Food Banks as Partners in Health Promotion: Creating Connections for Client & Community Health

Executive Summary
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ABOUT THE AUTHORS

The Center for Health Law and Policy Innovation of Harvard Law School (CHLPI) advocates for legal, regulatory, and policy reforms to improve the health of underserved populations, with a focus on the needs of low-income people living with chronic illnesses. CHLPI works with consumers, advocates, community-based organizations, health and social services professionals, food providers and producers, government officials, and others to expand access to high-quality health care and nutritious, affordable food; to reduce health disparities; to develop community advocacy capacity; and to promote more equitable and effective health care and food systems. CHLPI is a clinical teaching program of Harvard Law School and mentors students to become skilled, innovative, and thoughtful practitioners as well as leaders in health, public health, and food law and policy.

Feeding America is the nationwide network of 200 food banks that leads the fight against hunger in the United States. Together, we provide food to more than 46 million people through 60,000 food pantries and meal programs in communities across America. Feeding America also supports programs that improve food security among the people we serve; educates the public about the problem of hunger; conducts authoritative research about the issue of hunger and the people who experience it; advocates for legislation that protects people from going hungry; and partners to help families build pathways to household stability and long-term food security.

For the past two years, CHLPI has been deeply engaged in research and analysis on type 2 diabetes policy. This initiative is known as the PATHS Project (Providing Access to Healthy Solutions). This white paper supports Feeding America’s efforts to become community-based partners in health promotion in a new health care landscape.

This work has been generously supported by the Bristol-Myers Squibb Foundation’s Together on Diabetes™ initiative.

Food Banks as Partners in Health Promotion: Creating Connections for Client & Community Health is primarily authored by Tommy Tobin, Sarah Downer, Kim Prendergast, and Michelle Berger Marshall, with guidance from CHLPI’s Director Robert Greenwald and Deputy Director Emily Broad Leib.
INTRODUCTION

Food banks are embedded in local communities across the country. They are central to the economic well-being of clients, who often struggle to find regular access to food. Food banks partner with government agencies, donors, and private companies to serve the interests of the more than 46 million individuals in the United States at risk of hunger.¹

The needs of the food banks’ clients do not stop at the food banks’ doors. According to Feeding America’s Hunger in America 2014 study, a quadrennial report that provides comprehensive demographic profiles of people seeking food assistance through the charitable sector and an in-depth analysis of the partner agencies in the Feeding America network that provide this assistance, many clients report significant health concerns including “fair” or “poor” health,² and living with diet-related chronic illnesses such as diabetes and hypertension.³

The costs of care also are concerning for food bank clients and their households, many of whom lack access to health insurance⁴ and have unpaid medical bills.⁵ Two-thirds (66%) of food bank clients have had to choose between buying food and paying for medicine or medical care in the past year, with 31 percent reporting facing this tradeoff every month.⁶

Many of the nation’s most prevalent chronic illnesses are diet-related, including obesity, cardiovascular disease, hypertension, and type 2 diabetes. These diseases can be prevented or mitigated by access to and consumption of healthful food.⁷ Food bank clients who are low income and struggle with food insecurity face several factors that increase their risk of developing chronic diet-related health issues, and exacerbate these conditions for those who already live with them.⁸ These factors include limited financial resources; lack of regular access to healthy, affordable foods; and limited access to basic health care.⁹

Recent developments in the health care landscape aim to improve both access to health care and the quality of care received. Food banks are well positioned to help their clients benefit from these new developments by becoming partners in health promotion. As experts in addressing food insecurity, they can expand on their existing community relationships to craft new collaborative endeavors to
address food and nutrition needs with both public and private insurers as well as providers, such as hospitals, community health centers, clinics and private medical practices.

This Executive Summary describes some of the shifts in the health care landscape that open up new opportunities for food banks. It then details ways that food banks can take advantage of these developments to partner with health care providers and outlines some of the top concerns that food banks should consider as they seek to form these partnerships. More detailed information on these topics can be found in the full White Paper: Food Banks as Partners in Health Promotion: Creating Connections for Client & Community Health.

NEW DEVELOPMENTS IN HEALTH CARE

Recent developments in the health care landscape have changed the incentive structures for health care providers, including hospitals, community health centers, and clinics, as well as insurers like Medicare, Medicaid, and private insurance companies. Increasingly, reimbursements and payments for health services provided to patients are being tied to achievement of the “Triple Aim.” These three aims are: improved health at a population level, improved patient experience of care, and lower costs.10 With increased emphasis on meeting the Triple Aim, there has been increased recognition of the important roles community providers, such as food banks, play in helping patients maintain and/or improve their health, especially when it comes to preventing or managing chronic diseases.

For the nation’s food banks, some of the most relevant changes in the health care industry include:

1) Shift from fee-for-service to pay-for-performance;
2) Medicaid expansion;
3) Hospital readmission penalties;
4) Enhanced requirements for nonprofit hospitals seeking to meet the Community Benefit Standard for tax exemption; and
5) Demonstration projects funded by the newly created Center for Medicare and Medicaid Innovation (CMMI).

These developments in the health care landscape largely stem from the Patient Protection and Affordable Care Act (ACA), enacted in 2010. This Executive Summary will describe each of these developments in turn and demonstrate how these changes may affect health providers’ incentives for partnership with community-based organizations such as food banks.

1) SHIFT FROM FEE-FOR-SERVICE TO PAY-FOR-PERFORMANCE MODEL

Traditionally, health services have utilized a fee-for-service payment model, with payments distributed for each defined medical service delivered to a patient. Recently, advantage of these developments to partner with health care providers and outlines some of the top concerns that food banks should consider as they seek to form these partnerships. More detailed information on these topics can be found in the full White Paper: Food Banks as Partners in Health Promotion: Creating Connections for Client & Community Health.

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1) SHIFT FROM FEE-FOR-SERVICE TO PAY-FOR-PERFORMANCE MODEL

Traditionally, health services have utilized a fee-for-service payment model, with payments distributed for each defined medical service delivered to a patient. Recently,
however, increases in health care costs and higher rates of expensive-to-treat chronic illness have prompted calls for payment reforms. Specifically, insurers have shown increased interest in systems that tie payment to the achievement of certain health and financial outcomes (i.e., “pay-for-performance” systems). These payment models are transitioning quickly, with Medicare aiming to tie 30% of traditional fee-for-service payments to pay-for-performance models emphasizing health care quality and value by 2016 and 50% by 2018.11

As a part of this shift, providers are transitioning to models of care that manage the health of entire populations and are being rewarded for improving both short and long-term health outcomes while reducing costs. With these new changes, providers are seeking more formal ways to work with community-based partners to enhance health promotion within local communities. Food banks, which address a primary social determinant of health (food access), are a natural choice for these partnerships.

2) MEDICAID EXPANSION
Medicaid provides health care coverage for more than 60 million Americans, including one in three children.12 The program operates as a federal-state partnership, in which states are obligated to cover certain benefits but have wide flexibility in program design beyond that.13 Under the ACA, states can choose to expand Medicaid from covering a more limited population to providing health care coverage to nearly the entire population of low-income Americans earning up to 138% of the federal poverty line.14 As of September 2015, 30 states and the District of Columbia have elected to expand Medicaid coverage for residents, meaning that millions of Americans have gained new access to health coverage (See Fig 1).

Food bank staff should know whether their home state has expanded Medicaid or is considering doing so, as they can help raise awareness of new coverage opportunities among clients. If a food bank is located within a state that has expanded Medicaid, many new individuals—including much of a food bank’s client base—will likely be eligible for new health care coverage. Many of these individuals may be accessing health insurance for the first time and will have the ability to receive preventive and routine care. Food banks can inform clients about the possibility of eligibility for Medicaid and direct them to new opportunities to address health concerns now that they are covered.

3) CHANGES TO HOSPITAL READMISSION POLICIES
In an effort to cut costs and improve the quality of care, CMS, in accordance with ACA requirements, established

Fig 1: Current Status of Medicaid Expansion Decisions

NOTES: Current status for each state is based on KCMU tracking and analysis of state executive activity. “MT has passed legislation adopting the expansion; it requires federal waiver approval. “AR, IA, IN, MI PA and NH have approved Section 1115 waivers. Coverage under the PA waiver went into effect 1/1/15, but it is transitioning coverage to a state plan amendment. WI covers adults up to 100% FPL in Medicaid, but did not adopt the ACA expansion.

the Hospital Readmissions Reduction Program. Under this program, hospitals that have higher readmission rates will be targeted for sanctions.\textsuperscript{15}

In reducing patient hospital readmissions, providers may have particular incentives to work with food-related community partners. Malnourished patients have longer hospitalizations and are more likely to be readmitted within 15 days.\textsuperscript{16} In addition, these patients have a higher cost of hospitalization, compared to non-malnourished patients, as well as a higher mortality rate.\textsuperscript{17}

For food banks, it is important to understand that hospitals will increasingly seek to play active roles in managing the health of patients after discharge in order to prevent readmissions. Food banks can support these efforts by providing referral options and support to ensure that recently discharged patients are aware of and have access to appropriate nutrition services and healthy food.

\textbf{4) ENHANCED REQUIREMENTS FOR NONPROFIT HOSPITALS SEEKING TO MEET THE COMMUNITY BENEFIT STANDARD FOR TAX EXEMPTION}

Approximately 51% of America’s hospitals are nonprofit organizations.\textsuperscript{18} Under the ACA, nonprofit hospitals must comply with several new requirements in order to retain their favorable tax exempt status and avoid a $50,000 penalty under § 4959 of the Tax Code.\textsuperscript{19} These obligations are known as a hospital’s “Community Benefit” requirement (See Fig 2).

\textbf{Fig 2: The Community Benefit Standard:}

Most US hospitals are nonprofits, with favorable tax exempt status. With this status comes an expectation that hospitals will “promot[e] the health of a class of persons...broad enough to benefit the community.” Hospitals can include a variety of services they provide under this umbrella definition, including efforts to address “financial and other barriers to care, the need to prevent illness, to ensure adequate nutrition, [and to address] social, behavioral, and environmental factors that influence health in the community...”(emphasis added).


Hospitals are now required to conduct what is called a Community Health Needs Assessment (CHNA) every three years.\textsuperscript{20} The CHNA defines the hospital’s community of need and is used in setting hospital priorities for shaping its Community Benefit activities. After completing the CHNA, a nonprofit hospital creates a Community Health Improvement Plan (CHIP)\textsuperscript{21} (See Fig 3). The CHIP defines steps the hospital will take to address the needs identified in the CHNA.

\textbf{Fig 3: Community Benefit Process}

For food banks, the CHNA and the CHIP processes represent major opportunities to be the voice of food-insecure clients that are members of a hospital’s community, and to build relationships with hospital staff.

\textbf{5) DEMONSTRATION PROJECTS FUNDED BY THE CENTER FOR MEDICARE & MEDICAID INNOVATION (CMMI)}

As CMS emphasizes a value-based payment structure focused on achieving positive health outcomes for entire populations at the lowest cost, innovative models of care delivery and payment are being tested throughout the country. The Center for Medicare & Medicaid Innovation (CMMI) is a recently-created government office that: (a) encourages the sharing of best practices in Medicare and Medicaid, (b) pilots new models of health care service delivery, and (c) engages a range of stakeholders in implementing new data-driven changes to models of care.\textsuperscript{22}

Food banks can partner with health providers to provide certain services, such as healthy food or nutrition education, as part of a larger demonstration project. Participation in such an initiative would result in a temporary funding stream for specific food bank initiatives and services and strengthen the case for longer term funding for such interventions.
OPPORTUNITIES FOR FOOD BANKS TO BE PARTNERS IN HEALTH PROMOTION

Given the recent developments in the health care industry, providers and hospitals have a number of incentives for working with community partners such as food banks. Armed with a good understanding of the health care system and these incentives, food banks can engage with health care partners in a number of ways.

*Fig 4: Food Insecurity and Diabetes: A New Opportunity for Food Bank Intervention*

1) TARGETED INTERVENTIONS FOR HEALTH PROMOTION AND DISEASE SELF-MANAGEMENT

Food banks can pursue targeted interventions for health promotion and disease self-management (*See Fig 4*). Feeding America is working with food banks nationwide to support efforts to provide a broad range of food and nutrition interventions, such as:

- Co-locating chronic disease screening within a food pantry;
- Providing food boxes designed for disease prevention/management;
- Making referrals to clinicians or other medical providers; and
- Creating joint programming with health care providers to address public health needs.

Food banks can also offer to augment or create services on-site at hospitals and health centers, such as:

- Food pantries at a hospital or other provider sites;
- Information distribution about local food banks, food pantries and meal programs;
- Assistance with food purchasing support programs, such as SNAP enrollment in the clinic setting.
Finally, food banks are well-suited to help educate providers and introduce them to simple screening techniques for food insecurity. For example, they can encourage providers to screen patients for food insecurity using the two-question Clinical Food Insecurity Screen\(^2\) and refer those who screen as food insecure to the food bank. Food banks also can encourage or provide continuing medical education about the role of food insecurity and patient health. They can inform health care partners about educational opportunities and provide information to clinicians about why food insecurity matters to their practice.

2) PLANNING FOR COMMUNITY BENEFITS WITH HOSPITALS: THE CHNA AND THE CHIP

Every three years, nonprofit hospitals are required to undertake a CHNA to evaluate the health needs of the community, and must do so by including the input of community stakeholders. Food banks can play a valuable role in any of these scenarios, from being an active part of a planning group or simply participating in a focus group. Food banks could:

- Assist with community surveys and data collection on food insecurity by increasing the number of low-income individuals and families included in the needs assessment;
- Raise awareness of food bank services and activities among hospital providers and staff; and/or
- Present evidence about linkages between healthy food access and health outcomes.

Even if they have not participated in the CHNA process, food banks can play an active role in helping to develop the Community Health Improvement Plan (CHIP) once that planning phase begins. The CHIP outlines an implementation strategy to tackle the community’s identified health needs. Food banks should consider the various ways they might address their specific community’s identified health needs. Involvement in the CHIP could take the form of:

- Providing some food bank services on-site at the hospital;
- Conducting health screenings and providing health education to food bank clients; and/or
- Becoming an identified resource that will help the hospital implement CHIP activities related to priorities such as food access, good nutrition, or fruit and vegetable intake.

CONSIDERATIONS FOR FOOD BANKS

In anticipation of partnerships with health providers, food banks can prepare by conducting external scans of the local health care landscape. Such scans should include examining available data, investigating needs and identifying potential partners. Food banks should also assess their level of readiness for a potential partnership. The food bank can plan for future activities by asking critical questions about resources, including time, staff and space. (See Fig 5).

Fig 5: Partnership Considerations for Food Banks
Food banks can insert themselves into the community’s health promotion conversation by approaching new partners or joining existing coalitions. In doing so, food banks should assess how they build and maintain a relationship over time and how they are measuring the success of the partnership.

CONCLUSION

Food banks have a role to play as partners in community health. In the recent *Hunger in America 2014* survey, many food bank clients reported substantial health concerns and faced difficulty meeting the costs of health care. Fortunately, recent changes to the health care landscape have given hospitals and health care providers greater motivation to work with food banks and other community-based services. Food banks can utilize these recent developments to take on a more formal role in health promotion.

With the recent changes in the health care industry, food banks that appreciate the perspective of their health provider partners can help improve health outcomes for clients and perhaps find new funding sources for food bank services. Effective partnerships between food banks and health care organizations have the potential to yield significant positive dividends for entire communities and improve health outcomes for food bank clients.

Formal partnerships with providers have the potential to raise the profile of food banks as legitimate and indispensable partners in health promotion.

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APPENDIX
