

# Michigan Solutions to Food Security



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# Outline of Presentation

Defining Reality: Food Insecurity in Michigan

The Food Security Council

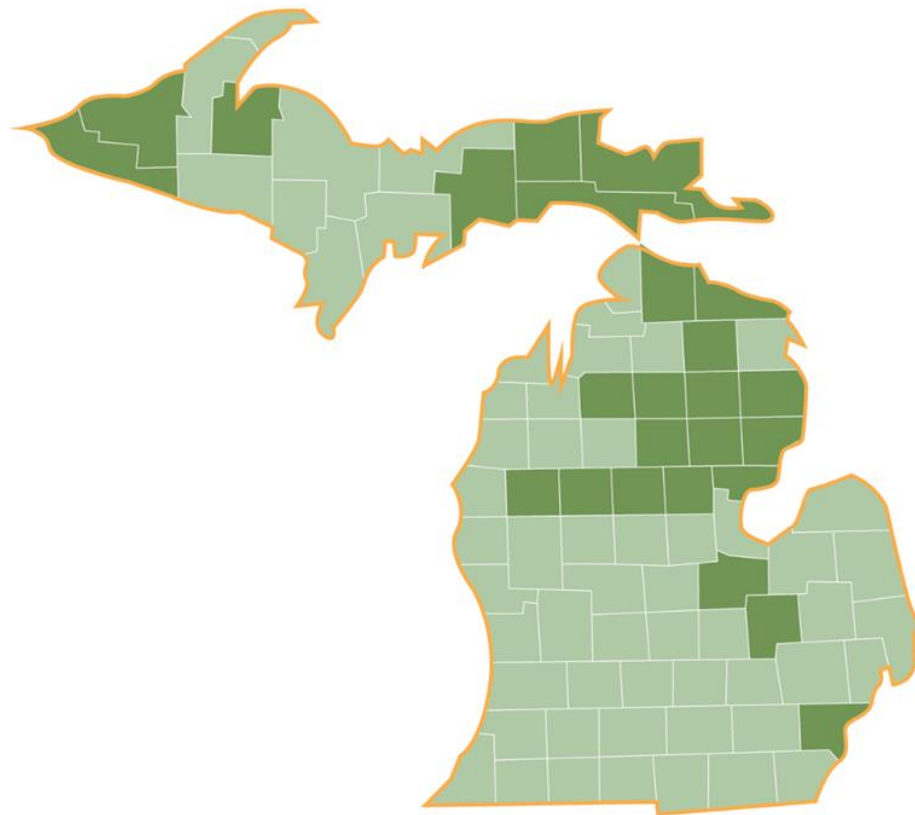
COVID-19 Report: Findings and Recommendations

Cross-Sector Opportunities

Pathways to Clinical Integration: Food Insecurity “Screen and Intervene”

Model: the FQHC Fresh Food Pharmacy (Grace Health, Battle Creek)

# Defining the Scope of the Problem: Food Insecurity in Michigan



**Food Insecurity Rates**

4-14%

15-19%

20-24%

25-29%

30%+

Figure 1. Food Insecurity Rates in Michigan (2018).<sup>3</sup>



**Food Security  
Council**

# COVID-19 Report: Initial Findings and Recommendations

The **24-MEMBER FOOD SECURITY COUNCIL (FSC)** between its inception in August 2020 and October 2020:

- invited expert testimony from **10 SUBJECT MATTER EXPERTS** from across the state
- to present in **5 PUBLIC FSC MEETINGS**
- as well as solicited survey responses from **140 FOOD-RELATED STAKEHOLDERS** across Michigan
- to create and endorse **16 RECOMMENDATIONS** for Governor Whitmer to inform the state's response to a potential second wave of COVID-19 or future public health emergency.

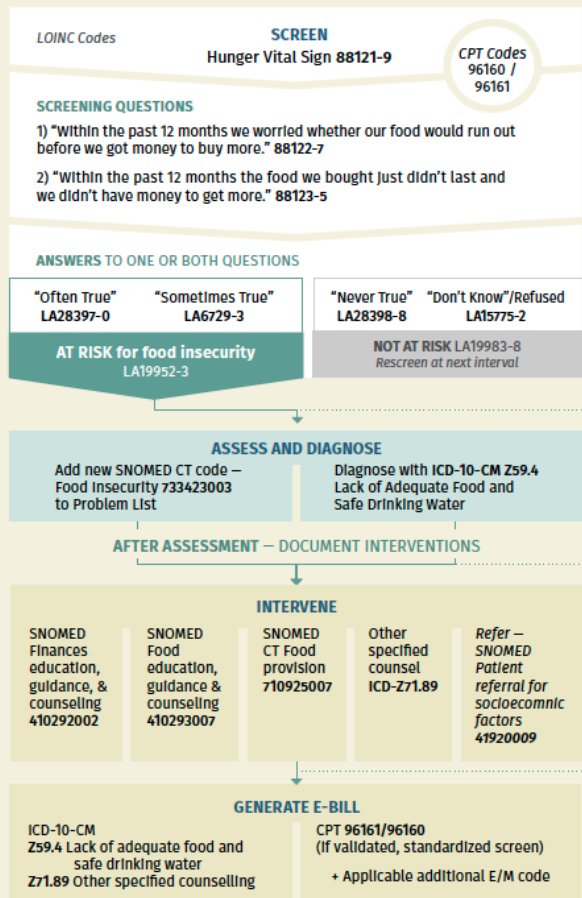
# Opportunities for Cross-Sector Collaboration: Healthcare, Social Services, and Community-Based Organizations



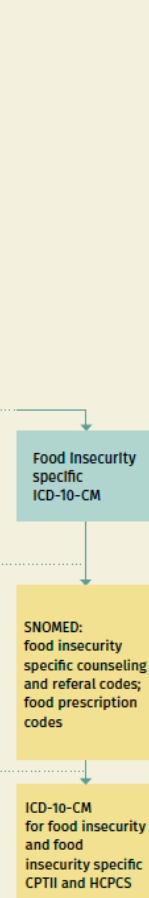
Food Insecurity: “Screen and Intervene”

## Flow of Food Insecurity Coding In an Office Visit

### EXISTING Opportunities



### FUTURE Opportunities



Office Visit :

Moving from Siloed  
SDoH Screening

to

Food Insecurity  
Intervention Workflow

# Screen and Intervene (American Academy of Pediatrics' Toolkit)

Use the AAP-recommended Hunger Vital Sign™:

**1. “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/REFUSED

**2. “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/REFUSED

*Patients screen positive for food insecurity if the response is “**often true**” or “**sometimes true**” for either or both statements.*

*Document and code the administration and results of screening in medical records.*



## Interventions to Address Food Insecurity

Administer Appropriate  
Medical Interventions for the  
Patient per Your Protocols

Connect Patients and Their Families  
to the Federal Nutrition Programs and  
Other Food and Community Resources

**STEP 1:** Educate the medical  
team on available federal  
nutrition programs and  
emergency food resources

**STEP 2:** Decide who in your practice  
can help connect patients and their  
families to nutrition programs and  
food assistance, and when you  
need to enlist the help of a partner

**STEP 3:** Post or distribute the  
most up-to-date information  
at your practice on federal  
nutrition programs to encourage  
program participation

## OPPORTUNITY 1:

“Intervene” to Connect Patients to Government  
Assistance Programs and Emergency Food  
Assistance

### Needs:

- Food Insecurity Screening Result in EHR
- Diagnostic Code of Food Insecurity Could Trigger Need for State Application Assistance
- Follow Up Capability through MI Bridges + EHR integration

# Opportunity 2: Targeted Interventions for Improved Health Outcomes

## Example: The Fresh Food Pharmacy Model



grace  
HEALTH

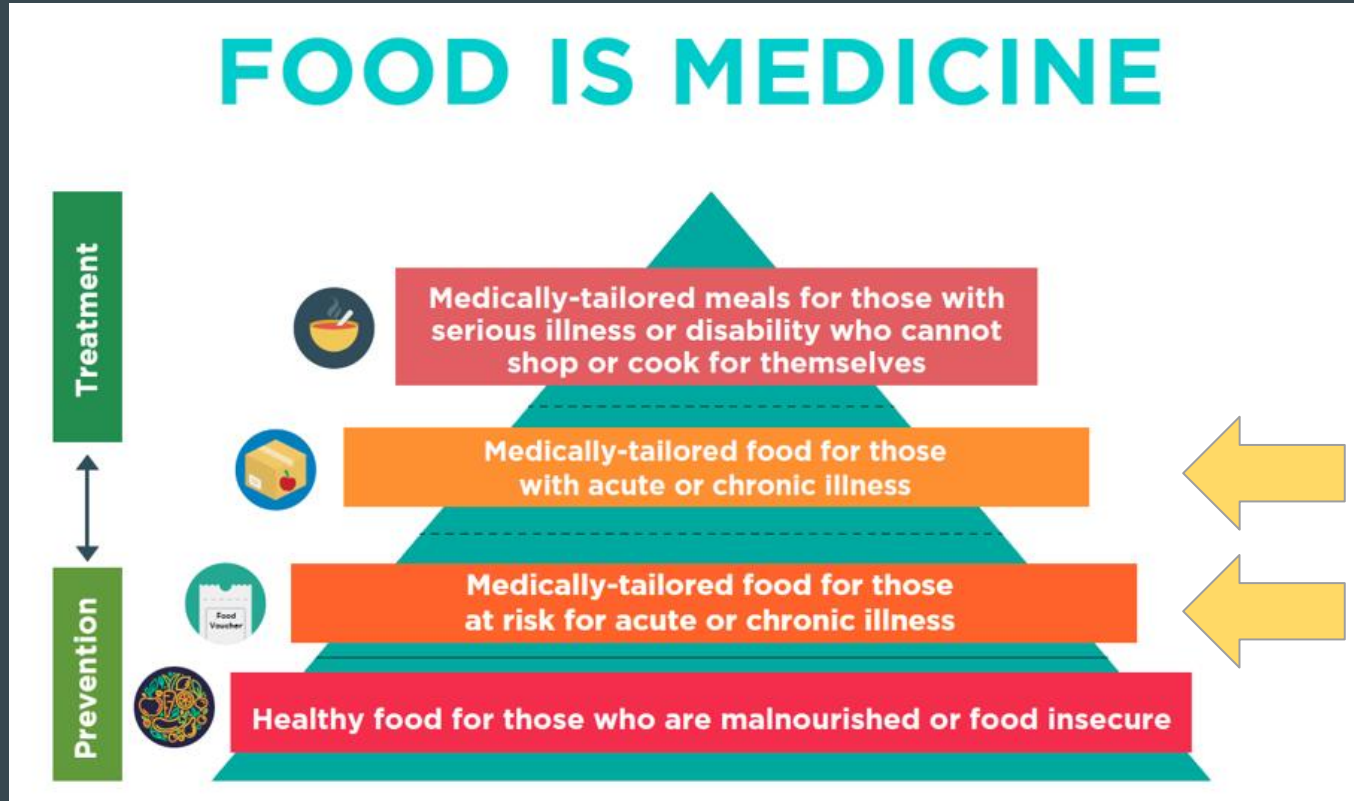


food  
BANK  
COUNCIL OF MICHIGAN



SOUTH MICHIGAN  
FOOD BANK

# The Food-is-Medicine Intervention Pyramid



# The FQHC Fresh Food Pharmacy Model

- Piloting in Battle Creek, Michigan at Grace Health Center (FQHC)
- Funded by Michigan Health Endowment Fund as **model for statewide FQHC + food bank partnerships**
- Built the model in 2020 (EHR templates, staff training, workflow coordination, program + evaluation design)
- Eligibility: Patients who **screen food insecure + managing chronic disease** (hypertension, heart disease, obesity, diabetes)
- Quality team also identifying key patient populations for clinic (e.g., diabetics)
- Program: Biweekly, home-delivered meal kit boxes and recipes, plus monthly health coaching
- Studying behavior and attitude change (medication adherence, compliance with treatment, feelings toward their care + healthcare provider) + health outcomes (BMI, A1C)
- **Evaluating ROI** with focus on value-based, PCMH incentives, continuous shared savings

# Start-Up Kit with Prep Tools and Cookbook





# Sample Recipe: Cooking Matters

## Cooking Matters Turkey Tacos

Serves 8, 2 tacos per serving  
These recipe ingredients are found in Box A1

### Ingredients

- 1 medium carrot, small sweet potato, or small zucchini
- ¼ medium head lettuce
- 2 large tomatoes
- 4 ounces low-fat cheddar cheese
- 1 (15%-ounce) can low-sodium pinto beans
- Non-stick cooking spray
- 1 pound lean ground turkey
- 1 (15%-ounce) can chopped or crushed tomatoes, no salt added
- 1 Tablespoon chili powder
- 1 teaspoon garlic powder
- 1 teaspoon dried oregano
- ½ teaspoon salt
- ½ teaspoon ground black pepper
- 16 taco shells

### Directions

1. Rinse, peel, and grate carrot, sweet potato, or zucchini (if using zucchini, grate but do not peel). Squeeze dry with paper towels.
2. Rinse and shred lettuce. Rinse, core, and chop tomatoes.
3. Grate cheese.
4. In a colander, drain and rinse beans.
5. Coat a large skillet with non-stick cooking spray. Heat over medium high heat. Add turkey and brown.
6. Add veggies, beans, canned tomatoes, and spices. Stir well.
7. Reduce heat to medium. Cook until thickened, about 20 minutes.
8. Add 2 Tbsp cooked meat mixture to each taco shell. Top each with 1 Tbsp grated cheese, 1 Tbsp shredded lettuce, and 1 Tbsp fresh tomatoes.

### Notes

Top tacos with any of your favorite veggies, hot sauce, salsa, low-fat sour cream, or low-fat plain yogurt. Use any type of cooked beans you like. For more heat, add minced hot peppers to sauce in step 6.



# Home-Delivered Grocery Box



# Healthy Lifestyles Coaching Component



# Preliminary Findings

- Program launched in March 2021
- 9 month pilot
- +100 patients enrolled currently
- By July 2021, began to see reductions in A1C in diabetic patients enrolled
- Compliance with all program components excellent
- Feedback from patients indicates extremely positive response to food, coaching, patient experience
- Similar model at Henry Ford Health System in Detroit (Henry's Groceries) has shown savings via decreased ED and hospital utilization, as well as total claims costs (\$397 savings PMPM, per HFHS)

# Final Thoughts

- Addressing food insecurity with full clinical integration can be a win-win.
- “No Wrong Door” ensures patients find resources to improve their health and well-being.
- Targeted healthcare interventions (like the fresh food pharmacy model) are not just charitable projects. They can and should reduce healthcare costs and improve health outcomes for patients.
- There is a startup cost to build out infrastructure for clinical integration (technology, training, workflow coordination).
  - This shouldn’t stand in our way - it is an opportunity to invest in our federally-qualified health centers and food banks for greater impact.
- Food insecurity in Michigan is solvable, if we work together across sectors.