# 2017
# Community Health and Hunger Program Report

Good Shepherd
FOOD BANK OF MAINE

# Program Overview

One in seven Mainers cannot access enough nutritious food to engage in a healthy lifestyle. At the same time, 27% of Maine residents have three or more chronic health conditions often exacerbated or brought on by poor diet quality.[1] Nutrition is well established as one of the most important elements in chronic disease prevention and management, but lack of access to healthy food options is often overlooked as a factor in the rise of chronic illness in low income and food insecure populations.

Lack of access to nutritious food leads to a consumption pattern of lower quality meals with less nutritious, less expensive grocery items. The result, a diet made up of refined carbohydrates and high sugar and salt content, has been directly linked to an increased risk for developing chronic illnesses such as type II diabetes, hypertension, and cardiovascular disease. For individuals already diagnosed with a chronic health condition, food insecurity can further exacerbate symptoms and lead to costly medical interventions which mean higher healthcare costs and a greater need for expensive medications.

The cycle of food insecurity and chronic illness is difficult to break as many individuals are forced to make decisions between food and medicine/medical bills and household utilities. **In many households, the quality of food is the only budget item that can be adjusted to make room for other expenses.**

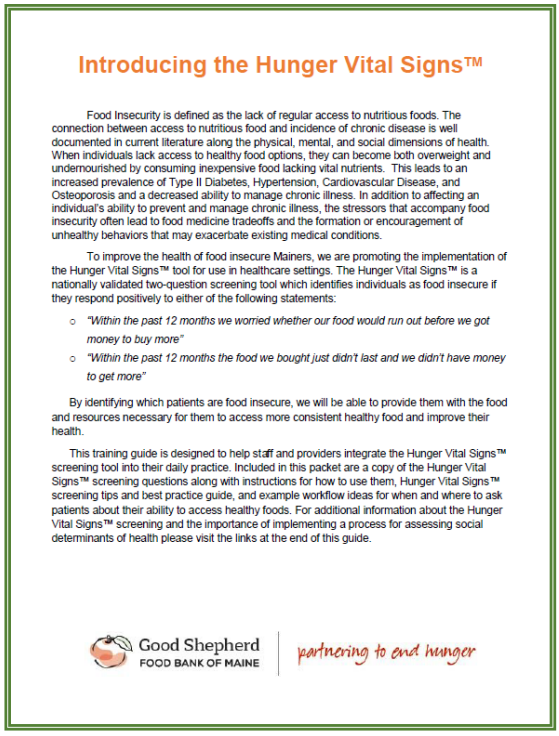
Launched in 2016, the Community Health and Hunger Program is designed to address the issues of health and nutrition in food insecure populations by increasing the integration of the health care system and the emergency food network to remove barriers to accessing healthy foods. This is accomplished by providing training to health care professionals on the importance of screening patients for food insecurity, assisting with the integration of the Hunger Vital Signs™ screening tool into patient visit workflow, supplying up-to-date community resource guides for patients identified as food insecure, and providing pre-packed emergency food boxes and non-perishable items for health care staff to distribute to food insecure patients during their office visit.

[1] http://www.maine.gov/dhhs/mecdc/phdata/SHNAPP/county-reports.shtml

# 2017 Accomplishments

## Increasing Awareness of the Health and Hunger Connection

2017 focused on increasing awareness of the connection between food insecurity and chronic health outcomes and building effective referral pathways for food insecure patients between health care providers and ending hunger programs. Applying research and recommendations from the American Academy of Pediatrics, AARP, and the Food Research and Action Center, Good Shepherd Food Bank created training materials, screening implementation guides, and data collection tools for health care pilot sites to utilize as they began screening patients for food insecurity. Good Shepherd Food Bank also partnered with Maine Hunger Initiative to ensure that eligible patients were fully utilizing SNAP (food stamps), WIC (nutrition programs for new parents and children under 5), and CSFP (senior grocery program).



### Introducing the Hunger Vital Signs™

Food Insecurity is defined as the lack of regular access to nutritious foods. The connection between access to nutritious food and incidence of chronic disease is well documented in current literature along the physical, mental, and social dimensions of health. When individuals lack access to healthy food options, they can become both overweight and undernourished by consuming inexpensive food lacking vital nutrients. This leads to an increased prevalence of Type II Diabetes, Hypertension, Cardiovascular Disease, and Osteoporosis and a decreased ability to manage chronic illness. In addition to affecting an individual's ability to prevent and manage chronic illness, the stressors that accompany food insecurity often lead to food medicine tradeoffs and the formation or encouragement of unhealthy behaviors that may exacerbate existing medical conditions.

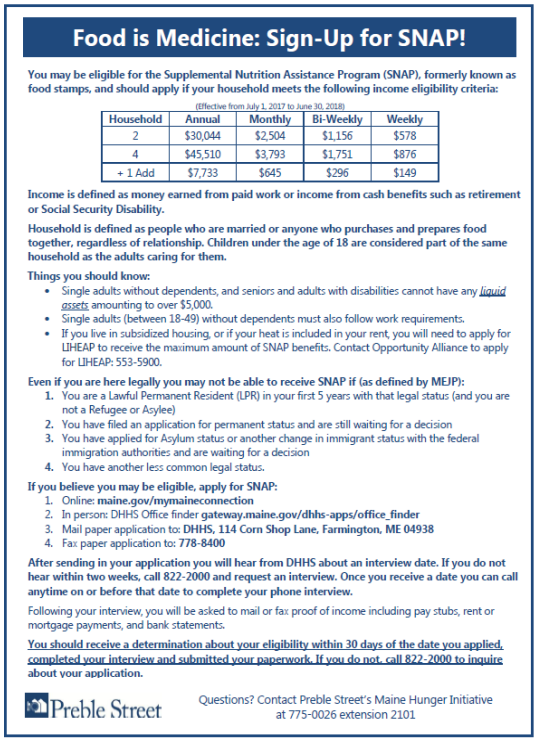
To improve the health of food insecure Mainers, we are promoting the implementation of the Hunger Vital Signs™ tool for use in healthcare settings. The Hunger Vital Signs™ is a nationally validated two-question screening tool which identifies individuals as food insecure if they respond positively to either of the following statements:

- *"Within the past 12 months we worried whether our food would run out before we got money to buy more"*
- *"Within the past 12 months the food we bought just didn't last and we didn't have money to get more"*

By identifying which patients are food insecure, we will be able to provide them with the food and resources necessary for them to access more consistent healthy food and improve their health.

This training guide is designed to help staff and providers integrate the Hunger Vital Signs™ screening tool into their daily practice. Included in this packet are a copy of the Hunger Vital Signs™ screening questions along with instructions for how to use them, Hunger Vital Signs™ screening tips and best practice guide, and example workflow ideas for when and where to ask patients about their ability to access healthy foods. For additional information about the Hunger Vital Signs™ screening and the importance of implementing a process for assessing social determinants of health please visit the links at the end of this guide.

Good Shepherd FOOD BANK OF MAINE | *partnering to end hunger*



### Food is Medicine: Sign-Up for SNAP!

**You may be eligible for the Supplemental Nutrition Assistance Program (SNAP), formerly known as food stamps, and should apply if your household meets the following income eligibility criteria:**

(Effective from July 1, 2017 to June 30, 2018)

| Household | Annual | Monthly | Bi-Weekly | Weekly |
|---|---|---|---|---|
| 2 | $30,044 | $2,504 | $1,156 | $578 |
| 4 | $45,510 | $3,793 | $1,751 | $876 |
| + 1 Add | $7,733 | $645 | $296 | $149 |

**Income is defined as money earned from paid work or income from cash benefits such as retirement or Social Security Disability.**

**Household is defined as people who are married or anyone who purchases and prepares food together, regardless of relationship. Children under the age of 18 are considered part of the same household as the adults caring for them.**

**Things you should know:**

- Single adults without dependents, and seniors and adults with disabilities cannot have any *liquid assets* amounting to over $5,000.
- Single adults (between 18-49) without dependents must also follow work requirements.
- If you live in subsidized housing, or if your heat is included in your rent, you will need to apply for LIHEAP to receive the maximum amount of SNAP benefits. Contact Opportunity Alliance to apply for LIHEAP: 553-5900.

**Even if you are here legally you may not be able to receive SNAP if (as defined by MEJP):**

1. You are a Lawful Permanent Resident (LPR) in your first 5 years with that legal status (and you are not a Refugee or Asylee)
2. You have filed an application for permanent status and are still waiting for a decision
3. You have applied for Asylum status or another change in immigrant status with the federal immigration authorities and are waiting for a decision
4. You have another less common legal status.

**If you believe you may be eligible, apply for SNAP:**

1. Online: **maine.gov/mymaineconnection**
2. In person: DHHS Office finder **gateway.maine.gov/dhhs-apps/office_finder**
3. Mail paper application to: **DHHS, 114 Corn Shop Lane, Farmington, ME 04938**
4. Fax paper application to: **778-8400**

**After sending in your application you will hear from DHHS about an interview date. If you do not hear within two weeks, call 822-2000 and request an interview. Once you receive a date you can call anytime on or before that date to complete your phone interview.**

Following your interview, you will be asked to mail or fax proof of income including pay stubs, rent or mortgage payments, and bank statements.

**You should receive a determination about your eligibility within 30 days of the date you applied, completed your interview and submitted your paperwork. If you do not, call 822-2000 to inquire about your application.**

Preble Street

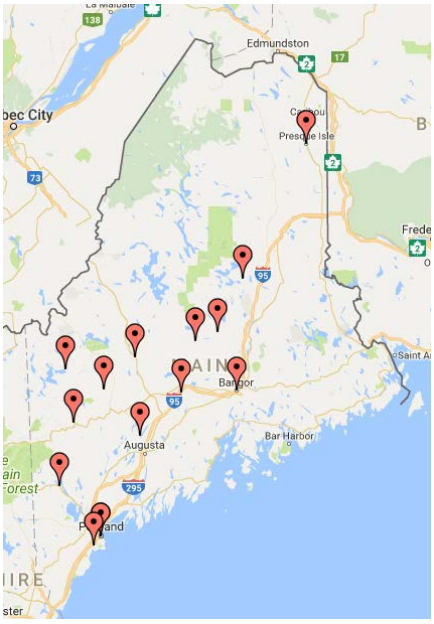
Questions? Contact Preble Street's Maine Hunger Initiative at 775-0026 extension 2101

## Growing Our Network

The Community Health and Hunger Program launched partnerships with 15 health care organizations in 2017. These initial program pilot sites screened over 55,000 patients for food insecurity using the Hunger Vital Signs™ screening tool and provided 1,400 referrals to local ending hunger organizations. In addition to referrals, the health care pilot sites distributed 12,000 pounds of non-perishable product to food insecure patients and their families.

### 2017 Health Care Pilot Sites:

1. Bridgton Hospital
2. Bingham Area Health Center
3. Strong Area Health Center
4. Belgrade Regional Health Center
5. Rangeley Family Medicine
6. Millinocket Regional Hospital
7. Hometown Health Centers, Dover-Foxcroft
8. Milo Family Practice
9. New England Rehabilitation Hospital, Portland
10. New England Cancer Specialists, Kennebunk, Scarborough, Brunswick
11. Rumford Hospital
12. The Aroostook Medical Center- Family Practice, Presque Isle
13. Sebasticook Valley Health, Newport, Pittsfield, Clinton
14. St. Joseph Healthcare, Bangor
15. St. Joseph's Rehabilitation and Residence, Portland




## Supporting Our Pantry Partners

In 2017, the Community Health and Hunger Program provided $5000 to local ending hunger partners in the form of capacity building grants to support referrals from health care providers to local agencies. Our local agencies are key to program success; our health care partners depend on local ending hunger organizations to provide their patients with nutritious food options after referral, and they often rely on local agencies to support program logistics.

# 2018 Priorities

## Focus on Strategic Growth

Beginning in 2017 and continuing into 2018, Good Shepherd Food Bank is looking at strategic health care partnerships across Maine. With the dedicated attention of a full-time AmeriCorps VISTA, Rachel Moyer, the Community Health and Hunger Program will be creating a statewide needs assessment that outlines where chronic diet-related illness and food insecurity overlap. This needs assessment will provide a roadmap for growth by identifying not only the geographic areas of focus but drilling down further to what type of health care provider community members are most likely to access and what organizations are most likely to serve a food insecure population. With a goal of increasing the number of pilot sites from 15 in 2017 to 28 in 2018, we will be focusing on integrating the program within the larger hospital networks and their outpatient practices. We will also continue to focus on serving rural Mainers through the Federally Qualified Health Centers.

## Research and Data Collection

As the scope of the Community Health and Hunger Program grows and the number of health care organizations engaging in this work increases, we are exploring ways to incorporate more meaningful data collection into our pilot sites. Patient health data is protected under HIPAA so we are looking at ways for our sites to track health outcomes (either clinical or self-reported) and report any trends over the course of a 6-month pilot without compromising patient confidentiality. We are also piloting different evaluation methods to better understand the patients this program is reaching and what their barriers to accessing nutritious foods are.

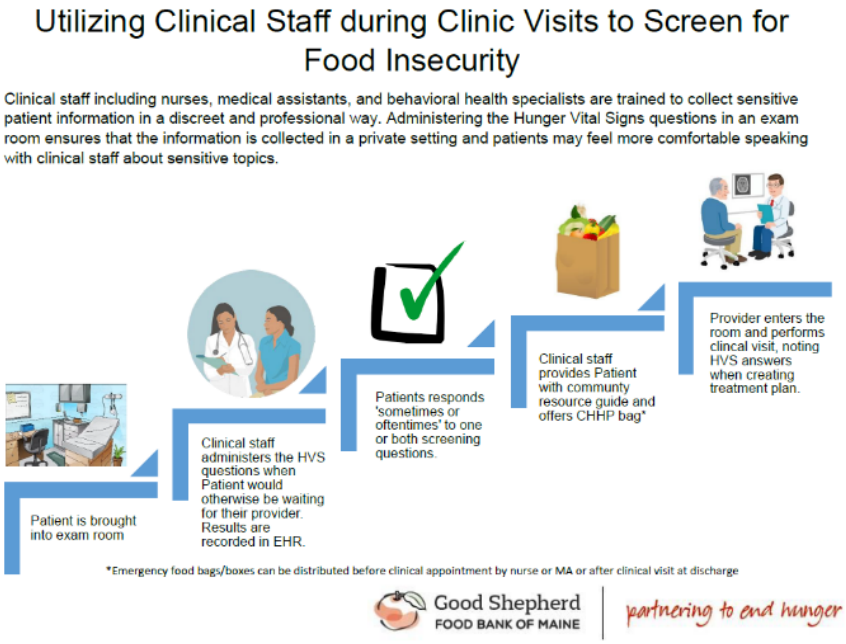
## Fresh Product

Anyone who has recently gone to the grocery store knows that fresh produce is one of the most expensive items in stock. We know that price and lack of proximity to a grocery store are major barriers to many food insecure Mainers accessing nutritious food and that fresh produce is often the first product to be taken off a grocery list when money is tight. In 2018 we plan to explore how to distribute fresh produce at our health care partner sites for providers to distribute to patients. Currently, we refer patients to local agencies to receive fresh and frozen product, but we know that many working families as well as individuals without reliable transportation may not be able to access the local pantry during their regularly scheduled distributions. One of our 2018 goals is to work with our health care partners to grow our program model to include the distribution of fresh and/or frozen product for patients to take home.

# Program Staff

Laura Vinal is the Community Health and Hunger Program Manager for Good Shepherd Food Bank. Previously, Laura served as the Child Hunger Programs Coordinator at the Food Bank for 3 years. Prior to her time at GSFB, Laura served in the United States Peace Corps in Ukraine as an English Language Teacher Trainer and Community Development Volunteer. She holds a Bachelor's of Science in Middle/Secondary Education from the University of Maine Farmington and has professional experience with K-12 education, project management, and community/youth development. Laura is passionate about working with vulnerable populations and creating impactful programs to address poverty and health. When she's not at work, she enjoys spending time with family and friends and volunteers with Take Action Portland to support organizations like Hardy Girls, Healthy Women, Preble Street, and Portland Trails.

Rachel Moyer is an AmeriCorps VISTA member working to build capacity for the Community Health and Hunger Program at Good Shepherd Food Bank. After graduating from Lehigh University with a Bachelor's of Science in Behavioral Neuroscience, she continued working in Bethlehem, PA at a student-run free clinic to break down barriers to care for the patients served there. Rachel is planning to continue addressing health inequity and social determinants of health by pursuing a medical degree following her VISTA service. Outside of her VISTA work, Rachel teaches an MCAT prep course and enjoys being outdoors hiking and skiing.



## What are the Hunger Vital Signs™?

**Household Food Security**

*For each statement, please tell me whether the statement was "often true, sometimes true, or never true" for your household:*

A. **"Within the past 12 months we worried whether our food would run out before we got money to buy more."**

□ Often true □ Sometimes true □ Never true □ Don't know, or refused

B. **"Within the past 12 months the food we bought just didn't last and we didn't have money to get more."**

□ Often true □ Sometimes true □ Never true □ Don't know, or refused

The Hunger Vital Signs™ screening tool is a nationally validated screener for medical professionals to assess patient food security status. Developed in 2010 by Children's Health Watch, the Hunger Vital Signs™ is the most widely used screening tool for medical professionals to determine whether or not a patient is food insecure. If a patient responds "sometimes" or "often" to either question, they are considered to be food insecure and should be connected with ending hunger resources.

## Quotes from Program Participants

"We were always the ones that helped, it's hard to be on this side of the line." --Millinocket Regional Hospital

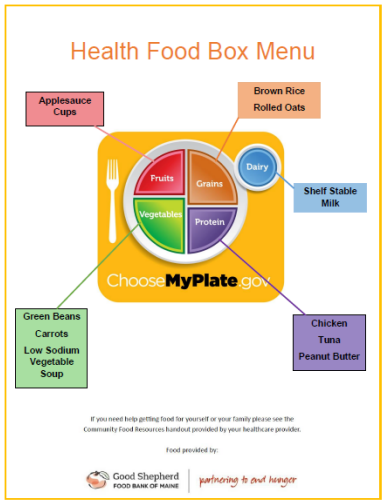
"I have been selling off my personal belongings to help pay bills. When I have no more to sell, I will look for work. I am 74 and don't wish to be a burden to others if I can help it."—New England Cancer Specialists, Scarborough

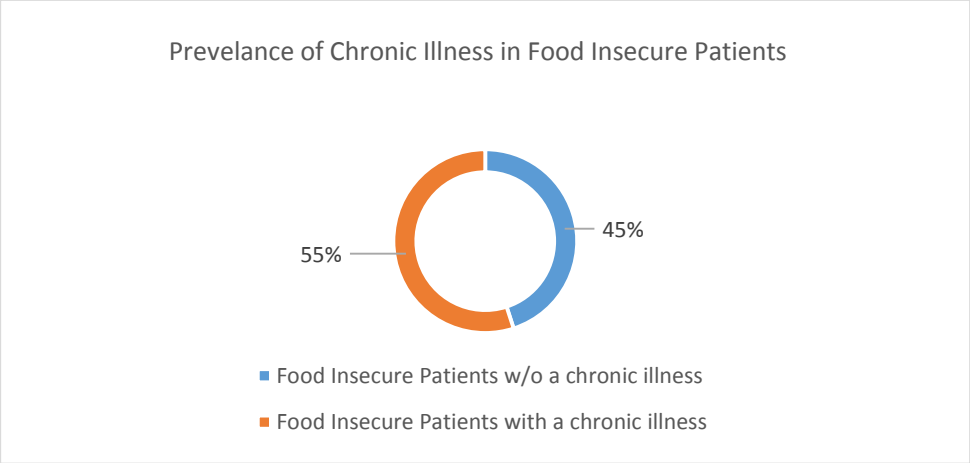
## What's in the Bag?

If a patient screens as food insecure by answering 'sometimes true' or 'often true' to the Hunger Vital Signs™ screening, it's important that the patient is connected to ending hunger programs in their community. Our health care pilot sites provide food insecure patients with community resource guides, instructions for applying to the federal nutrition programs, and a take-home bag of non-perishable grocery items to prepare meals at home. Each bag weighs approximately 10 pounds and provides 2-3 days of meals for an individual.

Sample Menu:

Canned Chicken
Canned Tuna
All Natural Peanut Butter
Brown Rice
Rolled Oats
Low Sodium Vegetable Soup
Shelf Stable Milk
Applesauce




We found that over half of the patients at our initial pilot sites who were identified as food insecure also suffered from a chronic health condition. The most common diet-related health conditions include type II diabetes, hypertension, and cardiovascular disease.

# Program Support

- Betterment Fund
- Bill and Joan Alfond Foundation
- The Fortin Foundation of Florida
- TD Charitable Foundation

We also want to thank our Health Care Partners for their support

New England Rehabilitation Hospital of Portland
A joint venture of Maine Medical Center and HEALTHSOUTH

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HOMETOWN Health Center

TAMC
MORE THAN A HOSPITAL
EMHS MEMBER

St. Joseph Healthcare
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