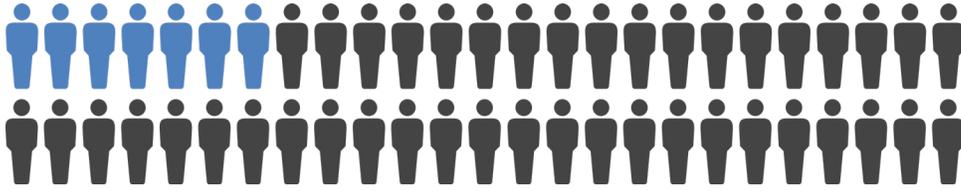


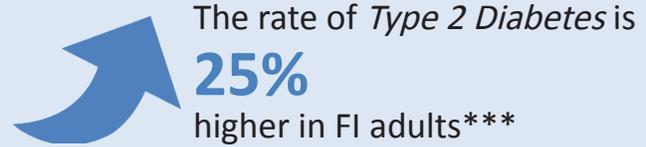
# What We Know

There are **1,369,250** food insecure individuals in Michigan.\*



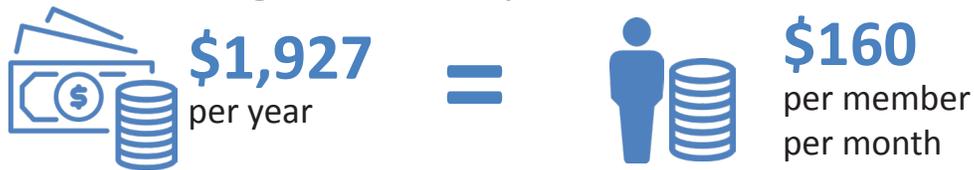
\*Map the Meal Gap, 2019

**Food insecurity** is linked to **poor health outcomes** and increased risk of developing **chronic disease**. Compared to food secure adults,



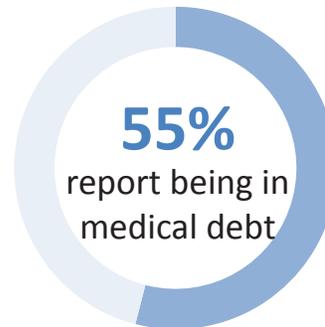
\*\*Food insecurity and self-reported hypertension among Hispanic, black, and white adults in 12 states, Behavioral Risk Factor Surveillance System, 2009  
\*\*\*Food Insecurity Is Associated with Chronic Disease among Low-Income NHANES Participants, 2010

Modeling suggests that each food insecure patient in Michigan costs the system an additional



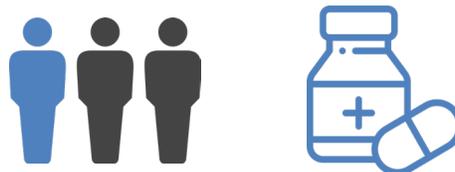
\*\*\*\*The Healthcare Costs of Food Insecurity, 2016

Of emergency food clients,



\*\*\*\*\*Hunger and Health, 2014

**1 in 3** patients with chronic illness are unable to afford food, medications, or both.



\*\*\*\*\*Treat or eat: food insecurity, cost-related medication underuse, and unmet needs, 2014

Food banks and their network are a **trusted** resource and **efficient** way to get healthy food into the hands of food insecure people.

# Food & Healthcare: Better Together

Professional associations are providing recommendations & guidance to providers to screen for social determinants of health, including Food Insecurity.\* Many providers in MI are already screening & offering patients passive referrals.

\*American Academy of Family Physicians, American Academy of Pediatrics, Humana



Providers recognize the importance of screening, but don't necessarily know or have the resources to address the issues that are uncovered through screening.

\*\*Social determinants matter, but who is responsible? 2018

With the current resources available, food banks are meeting half of the need. Additional resources will be required to meet growing unmet needs of patients.



Food interventions in a healthcare setting that are done in partnership with a community organization are feasible and demonstrate positive results:

Gleaners in partnership with Henry Ford Health System provided home delivered, healthy foods to 300 high utilizer patients over the course of 1 year.



**42%** reduction in ED visits relative to the comparison group representing .44 fewer visits per person.

**56%** reduction in In Patient stays relative to the comparison group representing .15 fewer visits per person.

In Minnesota, Second Harvest Heartland partners with multiple hospital systems and physician practices to address food insecurity for over 3,000 at risk patients with chronic disease, every year.



In their year-long study of food provision to diabetic clients, **A1C values** were lowered significantly for the treatment group and **patient medical expenditures** were lowered substantially.

Gleaners and other food banks are building the evidence to support the return on investment of food interventions to healthcare stakeholders. These pilots are occurring with a diverse group of patient populations and using different intervention models to meet the needs of patients.

Modeling suggests that decreasing the food insecurity rate equates to millions in healthcare cost savings.



**2%** decrease in MI's food insecurity rate



Nearly **\$300,000,000** in healthcare costs savings for the state.



\*\*\*The Healthcare Costs of Food Insecurity, 2019



There is an **urgent need** and desire to address this issue. There needs to be a **systematic** and **sustainable** way of supporting partnerships that address food insecurity.