Referrals for medically-tailored meals



One of the only kind in the nation, Project Bread's model goes beyond prescriptions for food by offering comprehensive case management.





KEY FINDINGS

Our analysis focused on 494 participants who engaged in the program between November 2020 - October 2021.

During the first six months, Project Bread made numerous adjustments to the program as the pandemic continued to put pressure on our service delivery. Therefore, we are reporting on program trends with participants who began the program in late 2020 when program implementation had become more formalized. To date, key trends indicate the following.



**5,000
patients
served**

**in the first 2 years of
the Flexible Services
Program.**

✘ Food security and diet quality improved over six months of program participation.

- At the time of referral, 100% of patients reported being food insecure. At the six-month check-in, 25% of patients reported their food never ran out and that they no longer worried that the food they had might not last the month.
- From the time of referral to the six-month check-in, average fruit and vegetable consumption increased by half a serving per day. Over the course of a week, this is an additional 3+ servings of fruits and vegetables.

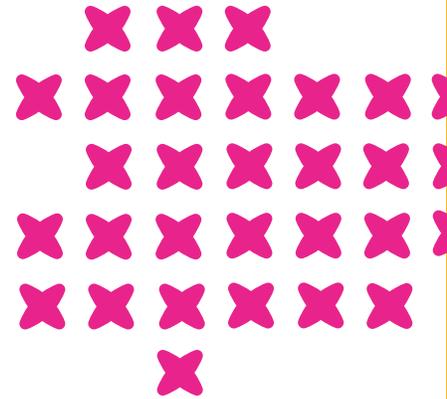
✘ The health care system can serve as a critical entry point for food access.

- All patients who are referred to the program are asked whether they are currently participating in SNAP. At the time of referral, only 64% of patients were participating in the SNAP program. Those who were not participating were referred to Project Bread's FoodSource Hotline for assistance. At six-months, 72% of patients were participating in SNAP.

✘ SNAP helps, but it's not enough.

- While SNAP participation increased, patients were still requesting grocery store gift cards and referrals to other food programs, demonstrating that while SNAP has been a critical resource, it has not been enough to eliminate food insecurity.

✘ Solving food insecurity isn't just about providing more food.



- All patients received grocery store gift cards to purchase healthy foods. However, additional resources were needed by most patients to enable them to access grocery stores and prepare their food. 82% of all patients requested basic kitchen supplies, such as pots, pans, plates, bowls, cups, cooking utensils, silverware, Tupperware, toasters, blenders, and other basic kitchen items.
- 40 patients were without a refrigerator.
- Transportation was another major barrier for approximately 10% of our patients.
- Finally, limited nutrition and cooking knowledge was a challenge for many patients. At the time of referral, 38% of patients had little or no confidence in their knowledge of which foods were healthy to eat. By six months this had dropped to 12%, with the remaining 88% of patients being confident. This was positively associated with an increase in fruit and vegetable consumption.



In the most extreme situations, patients had been living without a refrigerator for years, making it impossible for them to store perishable goods. In other instances, patients had refrigerators that functioned too poorly to store perishable items. Many of these patients were afraid to ask their landlords for a replacement for fear that their rent would be raised or they would be evicted.

“We figured out a plan and I stuck to it and now I am in a better place. I loved the cookbooks. I was able to follow along and put my own spin on things. I didn't realize that having the storage containers would help so much with leftovers and meal prep.”



x MassHealth patient,
Flexible Services Plan

INITIAL POLICY RECOMMENDATIONS



Next steps for addressing food insecurity as part of the health care system.

The Flexible Services Program has made large strides in reducing and solving food insecurity for people with complex health issues. However, there is more that must be done to permanently solve hunger. Based on the findings in this report, it is clear that food insecurity must be addressed as part of the health care system. This has immense benefits for both patients and for our health care system as a whole. The Flexible Services pilot must expand to meet the need for these services.

However, medical intervention alone cannot solve the systemic problems that lead to food insecurity. Food security and food justice start with access to a livable wage and robust federal nutrition programs. Systemic problems need systemic solutions, and we have found several policies that address the underlying causes of food insecurity. These policies will benefit not only people with complex health issues, but also the 1 in 6 Massachusetts residents who are food insecure, and will put us on the path to solving hunger permanently.

1. Lead on a National Strategy on Addressing Hunger as Part of Health Care

- Support Integration of Food Insecurity into Health Care Through a Payment Model

The federal government should support the integration of food insecurity into health care and implement the payment model necessary to support those services. Programs aimed at reducing food insecurity in health care settings must address needs beyond food in all Medicaid nutrition support programs. This could include, but is not limited to, case management, kitchen equipment, nutrition counseling and cooking classes, and transportation. From our experience with the Flexible Services Program, we know that these wraparound services are crucial to adequately addressing a client's food security needs.

- Conduct Further Research to Inform Replication and Expansion

Additionally, research is needed to determine which combination of services has the greatest impact. We recommend that the Government Accountability Office (GAO) 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. While this report serves as a foundation, a further analysis of health outcomes and a cost analysis could provide further evidence of the potential offered by the Massachusetts' Flexible Services Program as a national model that can be expanded further by expanding the patients eligible in states that already have a program in place, such as Massachusetts, and incentivizing other states to pursue similar programming.

2. Directly Improve Food Security

- Reduce Barriers to Accessing Federal Nutrition Programs

The federal government should incentivize and assist states in establishing a common application between Medicaid and the federal nutrition assistance programs. For the Massachusetts' Flexible Services Program, 100% of patients are on Medicaid, but only 64% were participating in the Supplemental Nutrition Assistance Program (SNAP) at the start of the program. Rather than relying solely on outreach and case management, a more efficient and effective approach is to ensure that Medicaid patients are automatically enrolled in SNAP. This can lay the groundwork for a broader, common application for all public benefits so that low-income individuals and families can more easily address their basic needs in one place. Here in Massachusetts, the state has rolled out a common application for Medicaid and SNAP benefits in July 2022, and the FY23 budget that was signed into law in July 2022 included language requiring a broader common application to be developed and has yet to be implemented.

- Increase Benefit Levels and Expand Access to SNAP

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. Research from our Flexible Services Program found that for those in the program receiving SNAP benefits, 71% ran out of food before the end of the month and did not have the resources to get more. While SNAP received a historic update in October 2021 due to a reevaluation of the Thrifty Food Plan, which is what is currently used to calculate SNAP allotments, benefit amounts remain inadequate for low-income individuals. According to the Congressional Budget Office, the average SNAP monthly benefit per participant is expected to

fall from \$238.05 in FY22 to \$197.78 in FY23, and despite projected inflation, not get back to the FY22 level until FY31. 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.

- **Expand Community Supports**

The federal government should expand access to complementary nutrition programs, including universal free school meals. While the Flexible Services Program is an important and innovative tool in addressing food insecurity and its related health outcomes, this program only addresses one individual in the family, which is where additional community supports such as universal school meals serve a vital purpose. Over the last year, 22% of the patients that Project Bread worked with were under the age of 18. School meals are a critical source of nutrition for many children, helping them learn and be active in the short term, and thrive academically, physically, and emotionally in the long term. School meals also establish lifelong healthy eating habits that can reduce the cases and severity of type 2 diabetes, heart disease, and obesity, along with the cost associated with these diseases. 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.



3. Systemically Increase Access to Healthy Food

- Make Nutritious Food More Affordable

Access to nutritious food is a challenge that impacts Americans at all income levels. While wraparound services provided by initiatives such as this Program are crucial to adequately addressing a client's food security needs, access to affordable, nutritious food also requires solutions that address what is inhibiting consumer access from the beginning. 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. Furthermore, addressing agricultural subsidies will be a critical step in ensuring that all Americans, including those who are food insecure, can afford nutritious food. Research analyzing National Health and Nutrition Examination Survey data shows that increased consumption of subsidized foods leads to poorer health outcomes. We encourage Congress and USDA to be bold in recognizing and addressing, as our partners at Children's HealthWatch aptly state, "...[the] systemic causes of low prices and unlimited availability of poor quality, energy-dense, nutrient-sparse foods, and limited availability and high costs of healthful foods, instead of attributing high prevalence of noncommunicable diseases to people's poor choices—and, more specifically, the choices of people who are poor."

4. Address Food Insecurity Holistically

- Create Solutions for Interrelated Issues

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.

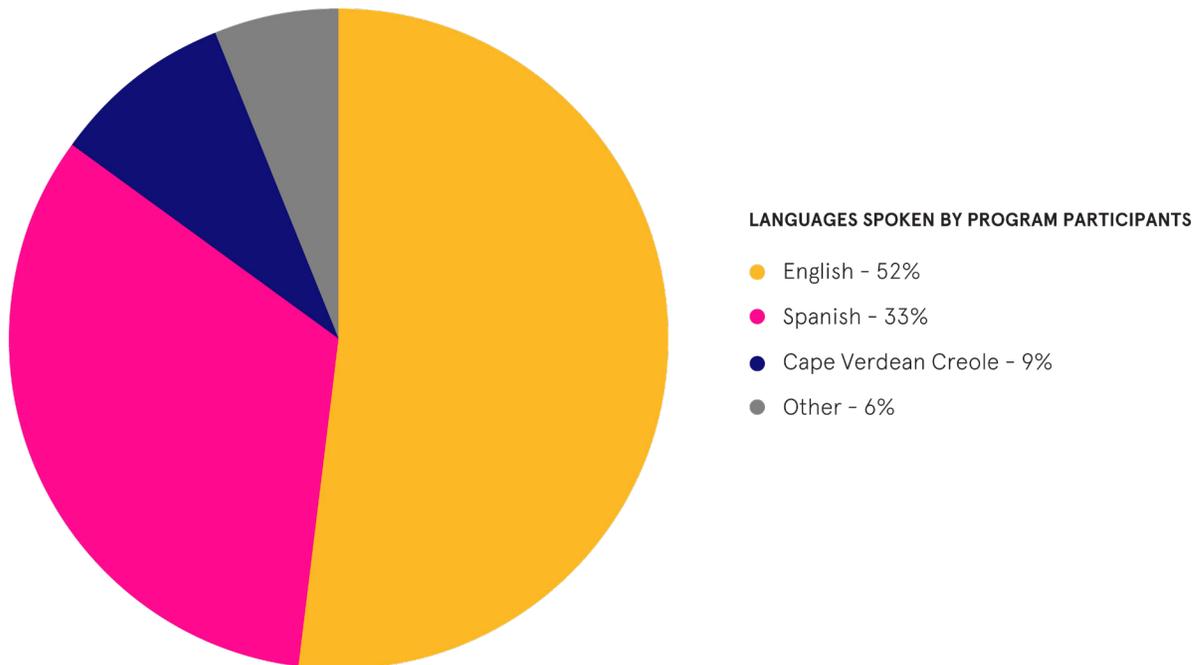


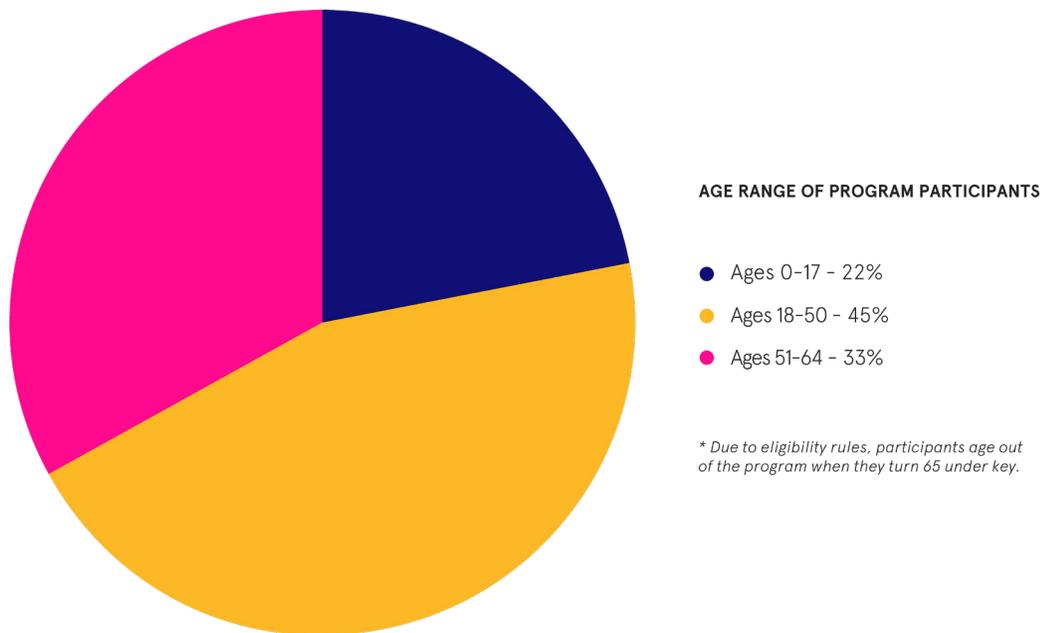


WHO WE SERVED

Over the first two years of operation, Project Bread has received referrals for over 5,000 members from our primary partner Community Care Cooperative. Program participants range in age from 0 months to 64 years. 22% were under the age of 18, 45% spanned from 18 to 50, and 33% were between 51 and 64. Due to eligibility rules, participants age out of the program when they turn 65.

Program participants spoke many different languages. English was the most common language, preferred by 52% of all clients. This was followed by Spanish (33%) and then Cape Verdean Creole (9%). Other languages spoken by clients included Arabic (1.5%), Haitian Creole (1%), and Portuguese (2%).





Program participants were racially and ethnically diverse, which was important for meeting our goal of reducing health inequities by improving food security. The racial composition of program participants over-represents people of color when compared to the general population of Massachusetts. According to 2020 Census data, Massachusetts is 71.5% white, 12% Hispanic, 6.9% Black, 6.5% Asian, and 3.1% other. However, these populations experience food insecurity at vastly different rates. There is a food insecurity rate of 15.9% of households across Massachusetts. White and Asian households experience food insecurity below the state level at 13.5% and 14.4%, respectively. Conversely, Black and Hispanic households experience food insecurity rates above the state level at 25.2% and 26.8%, respectively. Therefore, the Flexible Services Program must focus on representing Black and Hispanic households in order to achieve its goal of reducing health disparities. It was thus in alignment with the intention of the program that individuals who identified as Hispanic composed 37% of our participants and those who identified as Black made up 21% of program participants.

“This program has given me emotional relief and peace. I am less worried about food and love attending the cooking classes. My daughter and I sit together to eat, and I can see it in her face that she's growing healthy.”

✕ Patient Participant
MassHealth Flexible Services Program



CLAUDIA, AGE 48, OF DORCHESTER

Growing up in Boston, Claudia and her siblings always had enough to eat. Her parents, both Guatemala natives, worked to ensure cultural staples, like beans and tortillas with mixed vegetables, were plentiful. As an adult, the 48-year-old Dorchester resident, a single mother to three teenagers, found herself in need of assistance.

In 2019, she enrolled in the Supplemental Nutrition Assistance Program (SNAP), which immediately provided her funds to grocery shop where and when she wants to continue buying her Central American favorites. However, with the rising cost of groceries due to supply chain issues and inflation, sometimes even increased SNAP benefits during the pandemic aren't always enough. As a result, the family would cut back on buying expensive goods, like red meat and milk, and would often purchase cheaper less nutritious options.

Throughout their lives, Claudia and her children have been bullied for their curves. Insecurities coupled with fear during the pandemic and changing family dynamics fueled more unhealthy eating habits and ultimately depression and anxiety, at which point Claudia's physician referred her to the Flexible Services Program. Providing Claudia food security and the resources to change their diet is one way in which the family can take back control of their lives and improve their mental health.

Through the FSP, Project Bread provided comprehensive care to provide food security for Claudia, giving her the education and resources to empower healthy eating. She received new pots and pans, a toaster, knives and silverware, storage containers, cooking utensils, a cutting board and six-months-worth of gift cards to her local grocery store. In addition, she received access to recipes and cooking tips virtually through Project Bread's website and attended an online Cooking for Wellness class hosted by Project Bread's Chef Educators.

"This program has been incredible in teaching my kids that it's okay to ask for and accept help and that healthy eating is important," Claudia shared. "It pushes us out of our comfort zone and helps us be the best versions of ourselves."

JOHN, AGE 52, OF GARDNER

Growing up in the foster care system, John recalls having access to more than enough food in the group homes where he was placed. His passion for cooking in high school led him to attend a technical vocational institute for culinary arts during which he secured a job as a baker for Dunkin Donuts before becoming a prep cook at the local Sheraton restaurant. However, in 2019 Ayers found himself at a crossroads. After serving 10 years for a non-violent crime in Texas, the New Hampshire native relocated to Massachusetts to live with his mother, and he faced a number of obstacles to gain steady employment, including physical and mental health challenges. He turned to food for comfort and would often purchase cheaper options with less nutritional value.

In 2021, John's mental health specialist referred him to the Flexible Services Program. Project Bread provided him John with educational materials with dietary food tips and \$200 gift cards to a local grocery for the first three months to help pay for fresh produce and more expensive goods, like eggs. He then received kitchen supplies to cook with, including a new set of pots and pans, utensils, mixing bowls, a hot plate and even a toaster. Now, he has continued access to recipes and cooking tips virtually and through Project Bread's website.

“Not only has this program helped me financially in terms of paying for groceries, but the cooking shows have reignited my passion for cooking itself. Now, food is medicine to me.”

 John A. of Gardner
MassHealth Flexible Services Program



ABOUT THE DATA

The data in this brief came from a subset of program participants who engaged in flexible services between November 2020 - October 2021. The information about patients served and services provided is representative of the total provision of services.

Project Bread collected data through a survey used during our intake assessments and follow up calls. During each call Project Bread staff asked a series of questions to determine each patient's food needs and their current eating patterns. Follow up calls were conducted at three, six and nine months. The same questions were asked at each time point to determine if food security and diet habits were improving.



“My journey to being a healthier me has started.”

✕ Patient Participant
MassHealth Flexible Services Program



ABOUT PROJECT BREAD

Project Bread connects people and communities in Massachusetts to reliable sources of food while advocating for policies that make food more accessible—so that no one goes hungry. Since 1969, Project Bread has worked to eliminate hunger in Massachusetts. Today we advocate for the expansion of federal nutrition assistance programs like SNAP and child nutrition programs. We also provide direct support through our statewide FoodSource Hotline and the Flexible Services Program.



ABOUT OUR PARTNERS

Project Bread began working with Community Care Cooperative in April 2020. Community Care Cooperative is a not-for-profit Accountable Care Organization (ACO) governed by Federally Qualified Health Centers in Massachusetts. They currently have 18 health center members; 14 of which send referrals to Project Bread. In 2021, we expanded our partnerships to include Boston Children’s Hospital ACO and Boston Medical Center Health Net.

SUMMARY

Project Bread is addressing food insecurity through the health care system.

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

