



Food insecurity and health

Resource Toolkit

A guide to screening individuals and referring to resources for help, designed for both healthcare and non-healthcare professionals

Humana[®]



“

My situation isn't ideal. It's hard and I deal with it as best as I can. Without this pantry, I don't know what I would do. It's embarrassing and hard to ask for help—but I need it, and so do a lot of other people.

”

Paula

Visitor to a Feeding America community partner food pantry

We all know the quality of food we eat affects our health.

But for many Americans, an unhealthy diet is not a choice, but rather a consequence of food insecurity.

Sadly, food insecurity impacts the health of a significant segment of our population. The good news—we can help do something about it.

How you can help

Developed in partnership by Humana and Feeding America®, this food insecurity resource toolkit is designed to do three things:

1. Raise awareness of the impacts of food insecurity
2. Guide both healthcare and non-healthcare professionals in screening patients for food insecurity
3. Provide ways for professionals to refer people at risk to resources and support

Beyond clinical roles, this toolkit is essentially for anyone in a trusted, professional position who is invested in the social health needs of individuals.

Section 1

Understanding food insecurity _____ 01

Section 2

Exploring health impacts of food insecurity _____ 04

Section 3

Conducting a food insecurity assessment _____ 06

Section 4

Connecting people and food _____ 11

Section 5

Working with food banks _____ 15



Section 1:

Understanding food insecurity

Food insecurity describes a household's inability to provide enough food for every person to live an active, healthy life—and it's one way we can measure and assess the risk of hunger. **In 2020, 1 in 8 people were food insecure—equating to 38 million Americans.¹** While hunger is a feeling that can affect everyone, food insecurity actually measures the conditions that can lead to more sustained and consequential experiences of hunger.



Food Insecurity vs. Hunger

According to the United States Department of Agriculture (USDA):

- Food insecurity is a household-level economic and social condition of limited or uncertain access to adequate food.
- Hunger is a physical sensation all individuals experience.

Food insecurity is a social determinant of health

Social determinants of health are the conditions in the places where people live, learn, work and play, and they affect a wide range of health risks and outcomes.² In other words, these are social health barriers that impact an individual's daily life. Other social determinants of health include housing issues, lack of transportation, loneliness and social isolation, and financial strain.

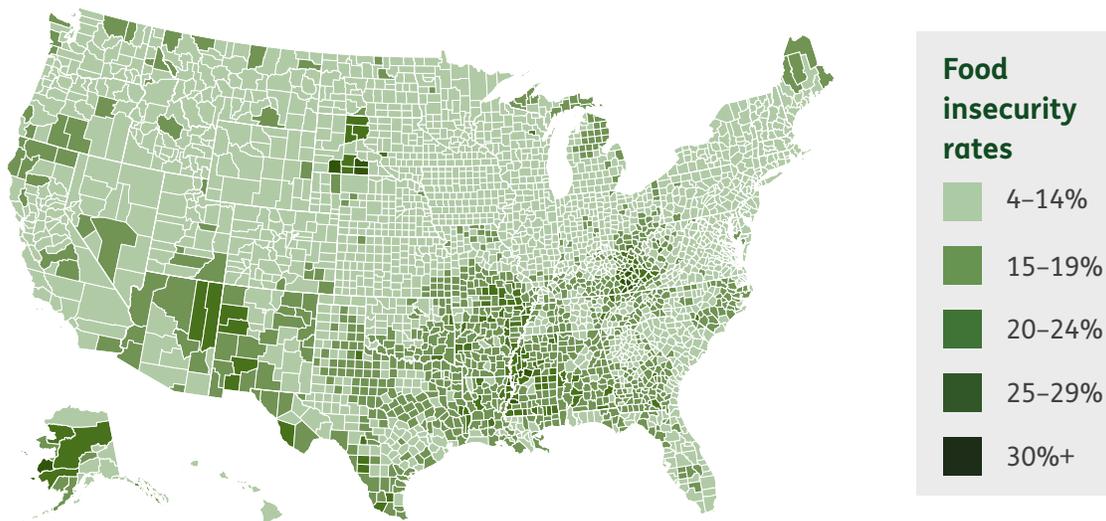
60% of a person's health is impacted by:³



- Social conditions
- Environmental conditions
- Behavioral conditions

This is why it's important to consider all of the factors that influence good health—focusing not only on an individual's clinical challenges, but also their unmet social needs.

Figure 1
Prevalence of Food Insecurity by County, 2019⁵



Prevalence of food insecurity in America

Although food insecurity is closely tied to economic stability, the factors leading to food insecurity are much more complex—ranging from income, access to transportation, employment and disability, to race, ethnicity and neighborhood location.⁴ Other key drivers include: limited household resources, limited community resources, health and health-related behaviors, and human capital. These numerous and complicated factors are why the rate of food insecurity has remained essentially unchanged for a number of years, and even increased for certain populations. **In fact, 1 in 8 people in America were food insecure in 2020, equating to over 38 million people. This includes more than 12 million children living in homes with limited access to adequate food.**¹ Although prevalence varies by community, it is alarming to note that food insecurity exists in every county, parish and congressional district in the United States.⁵ (See Figure 1.)

Food insecurity isn't an individual problem—it affects whole households and communities. While there is no single face of food insecurity, it is particularly high among:¹

- Households with incomes below the federal poverty line
- Households with children, particularly those headed by single women
- Black-, non-Hispanic- and Hispanic-headed households
- Households located in principal cities and nonmetropolitan (rural) areas

National and local programs are here to help

A number of programs have been established to fight food insecurity. Today, the USDA Food and Nutrition Service administers 15 programs, including the Supplemental Nutrition Assistance Program (SNAP) for low-income families, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), the Commodity Supplemental Food Program for low-income seniors, and the National School Lunch Program.



The charitable food sector, which includes food banks, food pantries, soup kitchens and feeding programs, is working to address food insecurity while also promoting health. Hunger-relief efforts are becoming a bigger part of health-focused initiatives through healthcare partnerships, targeted programming and nutrition education.



**60 million people
or 1 in every 5**

received charitable food assistance in 2020,
an increase of **50%** over the prior year.⁶

Food insecurity can be:

Episodic – For families with limited household assets, an emergency expense, such as medical bills or car repair, can cause food insecurity. Additionally, a public emergency situation, such as a natural disaster, government shutdown or other public health concern, can also lead to food insecurity for those households.

Seasonal/cyclical – Food insecurity can become more severe during times of the year when income is lower or expenses are higher. For example, food insecurity can increase during the summer when children are out of school and lose access to school breakfast and lunch programs. In colder climates, it can be more of a challenge in the winter, when heating expenses increase.

Both – Households may experience an emergency expense while they are already in a difficult time of year, leading to food insecurity.

Sources

1. Alisha Coleman-Jensen, Matthew P. Rabbitt, Christian A. Gregory, and Anita Singh. 2021. Household Food Security in the United States in 2020, ERR-298, U.S. Department of Agriculture, Economic Research Service.
2. Centers for Disease Control and Prevention, Social Determinants of Health, 2021, www.cdc.gov/socialdeterminants/index.html.
3. Kaplan R, Spittel M, David D (Eds). Population Health: Behavioral and Social Science Insights. AHRQ Publication No. 15-0002. Rockville, MD: Agency for Healthcare Research and Quality and Office of Behavioral and Social Sciences Research, National Institutes of Health; July 2015.
4. <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/food-insecurity>.
5. Feeding America, Map the Meal Gap, 2019, <https://map.feedingamerica.org/>.
6. <https://www.feedingamerica.org/research/charitable-food-access>.



Section 2:

Exploring health impacts of food insecurity

Food-insecure households may struggle to afford the healthy food they need. Often, people must choose between paying for basic household needs (such as rent and utilities) and food, forcing them to eat low-cost, filling foods that are less nutritious in order to stretch their monthly budget.

Other trade-offs may include:

- Choosing a small variety of foods
- Skipping meals to afford prescriptions or medical care
- Skipping meals so others in the household have enough to eat
- Watering down food and drinks to make them last longer



The intersection of food insecurity and health

Healthy bodies and minds require nutritious meals at every age. That's why having regular access to nutritious food is not only important for maintaining health, but it can also help prevent health problems from developing or becoming more severe over time. When people don't have enough food or have to choose inexpensive foods with low nutritional value, serious health implications can arise—and once the cycle of poor diet and poor health begins, it can be hard to break.

The fact is this: Food insecurity has direct and indirect impacts on both physical and mental well-being for people of all ages, and is associated with some of the most common and costly health problems and behaviors in the U.S. Food insecurity can contribute to poor nutrition, which is linked to the following conditions:⁷



Chronic disease – Diets with too much saturated or trans fat, and not enough fruits and vegetables, have been linked to cardiovascular disease, Type 2 diabetes, osteoporosis and some types of cancer.



Pregnancy and early childhood complications – Poor dietary intake during pregnancy and early childhood can increase the risk for birth defects, anemia, low birth weight, preterm birth and developmental risk.

Impact on healthcare costs

Given the significant impact food insecurity has on health outcomes, it is not surprising that patients who are food insecure have higher healthcare costs.

\$1,863 Greater healthcare cost

A 2017 study showed that the average cost difference between food insecure and food secure individuals was **\$1,863**—and it was much greater for individuals with diabetes (\$4,414) and heart disease (\$5,144).⁸

Supporting individuals experiencing food insecurity in your community

Food insecurity is prevalent, widespread and detrimental to health across the lifespan of people it affects—but you can help. In the next section, you'll learn how screening for food insecurity and connecting patients to available resources and interventions can make an impact.



Sources

7. Food Research & Action Center (FRAC), Hunger & Health report, Dec. 2017, <https://frac.org/wp-content/uploads/hunger-health-impact-poverty-food-insecurity-health-well-being.pdf>.
8. Berkowitz, S. A., Basu, S., Meigs, J., Seligman, H. 2017. Food insecurity and health care expenditures in the United States, 2011–2013. Health Serv Res. doi:10.1111/1475-6773.12730.



Section 3:

Conducting a food insecurity assessment

Physicians, clinicians, healthcare professionals, social workers and others can play a critical role in identifying and addressing food insecurity. By screening patients or individuals for social determinants of health, you can easily add food insecurity to your social health discussion, making referrals to community resources if needed.



For healthcare professionals

The five-step food insecurity screening and referral process for healthcare professionals (HCP):

1. Identify patients living in households experiencing food insecurity by screening them, then discuss the importance of good nutrition as it relates to their health. Once screened, and if positive, the HCP will care for the patient by listening and learning more about their needs and wishes.
2. If they respond with interest in receiving initial support, make referrals to the local food bank and other community or national resources for immediate assistance and ongoing support.
 - For more information on guidelines to addressing these concerns and how to incorporate Supplemental Nutrition (SNAP) application assistance, go to www.hungerandhealth.feedingamerica.org/resource/snap-application-assistance-health-care-settings/.
3. Consider clinical needs that exacerbate or result from food insecurity and make adjustments in care plan.
4. Follow up with patients during their next office visit or by calling them within 1–2 months of a food support referral.
5. Continue to screen the patient and measure the impact the referrals are having on their health status, tracking data in their electronic health record (EHR).

For non-healthcare professionals

The four-step food insecurity screening and referral process for non-healthcare professionals:

1. Identify individuals living in households experiencing food insecurity via screening.
2. If they screen positive and respond with interest in receiving initial support, connect patients to national, government and/or community resources for help.
3. Recommend these individuals follow up with their doctor regarding their positive screening.
4. Follow up with these individuals 1–2 months after you make the resource referral.

How do I screen for food insecurity?

Data on food insecurity is collected annually by the USDA through its 18-question Household Food Security Survey. Two of the survey questions have proven to be effective (97% sensitivity and 83% specificity) when screening for food insecurity in a clinical setting. Known collectively as the Hunger Vital Sign™, the two questions enable you to assess the food needs of a patient or individual and their household quickly. The questions are:

1. “Within the past 30 days, we worried whether our food would run out before we got money to buy more.”

Was that ...

- Often true
- Sometimes true
- Never true

... for you/your household?

2. “Within the past 30 days, food we bought just didn’t last and we didn’t have money to get more.”

Was that ...

- Often true
- Sometimes true
- Never true

... for you/your household?

Calculation: A response of “sometimes true” or “often true” to either question should trigger a referral for food resources.

Frequency: Screening for food insecurity generally takes one minute or less. It should not be done more frequently than once every 30 days.

The stigma of food insecurity

Do your best to avoid the stigma and embarrassment that can be associated with food insecurity.

Be prepared. Seek out trainings and resources, like this toolkit or others available on www.HungerandHealth.org, to help you feel confident and prepared to make a positive impact.

- Humana has developed an SDOH course for continuing education (CE) credit which provides a more comprehensive lesson on identifying, tracking and triaging people for SDOH. Check out our SDOH CE session at www.pri-med.com/online-education/webcast/midwest-2019-social-determinants. This course has been approved for a nursing, certified case manager, social worker, pharmacy and physician contact hour.

Be private. Conduct screenings in a private setting and by someone in a trusted, professional position who is invested in the social health needs of individuals.

Be sensitive. Make sure the conversation is held in a respectful and comfortable format for both you and the patient or individual. One good practice is to preface the screening with a statement like this:

- **For healthcare professionals:** “I ask all of my patients about access to nutritious food because it’s such an important part of managing one’s health.”
- **For non-healthcare professionals:** “As you likely know, access to nutritious food is an important part of managing your health, and I’m in a position where I can connect you to resources if you would like.

For Physician Offices

Tracking results in the patient EHR

For measurement and follow-up purposes, healthcare providers can track food insecurity screening results by including patient screening dates, outcomes and responses in the patient’s EHR. Some EHRs, like Epic, have a built-in food insecurity screener, typically in the social history section.

Other EHRs allow for customization of sections. To add food insecurity to the patient’s problem list, use ICD-10 diagnosis code **Z59.41: Food insecurity**. Please consult your ICD-10 book for full codes.

Documenting results in a clinic population

In addition to evaluating a patient’s food security status, clinics can document the prevalence of food insecurity in the overall clinic population. Is food insecurity more common among clinic patients than in the community at large? Are patients from certain demographic sectors, such as age, ethnicity, insured status and ZIP code, more likely to be food insecure? Understanding these characteristics can help clinics create referrals, relationships and programs that best meet the needs of patients and their families.

Here’s how the three-step approach might look in dialogue:

- ① **Acknowledge the situation.** “That must be very difficult. I’m glad you shared your situation with me because, as you know, the kinds of foods we have access to and eat—and don’t eat—are really important for our health. Food can be as important to managing our health as exercise, and in some cases, as important as the medications that someone takes.”
- ② **Affirm importance.** “As your <insert your role>, I want to ensure I’m providing you with resources to best meet your dietary and health needs. I have available resources I can recommend, if interested. And I’m happy to talk further about any challenges that may exist for you in accessing the foods you desire.”
- ③ **Make referral if someone screens positive for food insecurity.** “If you are interested, I can let you know about resources in your area, such as...” <Describe referral or available community resources from the Resource Referral Guide on page 13.>



How can I connect patients or individuals to resources?

When patients and individuals—particularly those who have not previously engaged in food security resources—are referred to a food assistance program from a trusted source like you, they are more likely to take action. By addressing social determinants of health, like food insecurity, it can help reframe and understand any previous beliefs connected to community resources, allowing those who initially decline referrals to reconsider and perhaps accept a recommendation.

For healthcare professionals, continuing the dialogue with patients during subsequent visits may further support the physician-patient relationship and the incorporation of addressing social determinants of health.

Depending on the community, existing local resources, access to transportation and the level of patient need, you may be able to offer patients a variety of resources.

How might a patient screening affect their course of treatment?

For physicians/clinicians who regularly conduct food insecurity screenings, you are aware of a patient's food insecurity status, so you might consider if there are other aspects of care that should be addressed.

For non-healthcare professionals, encourage those who screened positive to follow up with their doctor in case other aspects of care should be addressed.



Medications. Due to food-medication trade-offs, recommended medication adherence is a common challenge for patients experiencing food insecurity. Additional resources and education may be needed to ensure individuals have what is needed if they cannot afford their medications, or if they are instructed to take prescription medications with meals but cannot afford to eat three meals a day. For example, diabetic patients taking insulin can benefit by knowing how to adjust their dosage if they are eating less than normal, don't have access to nutritious foods, or are skipping meals.



Mental health. Food insecurity is linked to depression and other mental health concerns, which can be exacerbated if patients experiencing toxic stress are worrying about running out of food. Talking to patients about the stress and anxiety that food insecurity may cause, and considering options to support and improve mental health, can lead to improved care.



Health and nutrition education. It can be empowering to engage patients in conversation around nutrition and health recommendations, barriers they are experiencing, and potential solutions to overcome those barriers. In addition, there are nutrition education strategies that can help in making the healthy choice the easy choice. Connect with your local food bank to learn more.

You can also provide these resources to patients for helpful tips for eating healthy on a budget:

- **USDA ChooseMyPlate**
Healthy Eating on a Budget: Tips, tools and information for meal and grocery planning, shopping the aisles, preparing healthy meals and more.
www.myplate.gov
- **Academy of Nutrition and Dietetics**
Eat Right: Food fact sheets on nutrition, planning and prepping meals, vitamins and supplements, resources and more.
www.eatright.org/food
- **4 Steps to Food Safety**
Steps and guidance on the four simple steps to help keep your family safe from food poisoning at home.
www.foodsafety.gov/keep-food-safe/4-steps-to-food-safety

How can I measure outcomes?

1. What were the screening results? If screening a large group or population, the overall prevalence of positive screenings may help you understand how much help is needed.

2. Did my referral actually connect patients/individuals with food resources? It is important to know if patients or individuals were able to connect with local food resources or apply for benefit programs. During return visits to the clinic or during follow-up conversations, you might ask them if they were able to reach someone at the referred resources, if they received food and if the programs improved their access to a more nutritious diet.

- If a patient experienced barriers to access, it is recommended that referrals be revisited to see where alternative resources can be provided. Clinics working with food banks or other community organizations may choose to create a facilitated referral process to help connect patients to needed resources. By having patients sign release forms, staff can get permission from them to share their name and contact information with food banks, local food pantries and other community organizations. Those organizations can then contact patients to determine what kind of support they need and refer them to the appropriate locations in their community.

When making patient referrals to community-based organizations, such as food pantries, food banks or Meals on Wheels™, it is important to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and safeguard patient privacy. Research shows that facilitated referrals are much more successful than providing a patient with a phone number or a website for a resource. In many cases, that will require clinics to get the patient's consent to share their name, phone number and other protected health information. For non-healthcare professionals, sharing a phone number or a website for a resource is perfectly acceptable. Keeping a list of the referrals made and understanding if the individual connected with and/or went to the organization to accept the referral can help you determine if the referrals were successful.

For Physician Offices

Patient privacy and release forms

To address concerns about HIPAA, Feeding America and the Harvard Law School Center for Health Law & Policy Innovation created a resource guide with sample patient release forms and information about ensuring patient privacy when working with community-based organizations, such as food banks. Visit <https://hungerandhealth.feedingamerica.org/resource/hipaa-concerns-protecting-patient-information-affect-partnership/>.

3. Did those resources improve the food security status of the individual? Screening for food insecurity during every office visit, if more than 30 days apart, can enable you to know if patient food security improves. If a patient remains food insecure, you should involve a social worker or other staff for additional help, if desired by the patient.

4. Did the patient's health outcomes improve?

The ultimate goal of addressing food insecurity in a healthcare setting is to improve patient health outcomes. Improvement can be measured by looking at these indicators:

Health status of individual patients

- Disease stabilization
- Biometric improvements (e.g., blood pressure, body mass index, cholesterol)
- Greater medication adherence
- Improved A1c

Health status of aggregate clinic patients

- Healthcare resource utilization
- Reduced emergency department visits
- Reduced hospital admissions, readmissions and length of stay

Health outcomes can be measured through laboratory and biometric results, pharmacy data and self-reported measures, such as the prevalence of food and medicine trade-offs.



Section 4:

Connecting people and food

There are numerous programs at both the national and local level that provide food assistance to individuals and families. The time you spend with someone impacted by food insecurity may be limited, so it is important to quickly connect individuals to knowledgeable, trusted sources that can help.



What is the best way to connect individuals to resources?

A food referral should take into account not just one possible remedy, but a combination of food resources and assistance programs.

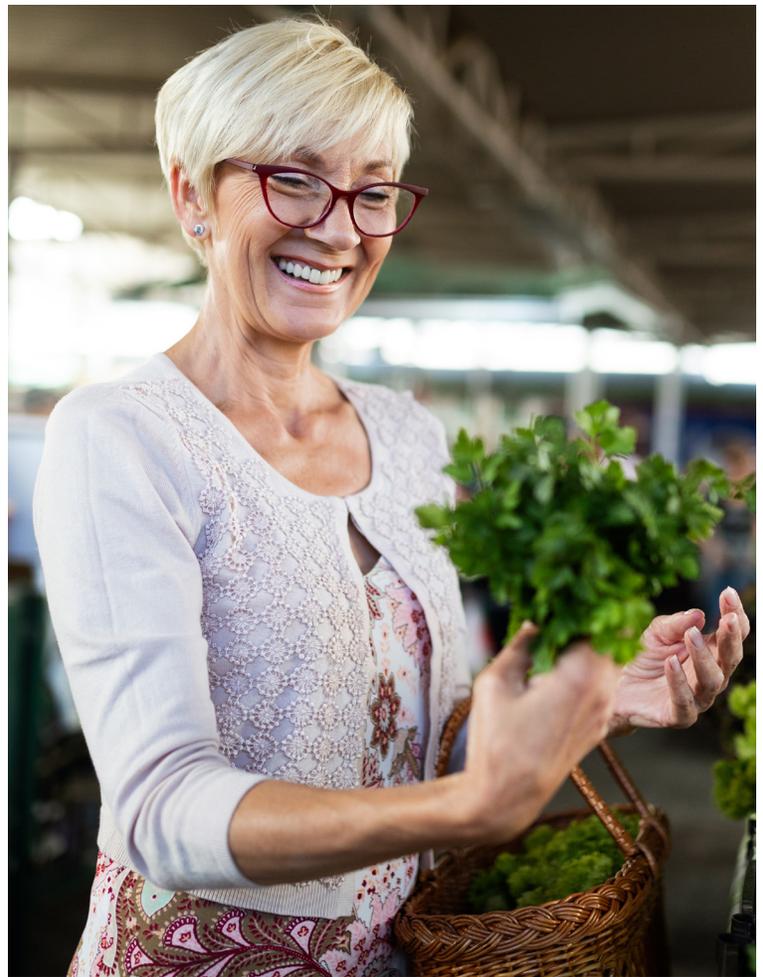
When deciding how to address food insecurity, consider the following factors:

- **Clinical assets.** This includes budget, physical space and supplemental staff members, such as social workers and registered dietitians.
- **Patient needs.** Cultural considerations, dietary needs, preparation and consumption capacity, transportation access, and privacy can influence next steps.
- **Community resources.** Public transportation, food bank services and resources, community health workers and others who may be available to help.
- **Health insurance benefits.** If the individual is insured, their plan benefits could include resources to assist in purchasing healthy foods, transportation, behavioral health support and more. Encourage the individual to call the number on the back of their medical insurance ID card to see what benefits may be available to them.

Again, it's important to be aware that the patient or individual might be experiencing a range of feelings when it comes to talking about food insecurity and reluctant to consider referrals for assistance. Engaging the individual in dialogue and framing the discussion in healthcare terms or in a professional way (for non-healthcare professionals) may help overcome their reluctance to accept a referral.

Resource referral guide

See the next page for a list of national programs and resources, some with community-level locations, that may be available to the patient or individual you're trying to help.



Helpful resources to provide patients and individuals

Federally assisted programs

Supplemental Nutrition Assistance Program (SNAP)

Money to purchase food. Formerly known as “food stamps.”
www.fns.usda.gov/snap

Seniors Farmers’ Market Nutrition Program

Offers vouchers for low-income seniors for farmers markets, farm stands and community supported agriculture programs.

www.fns.usda.gov/sfmnp/senior-farmers-market-nutrition-program

Commodity Supplemental Food Program

Serves eligible, low-income seniors with a monthly food package.

www.fns.usda.gov/csfp/commodity-supplemental-food-program

Eldercare and Area Agencies on Aging

Services that help older adults remain in their homes.
www.eldercare.acl.gov

Veterans Service Organizations

Offers a range of services, including assistance with benefit claims and emergency food assistance.

www.va.gov/vso

Women, Infants, and Children (WIC) Program

Money to purchase pre-specified foods for pregnant/post-partum women, infants and children.

www.fns.usda.gov/wic

School Breakfast and Lunch Programs for Children

Free or reduced-price healthy meals for income-eligible students of all ages.

www.fns.usda.gov/sbp/school-breakfast-program

Summer Meals Programs for Children

Free healthy meals for students 18 and under.

www.fns.usda.gov/sfsp/summer-food-service-program

USDA National Hunger Hotline

Referrals for food banks and other social services.

1-866-348-6479 (TTY: 711), 7 a.m. – 10 p.m., Eastern time

Nonprofit organizations

Feeding America Network of Food Banks

Local resources for feeding programs in your community. Resources and requirements vary by food bank.
www.feedingamerica.org/find-your-local-foodbank

Meals on Wheels

Free or low-cost home-delivered meals for seniors.

www.mealsonwheelsamerica.org

211 Helpline Center

Social services for everyday needs and in times of crisis, including food support.

www.helplinecenter.org

Dial 211 from any phone.

Humana resources

Visit PopulationHealth.Humana.com and click on the Resources tab for additional materials on food insecurity, which include helpful flyers to share with patients and individuals that offer guidance and resources on obtaining food assistance.

Helpful resources for you

Feeding America’s Hunger + Health

hungerandhealth.feedingamerica.org/

Food banks as partners in health promotion

How HIPAA and Concerns about Patient Privacy Affect Your Partnership.

https://hungerandhealth.feedingamerica.org/wp-content/uploads/2017/03/HIPAA-Resource_FINAL_June-2020.pdf

Food Research & Action Center (FRAC)

Addressing Food Insecurity: A Tool Kit for Pediatricians.

www.frac.org/aaptoolkit

SNAP Application Assistance in Health Care Settings

<https://hungerandhealth.feedingamerica.org/resource/snap-application-assistance-health-care-settings/>

Key Drivers to Improve Food Security and Health Outcomes

An Evidence Review of Food Bank – Health Care Partnerships and Related Interventions.

<https://hungerandhealth.feedingamerica.org/resource/food-bank-health-care-partnerships-evidence-review/>

Feeding America’s Healthcare Costs of Food Insecurity

public.tableau.com/profile/feeding.america.research#!/vizhome/TheHealthcareCostsofFoodInsecurity/HealthcareCosts

Legal and compliance considerations

When working with various stakeholders (e.g., payers, other physician practices, health systems) on initiatives to address food insecurity, there may be legal and compliance considerations to keep in mind. These could include compliance with anti-kickback and beneficiary anti-inducement laws, privacy laws, and mandatory state reporting requirements. Healthcare providers should consult their own legal counsel and compliance teams for guidance when initiating new programs to address patient food insecurity.

What local programs are available?

Local responses to food insecurity depend on the organizations in the community. Examples of programs that may be available in your community include food banks, food pantries, mobile produce distributions, congregate meal programs, senior box programs and home-delivered meals.

If you aren't familiar with any of these programs, your local Feeding America member food bank provides information to help start the conversation. Visit Feeding America's website to find your local food bank: www.feedingamerica.org/find-your-local-foodbank.

What processes can be implemented in a clinic?

Clinic staff should work with local partners to assess if existing community programs, such as food pantries, mobile pantries and meal programs, have sufficient capacity and are geographically convenient for patients. If they are, referrals can be made to those programs.

- To access case studies of food bank-health care partnerships, view “Feeding America’s Food is Medicine Project (2018-20)—Final Report, Results, and Key Learnings” at <https://hungerandhealth.feedingamerica.org/resource/food-is-medicine-final-report-2021/>.



Clinics may consider:



1. Refer patients to local food programs

Find or create a resource referral guide, similar to the guide on page 13, which lists local food pantries, mobile produce distributions, meal programs and other local organizations and activities that provide emergency and ongoing access to food. The clinic can also work with the local food bank to identify a food hotline or create a direct link to a food bank representative. These representatives can help patients find food and connect with community and governmental programs to address long-term needs.



2. Connect patients with long-term benefits

Food boxes and food pantries serve an important role in addressing short-term needs, but connecting patients with federal nutrition programs can support them in the longer term. SNAP, WIC, Temporary Assistance for Needy Families (TANF) and other programs can be vital links to income and nutrition security. Patients can be referred to local organizations, which may also include food banks, that can help individuals determine their eligibility and apply, when applicable.

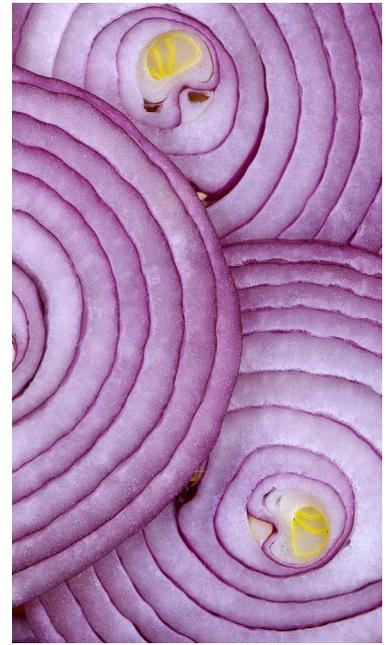


3. Offer dedicated on-site staff

Your clinic may decide to have a dedicated staff member to help patients navigate referrals to emergency and ongoing resources as well as applying for federal and state programs. This responsibility might be shared with volunteers from a local food bank or another community partner.

The bottom line

Having information about available resources ready for patients or individuals at the time of screening can give patients an immediate channel to assistance. This may reduce the number of appointments needed with outside agencies.



Section 5:

Working with food banks

The Feeding America network of food banks is the nation's largest domestic hunger-relief organization working to connect people with food and end hunger. With food banks serving every community, this organization is the place to go to begin creating local partnerships that can support your patients.



Who should I contact and how do I start the dialogue?

Visit Feeding America’s website at www.feedingamerica.org/find-your-local-foodbank to locate your local food bank. If the food bank’s website includes a staff list, you can contact staff in the community relations, community engagement or nutrition departments, or you can simply call the food bank’s main phone number or send an email and tell the food bank that you, your clinic or your organization is interested in addressing food insecurity.

What should I expect?

Food banks in the U.S. are very diverse. Some are small operations serving people spread out across large rural areas, while others are very large facilities that store and distribute millions of pounds of food each year. A variety of factors affect how a food bank works, from the size of its facility to the number of staff it employs.

Feeding America member food banks are focused on improving access to the healthiest foods possible, with programs to increase the availability of fruits and vegetables, low-fat dairy products, whole grains and lean proteins. Some food banks have nutrition educators and community outreach staff who focus on enrollment in SNAP and other programs. In 2021, 80% of member food banks reported having active healthcare partnerships, and they are increasingly familiar with addressing food insecurity in healthcare settings.⁹

As experts in food insecurity, food bank staff can help identify appropriate local resources to refer individuals to, such as food pantries and food bank programs, as well as the best ways to support enrollment in benefit programs. In addition, food bank staff can work with you to determine where to create new distribution sites for patients or individuals.



Source

9. Feeding America, Network Activity Report, 2021, unpublished.

“

Times have been tough, but I know we'll absolutely be okay. We're getting there. I have my faith and my family—and help from this food pantry. It's a blessing to receive help like this—we won't need it forever, but just for a while.

”

Susie

Visitor to a Feeding America community partner food pantry

About Feeding America®

Feeding America® is the largest hunger-relief organization in the United States. Through a network of more than 200 food banks, 21 statewide food bank associations, and over 60,000 partner agencies, food pantries and meal programs, we helped provide 6.6 billion meals to tens of millions of people in need last year. Feeding America also supports programs that prevent food waste and improve food security among the people we serve, brings attention to the social and systemic barriers that contribute to food insecurity in our nation, and advocates for legislation that protects people from going hungry.

About Humana

Humana Inc. (NYSE: HUM) is committed to helping our millions of medical and specialty members achieve their best health. Our successful history in care delivery and health plan administration is helping us create a new kind of integrated care with the power to improve health and well-being and lower costs. Our efforts are leading to a better quality of life for people with Medicare, families, individuals, military service personnel, and communities at large.

To accomplish that, we support physicians and other healthcare professionals as they work to deliver the right care in the right place for their patients—our members. Our range of clinical capabilities, resources and tools—such as in-home care, behavioral health, pharmacy services, data analytics and wellness solutions—combine to produce a simplified experience that makes healthcare easier to navigate and more effective.

Humana®

FEEDING
AMERICA

Important

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618
If you need help filing a grievance, call **877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you. 877-320-1235 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

Language assistance services, free of charge, are available to you. 877-320-1235 (TTY: 711)

Español (Spanish): Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 撥打上面的電話號碼即可獲得免費語言援助服務。

Tiếng Việt (Vietnamese): Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

Tagalog (Tagalog - Filipino): Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

Русский (Russian): Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

Kreyòl Ayisyen (French Creole): Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

Français (French): Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

Polski (Polish): Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

Português (Portuguese): Ligue para o número acima indicado para receber serviços linguísticos, grátis.

Italiano (Italian): Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

日本語 (Japanese): 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

فارسی (Farsi)

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Diné Bizaad (Navajo): Wóda'í béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jii'eh saad bee áká'ánída'áwo'déé' níká'adoowoł.

العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

This information is provided for educational purposes only. It is not to be used for medical advice, diagnosis or treatment. Consult your healthcare provider if you have questions or concerns. Consumer should consult their doctor before beginning any new diet or exercise regimen.

Links to various other websites from this site are provided for your convenience only and do not constitute or imply endorsement by Humana, Inc. or its subsidiaries of these sites, any products, views, or services described on these sites, or of any other material contained therein. Humana disclaims responsibility for their content and accuracy.

Humana[®]



[PopulationHealth.Humana.com](https://www.PopulationHealth.Humana.com)

GCHKQTSN