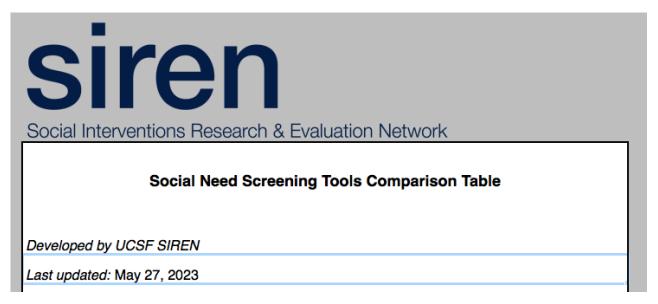
Agenda VII: Discussion on resources for discussions around health-related social needs

Ignatius Bau, Health Equity Subject Matter Expert, Consultant



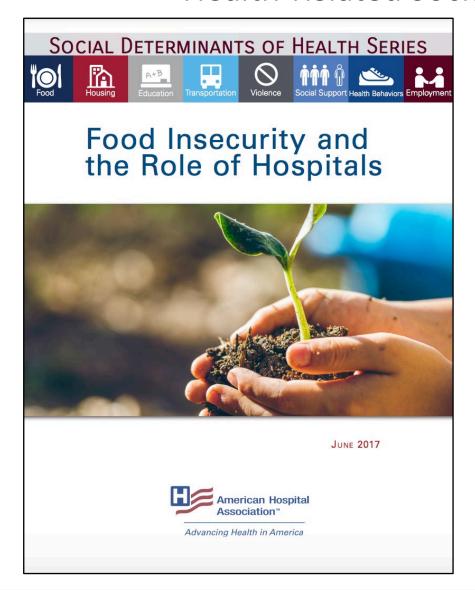
Health-Related Social Needs







Health-Related Social Needs: Food





RESEARCH BRIEF

une 2016

FOOD INSECURITY, HEALTH EQUITY, AND ESSENTIAL HOSPITALS

KATHERINE SUSMAN

KEY FINDINGS

- Food insecurity is significantly associated with a number of physical and behavioral health outcomes.
- Poor health and food insecurity often exacerbate each other, perpetuating a cycle of chronic illness that contributes to high health care costs and utilization.
- Food insecurity disproportionately affects vulnerable populations and is driven by social, economic, and environmental factors.
- Essential hospitals have a unique opportunity and responsibility to address food insecurity to improve patient and population health.
- Hospitals can address food insecurity through screening, on-campus resources, community partnerships and engagement, and referral to nutrition assistance programs.

BACKGROUND

Food insecurity is a serious problem in communities across the country, with profound clinical consequences and a deep connection to the social determinants of health. The U.S. Department of Agriculture (USDA) defines food insecurity as "the limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways." 1 As of 2014, 48.1 million Americans were living in food-insecure households, including 32.8 million adults and 15.3 million children.2 These figures translate to approximately 14 percent of all U.S. households, with 8.4 percent reporting low food security and 5.6 percent reporting very low food security.3

Food insecurity is typically recurrent but not chronic. As a result, food insecure individuals often follow unpredictable diet patterns and use coping mechanisms to compensate for inadequate nutrition. Some of the more common coping mechanisms include eating low-cost/high-energy foods that are high in sugar and fat contents, skipping meals, and overeating during concentrated periods of time. While some might associate food insecurity strictly with hunger, these coping strategies can result in the overconsumption of the wrong types of foods and subsequent health concerns, such as weight gain and chronic disease.6 This explains a unique and alarming co-occurrence of hunger and obesity in many low-income communities, where both food deserts (lack of access to fresh produce and full grocery stores) and overexposure to fast and processed food options are components of the built environment.7 The built environment comprises all physical aspects of an area, such as buildings, homes, infrastructure, and open spaces.

As of 2014, 48.1 million Americans were living in foodinsecure households, including 32.8 million adults and 15.3 million children. These figures translate to approximately 14 percent of all U.S. households.



401 Ninth St NW Ste 900 Washington DC 2004 | t: 202 585 0100 | f: 202 585 0101

www.essentialhospitals.org



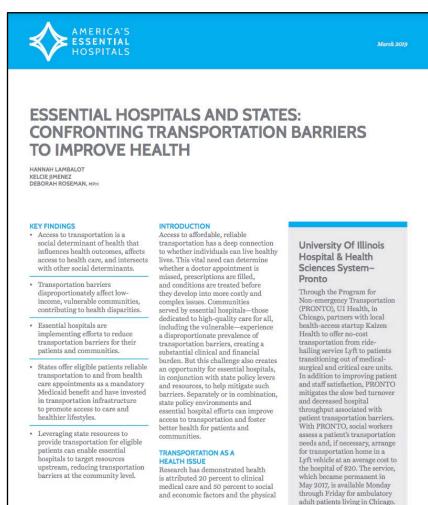
Health-Related Social Needs: Housing





Health-Related Social Needs: Transportation





401 Ninth St NW Ste 900 Washington DC 20004 | 1: 202 585 0100 | 1: 202 585 0101

ESSENTIAL

Health-Related Social Needs: Interpersonal Violence

NATIONAL HEALTH RESOURCE CENTER ON DOMESTIC VIOLENCE

For almost two decades, the National Health Resource Center on Domestic Violence (HRC) has supported health care professionals, domestic violence experts, survivors, and policy makers at all levels as they improve health care's response to domestic violence.

The HRC is funded by a grant from the Family
Violence Prevention & Services Program, Family
& Youth Services Bureau, Administration for
Children and Families, U.S. Department of Health
and Human Services, and is a member of
the Domestic Violence Resource Network.





Health-Related Social Needs: Utility Assistance



Paying My Energy Bills

Get to Know LIHEAP

LIHEAP stands for the Low Income Home Energy Assistance Program.

It may be able to help you pay your energy bill.

LIHEAP is a federally funded program that **helps low-income households** pay for heating or cooling in their homes.

With additional federal funding available to help households struggling with higher energy costs and making ends meet, many Californians in need may qualify.

LIHEAP can offer a one-time payment to help you:

- Pay your heating or cooling bills, even if you use wood, propane, or oil.
- In an emergency or energy crisis, such as a utility disconnection.



Health-Related Social Needs: Utility Assistance



Paying My Water Bill



Get to Know LIHWAP

LIHWAP stands for the Low Income Household Water Assistance Program.

LIHWAP is a federally-funded program that offers **one-time support** to help low-income households pay past due or current residential **water and sewer bills** and keep their water on.

Many low-income residents behind on their water or sewer bills have received **hundreds** or even **thousands** of dollars in financial support to help pay their bills.

LIHWAP is administered by the California Department of Community Services and Development (CSD), which works with **local water bill assistance service providers** to connect low-income households to the financial support they need.



What other resources would be useful to California hospitals in collecting data from patients about health-related social needs?

