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# CARDI•OH

Ohio Cardiovascular and Diabetes Health Collaborative



CASE WESTERN RESERVE  
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# Identifying and Addressing Food Insecurity in the Medical Setting

Statewide Webinar

April 30, 2025



**CARDI•OH**

Ohio Cardiovascular and Diabetes Health Collaborative

# Welcome

Michael W. Konstan, MD  
Principal Investigator, Cardi-OH

Shari Bolen, MD, MPH  
Co-Principal Investigator, Cardi-OH

Case Western Reserve University School of Medicine

# About Cardi-OH

Founded in 2017, the mission of Cardi-OH is to improve cardiovascular and diabetes health outcomes and eliminate disparities in Ohio's Medicaid population.

**WHO WE ARE:** An initiative of health care professionals across Ohio's seven medical schools.

**WHAT WE DO:** Identify, produce, and disseminate evidence-based cardiovascular and diabetes best practices to primary care teams.

**HOW WE DO IT:** Online library of best practices resources available at [Cardi-OH.org](http://Cardi-OH.org) and via our web app, including monthly newsletters, podcasts, webinars, and quality improvement using the Project ECHO® virtual training model.

*Learn more at [Cardi-OH.org](http://Cardi-OH.org)*



## CARDI•OH

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  - Questions will be answered during the Q&A portion of the webinar.
- Post-webinar evaluation survey.
  - The survey link will be shared at the end of today's webinar and also sent by email.
  - Please complete by COB Wednesday, May 7.

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- The following speakers have no relevant financial interest or affiliation with any organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of their presentation:
  - Shari Bolen, MD, MPH; David H. Holben, PhD, RDN, LD, FAND; Michael W. Konstan, MD; Amy Zack, MD
- The following members of the planning committee do not have any disclosures or financial relationships from any ineligible companies:
  - Carolyn Henceroth; Gillian Irwin; Elizabeth Littman; Ann Nevar; Devin O'Neill; Steven Ostrolencki; Claire Rollins; Catherine Sullivan

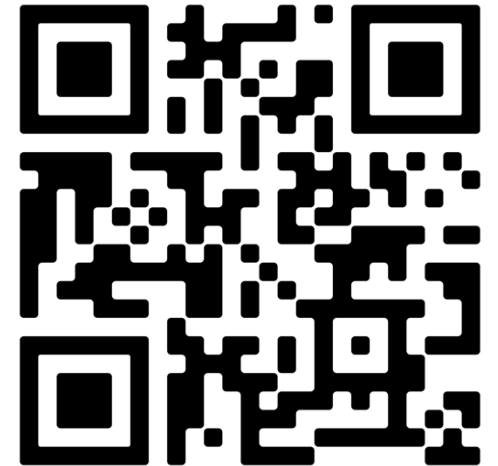
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# Continuing Medical Education (CME)



- 1.0 AMA PRA Category 1 Credit™ is available for this webinar.
- Attendees who indicated on the registration form that they were interested in claiming CME credit for this webinar will receive an email from CloudCME next week with more information.
- Complete CME Evaluation and claim credits by Friday, May 16, 2025.
- Contact Cathy Sullivan ([csullivan1@metrohealth.org](mailto:csullivan1@metrohealth.org)) if you do not receive an email to complete your CME evaluation or need other assistance.



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# Agenda

| Topics   | Presenter(s)                                     | Timing   |
|--|--|----------|
| <b>Welcome and Overview</b>  | Michael W. Konstan, MD<br>Shari Bolen, MD, MPH   | 5 mins.  |
| <b>Identifying and Addressing Food Insecurity in the Medical Setting</b> | David H. Holben, PhD                             | 40 mins. |
| <b>Audience Question and Answer</b>                                      | Amy Zack, MD (Moderator)<br>David H. Holben, PhD | 10 mins. |
| <b>Next Steps and Wrap Up</b>  | Shari Bolen, MD, MPH                             | 5 mins.  |



David H. Holben, PhD  
The University of Mississippi



Amy Zack, MD (Moderator)  
Case Western Reserve University  
Cleveland Clinic



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# Identifying and Addressing Food Insecurity in the Medical Setting

David H. Holben, PhD, RDN, LD, FAND

Professor and Gillespie Distinguished Scholar

Director, Office of Food and Nutrition Security

The University of Mississippi

# What do you want to be able to do after our session today?

- After our session today, I want to be able to:
  - Use specific, measurable ideas.



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# Learning Objectives



After attending this talk, participants will be able to:

- State the prevalence of food insecurity in Ohio and the U.S.
- Provide evidence-based screening for food insecurity
- Recognize national and local resources available to address food insecurity
- Educate others on the impact of food insecurity on health and well-being



# “You don’t have any food?”



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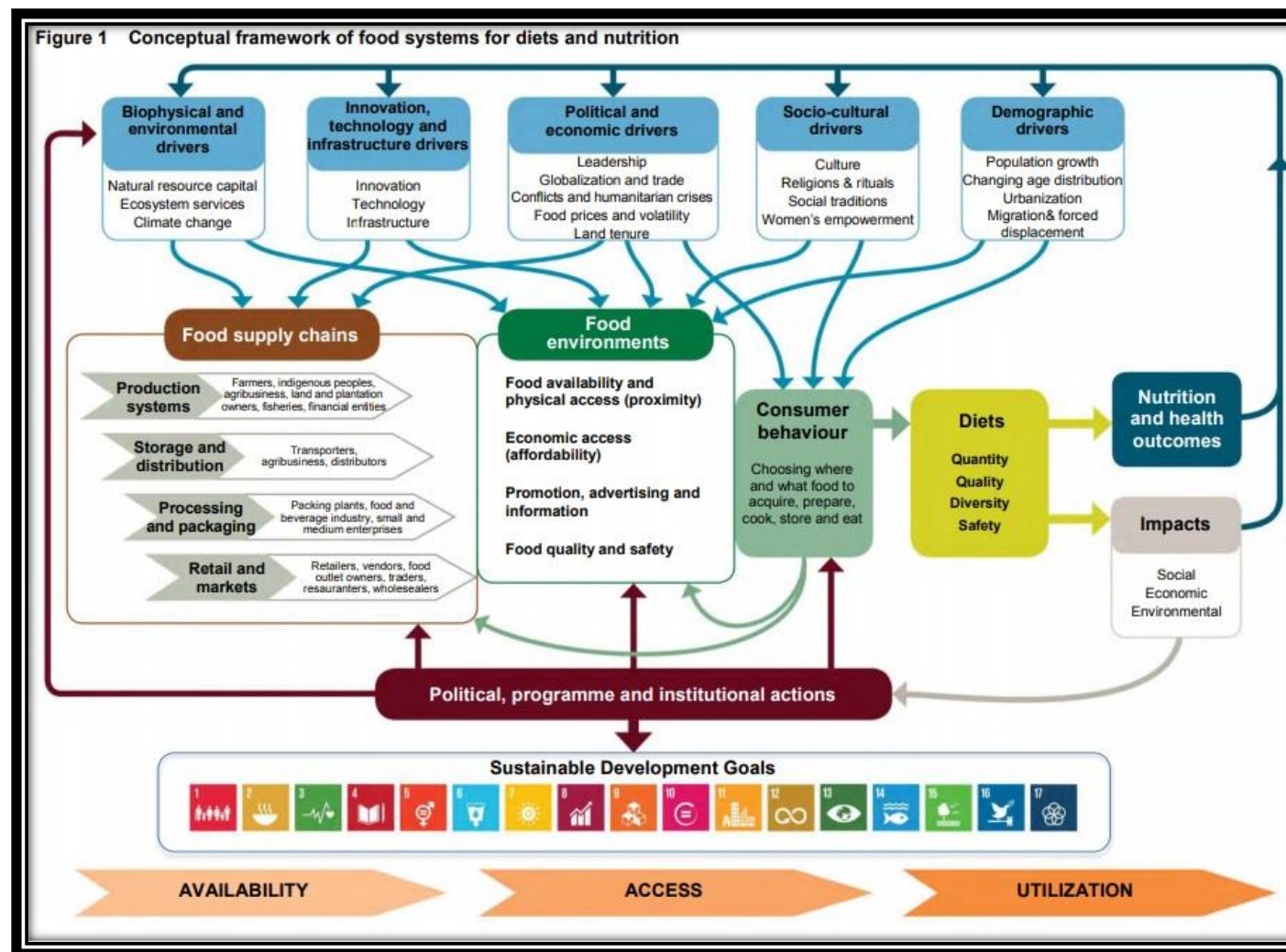
# Food Security Concepts

- Food availability
- Food access
- Food utilization



Source: Holben

# The Food System





# Food Security ➡ Food Access

- An essential, universal dimension of household and personal well-being.
- All people at all times have access to enough food for an active, healthy life.
- This includes the ready availability of nutritionally-adequate, safe foods and the assured ability to acquire them in socially acceptable ways.



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# Food Security in the United States



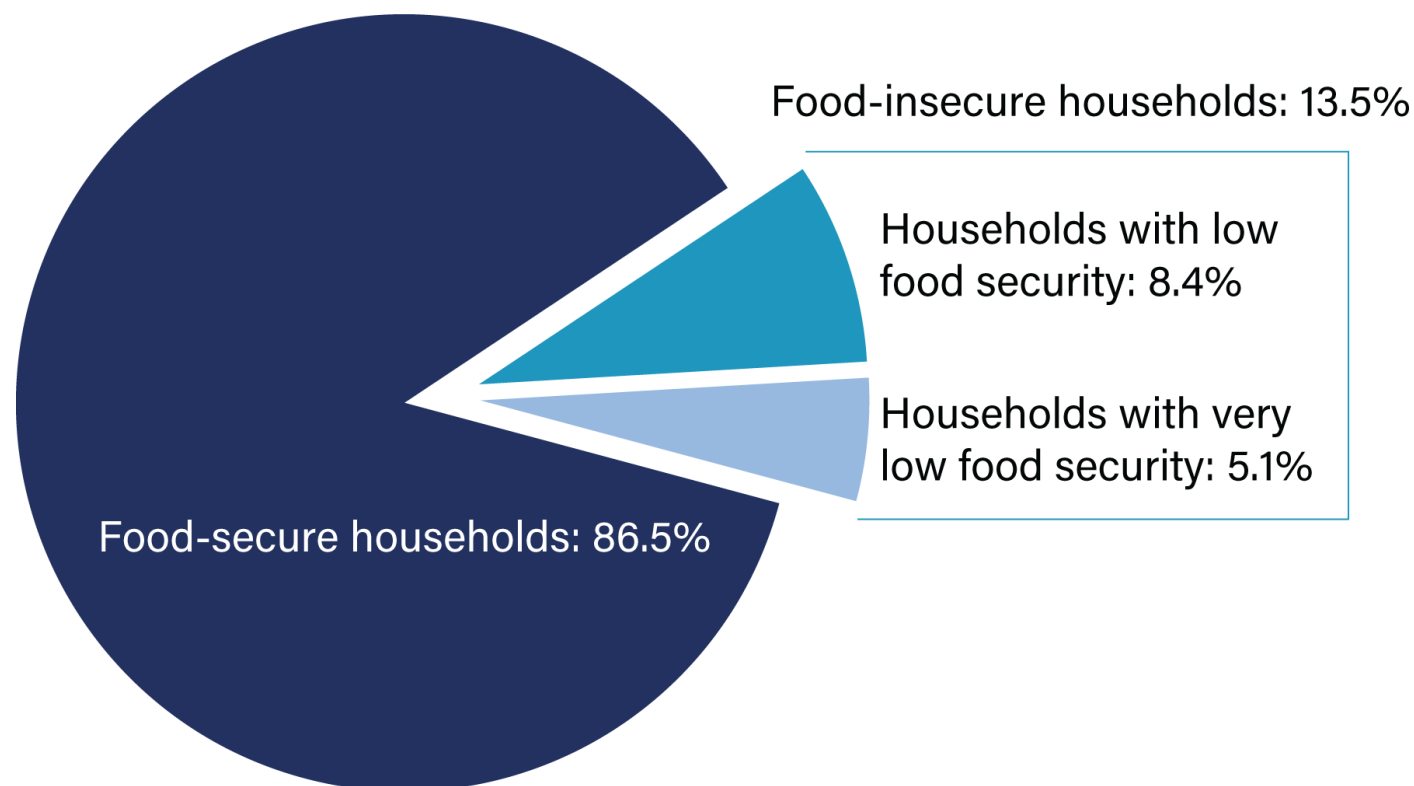
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Most recent data....

- 86.5% (114.6 million) of American households were food secure throughout calendar year 2023.
- 13.5% (18.0 million) of households were food insecure.
  - These households were uncertain of having, or unable to acquire, enough food due to insufficient money or other resources.
    - 8.4% (11.2 million) of households had low food security.
    - 5.1% (6.8 million) of households had very low food security.

# Food Security in the United States

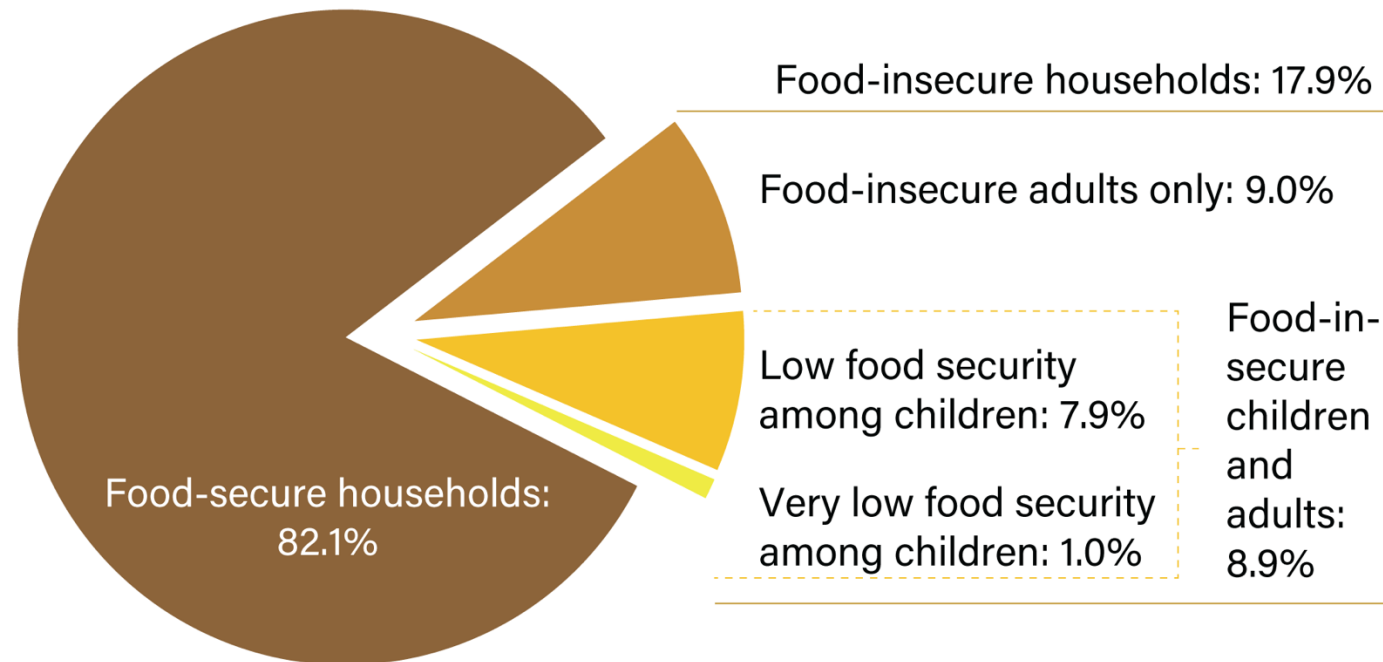
## U.S. Households by Food Security Status, 2023



Source: USDA, Economic Research Service using U.S. Department of Commerce, Bureau of the Census, 2023 Current Population Survey Food Security Supplement data.

# Food Security in the United States

## U.S. Households With Children By Food Security Status of Adults and Children, 2023

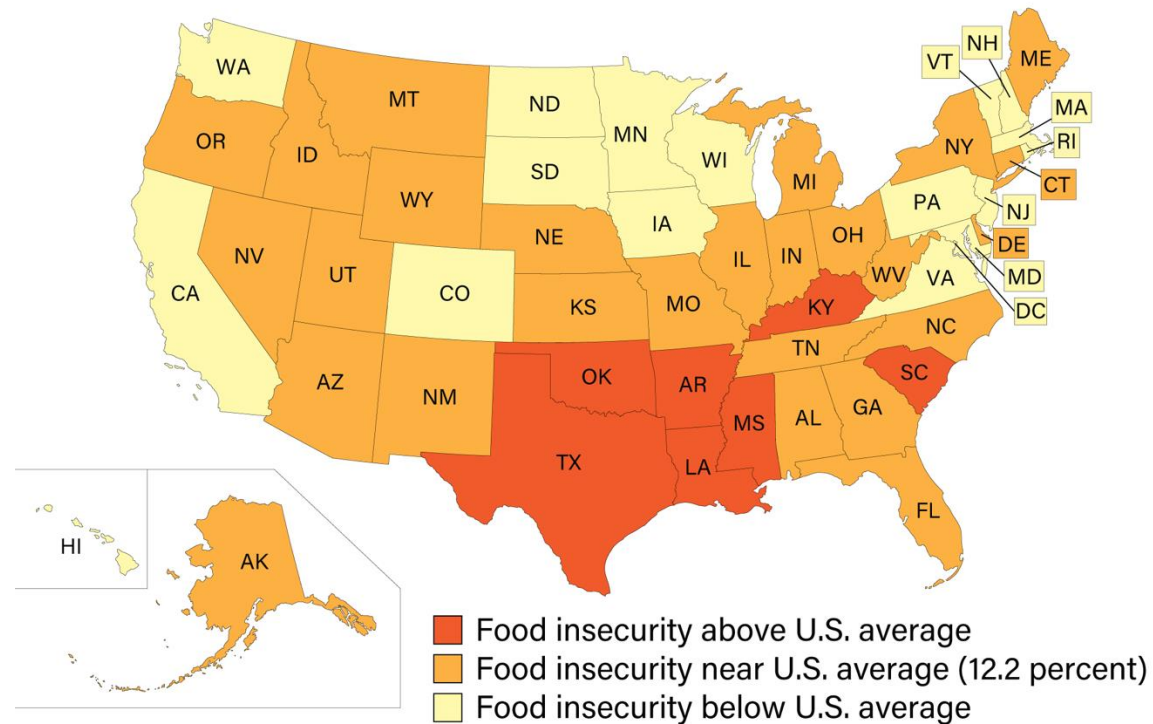


Note: In most instances, when children are food insecure, the adults in the household are also food insecure.

Source: USDA, Economic Research Service using U.S. Department of Commerce, Bureau of the Census, 2023 Current Population Survey Food Security Supplement data.

# Food Security in the United States

## Prevalence of Food Insecurity, Average 2021-23



Note: States that are categorized as near U.S. average have prevalence rates not statistically significantly different from the U.S. average.

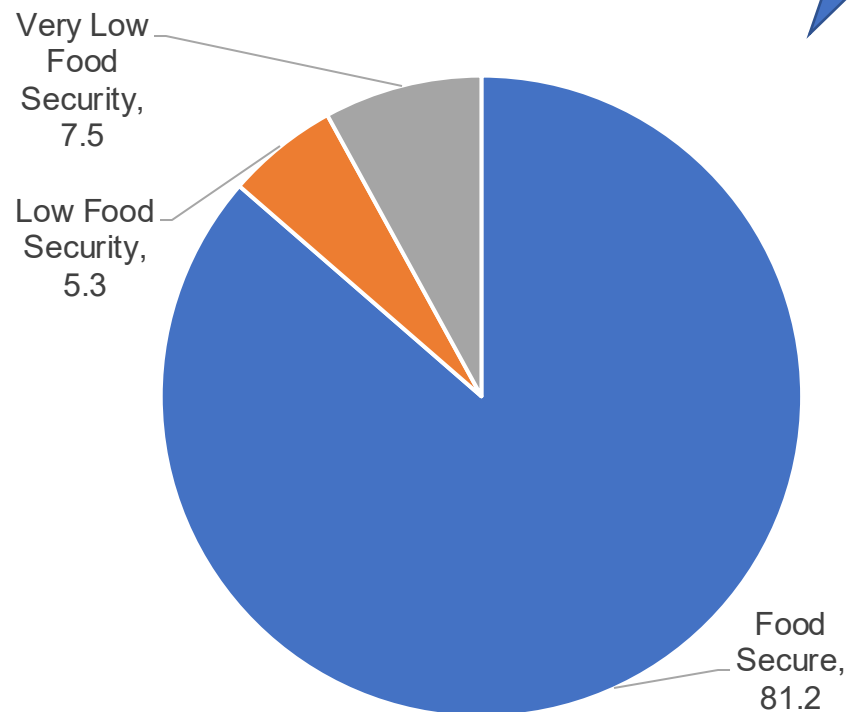
Source: USDA, Economic Research Service using data from U.S. Department of Commerce, Bureau of the Census, 2021, 2022, and 2023 Current Population Survey Food Security Supplements.

# Food Security in Ohio

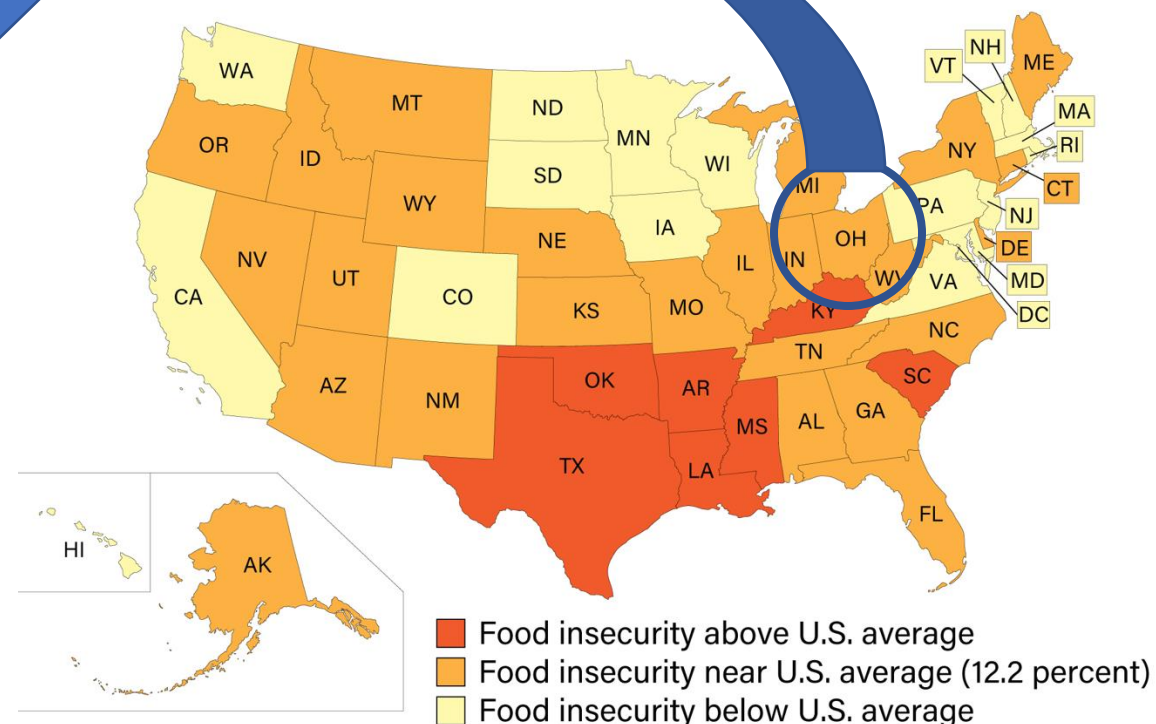


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## Prevalence of Food Insecurity in Ohio, 2021-23



## Prevalence of Food Insecurity Average 2021-23

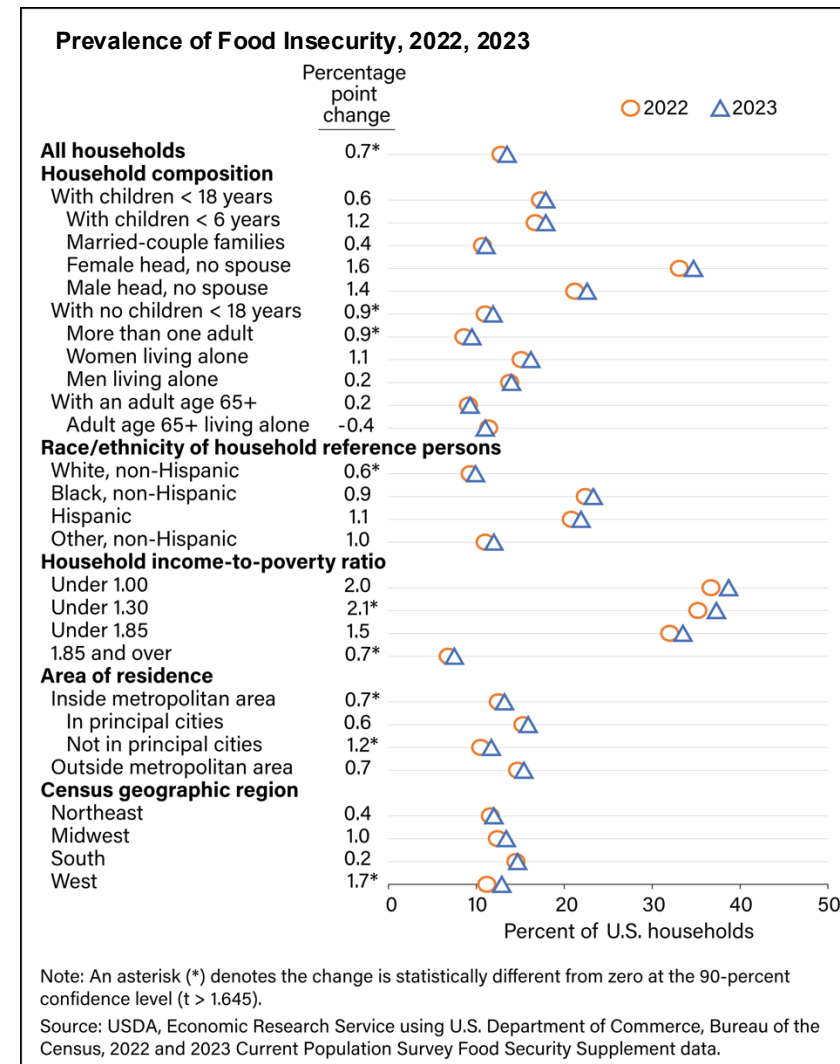
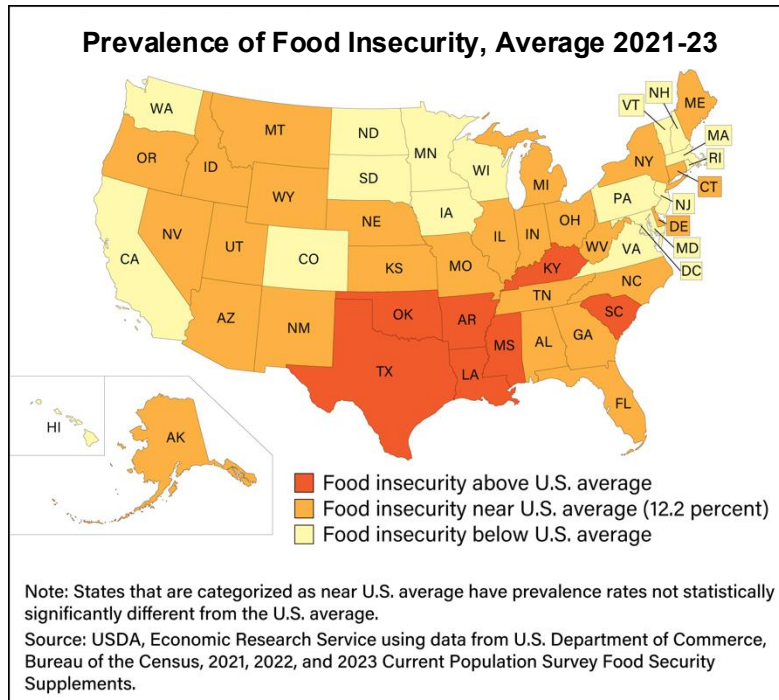


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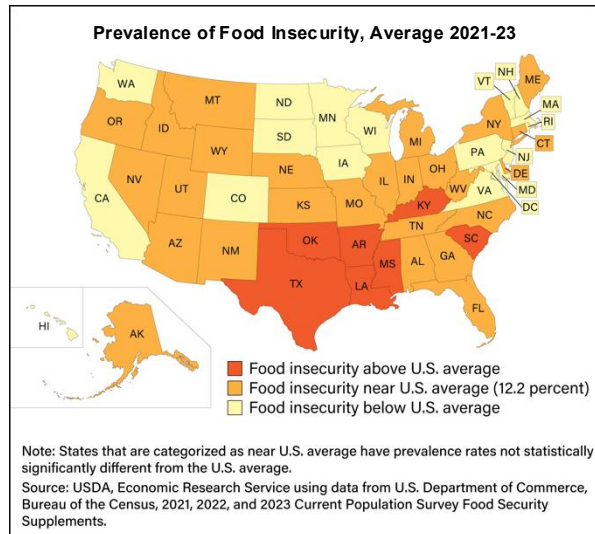
Source: USDA, Economic Research Service using data from U.S. Department of Commerce, Bureau of the Census, 2021, 2022, and 2023 Current Population Survey Food Security Supplements.



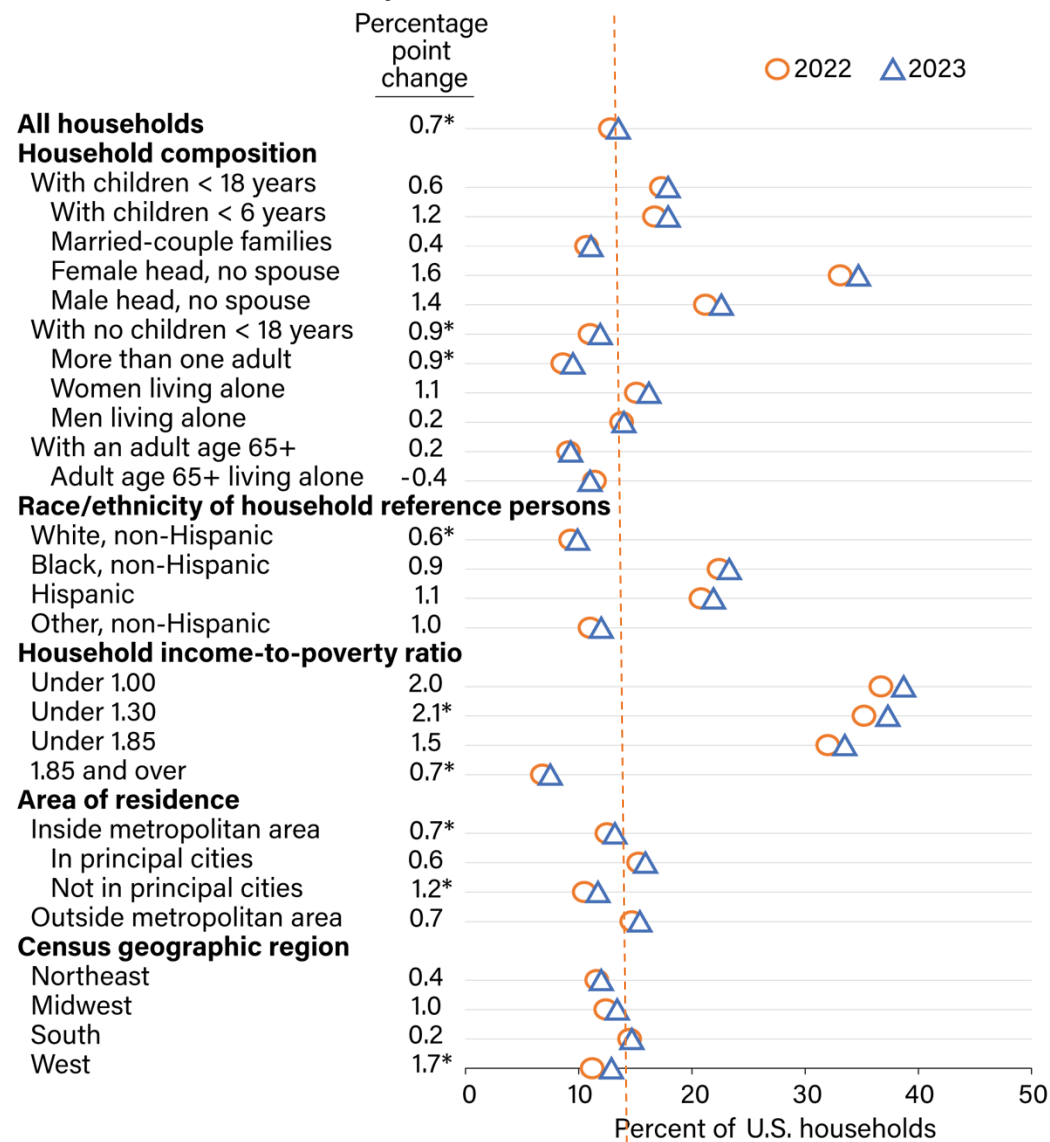
# Food Security in the United States



# Food Security in the United States



## Prevalence of Food Insecurity, 2022, 2023

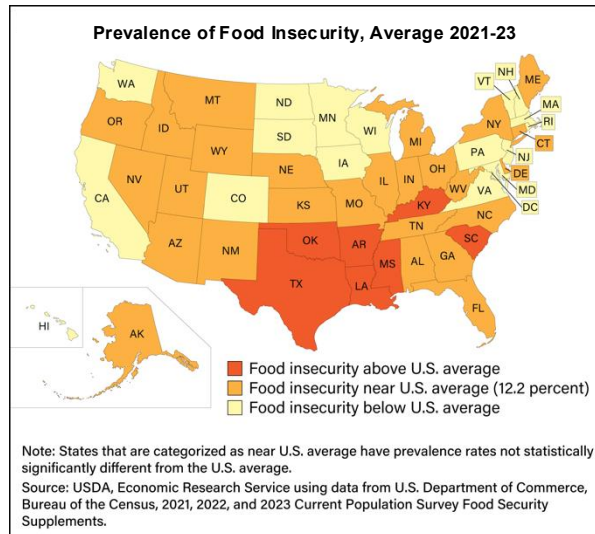


Note: An asterisk (\*) denotes the change is statistically different from zero at the 90-percent confidence level ( $t > 1.645$ ).

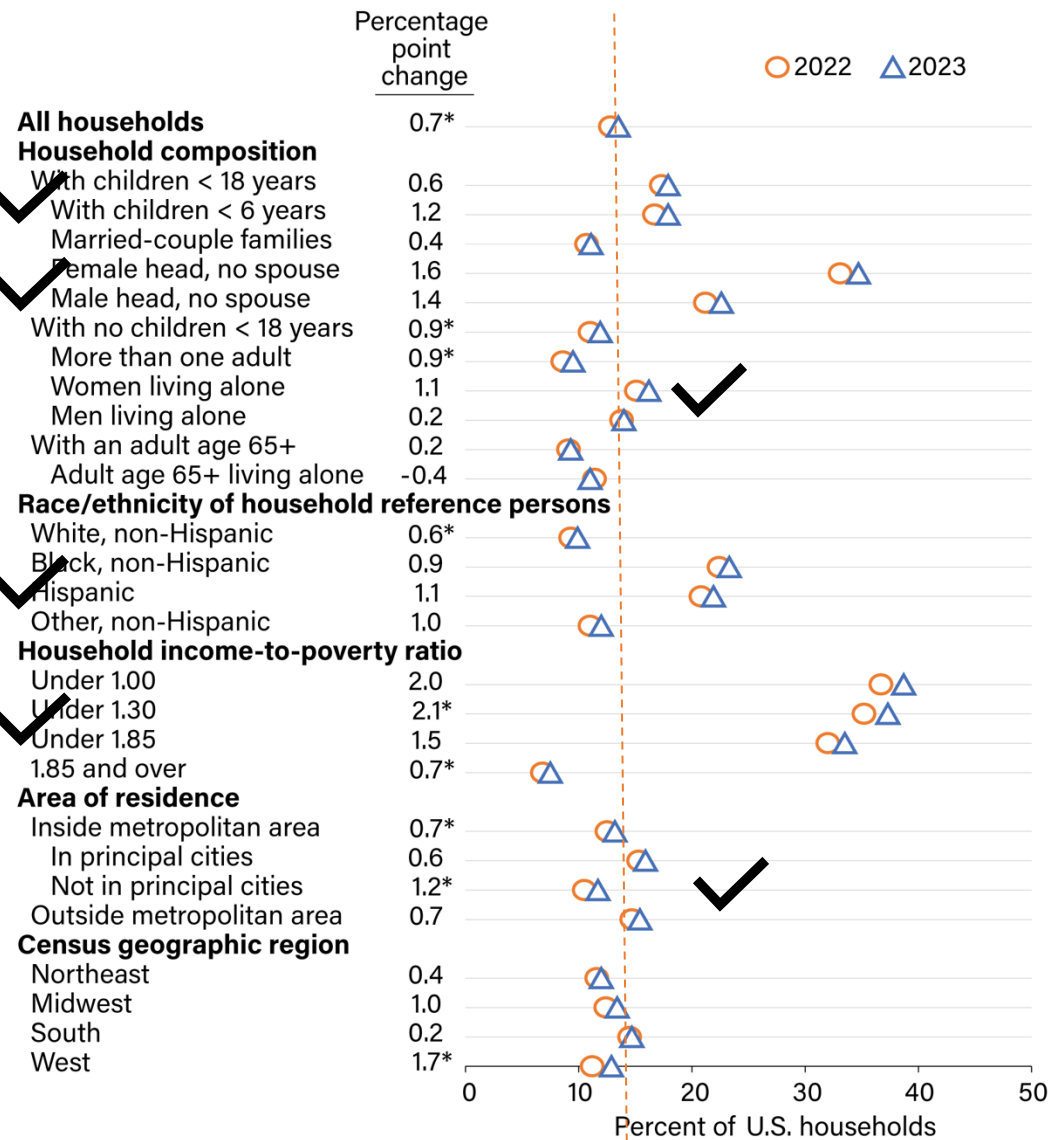
Source: USDA, Economic Research Service using U.S. Department of Commerce, Bureau of the Census, 2022 and 2023 Current Population Survey Food Security Supplement data.



# Food Security in the United States



## Prevalence of Food Insecurity, 2022, 2023



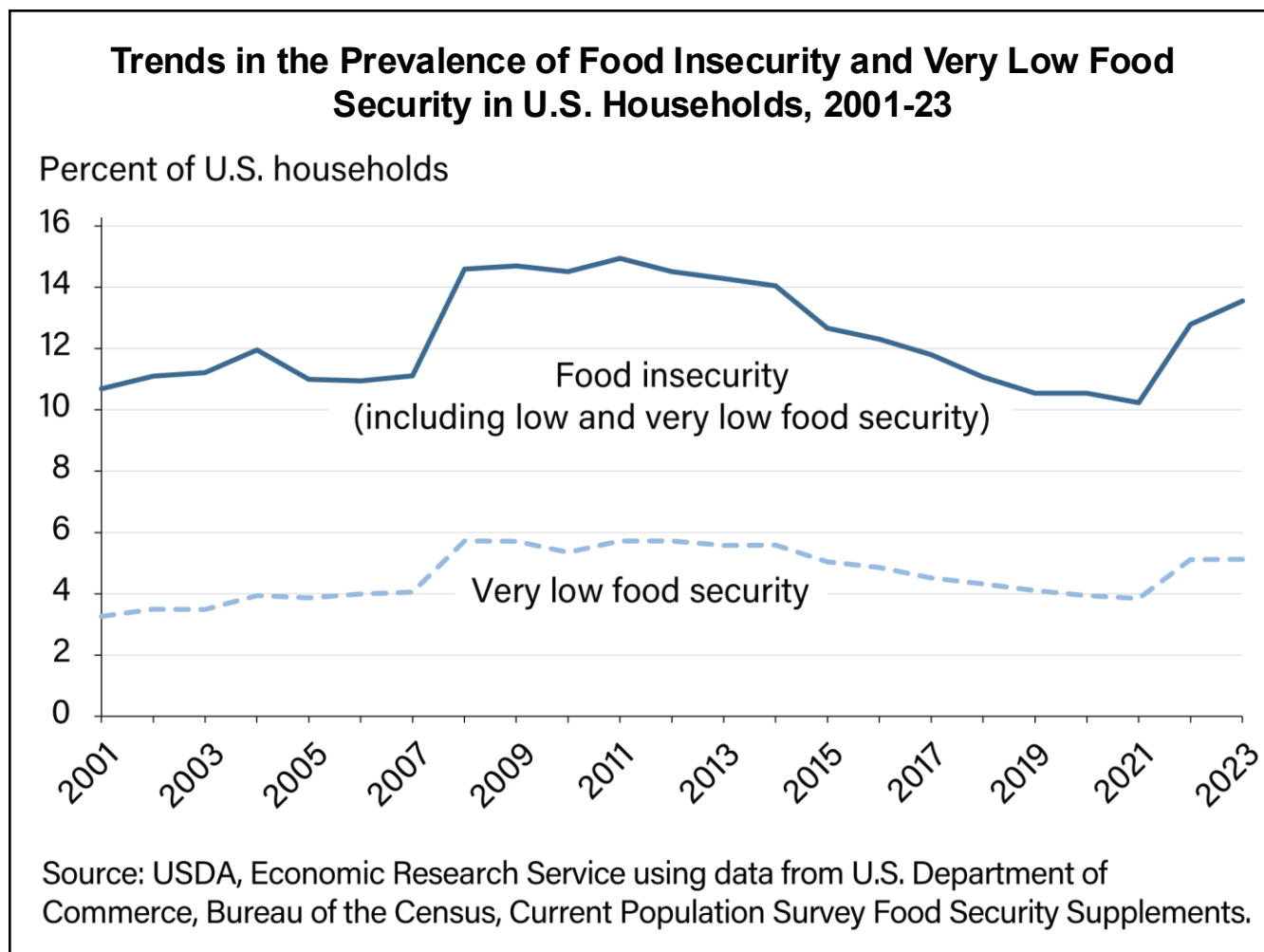
Note: An asterisk (\*) denotes the change is statistically different from zero at the 90-percent confidence level ( $t > 1.645$ ).

Source: USDA, Economic Research Service using U.S. Department of Commerce, Bureau of the Census, 2022 and 2023 Current Population Survey Food Security Supplement data.

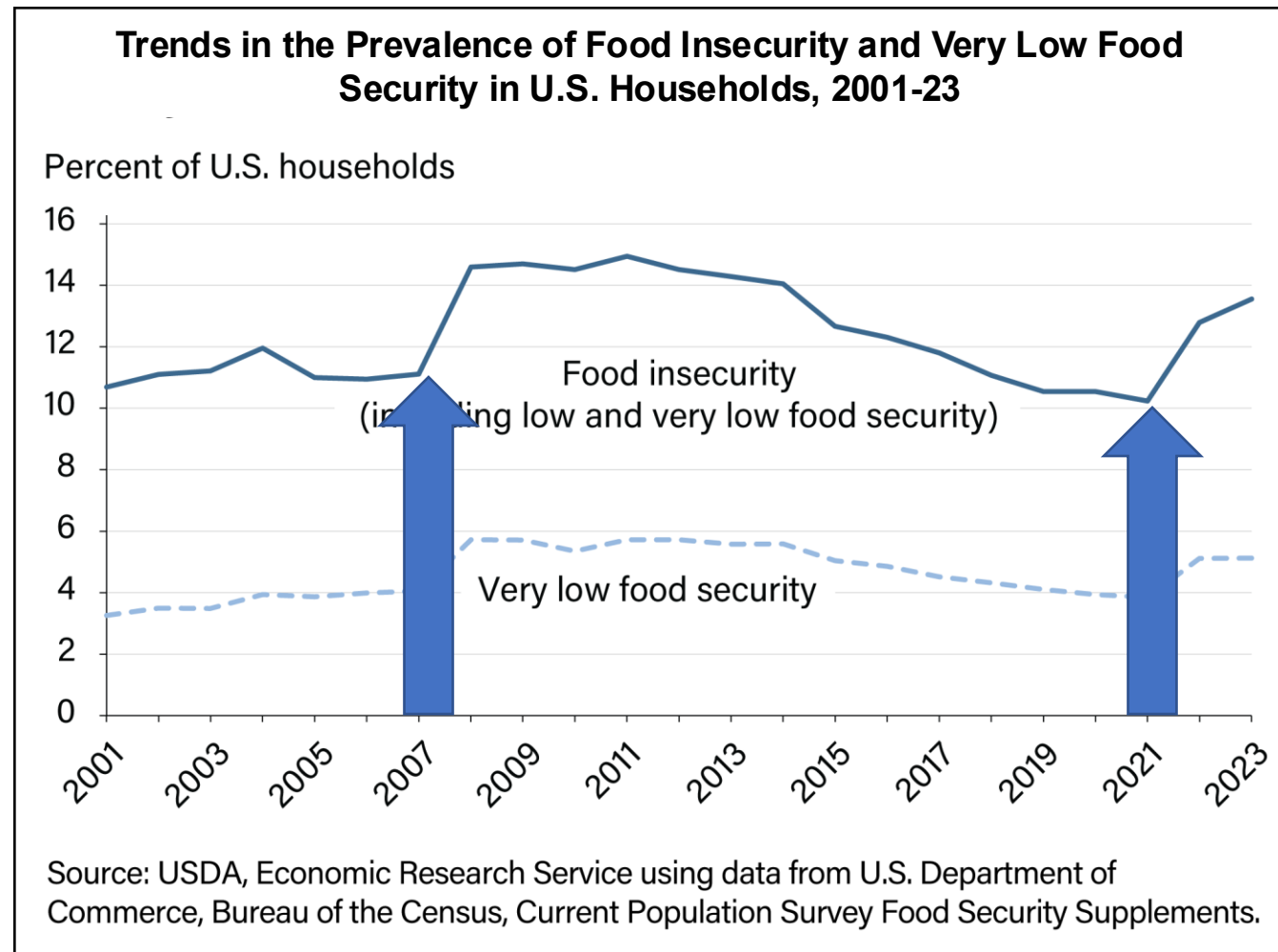
# Coping with Food Insecurity

- Households use a variety of coping strategies:
  - Make tradeoffs
  - Eat less varied diets/purchase less expensive foods
  - Participate in federal food assistance programs
  - Get help from family and friends
  - Obtain emergency food from community food pantries
  - Garden
  - Hunt/fish

# Food Security in the United States



# Food Security in the United States



# Why does it matter?

## Food insecurity is associated with:

- Physical Impairments related to insufficient food
- Psychological issues due to lack of access to food
- Socio-familial disturbances

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Holben DH, Berger Marshall M. J Acad Nutr Diet. 2022;122(10S):S55-S66. doi: 10.1016/j.jand.2022.07.014.

# Why does it matter?

## Food insecurity is associated with:

- Physical Impairments related to insufficient food
  - disease, fatigue, illness
- Psychological issues due to lack of access to food
  - Feelings of constraint to go against held norms and values, stress at home
- Socio-familial disturbances
  - Modification of eating patterns and related ritual
  - Disruption of household dynamics
  - Distortion of the means of food acquisition and management

Brucker DL, Coleman-Jensen A. Journal of Disability Policy Studies, 2017. doi:10.1177/1044207317710701.

Coleman-Jensen A, Brucker DL. <https://www.ers.usda.gov/amber-waves/2017/september/adults-with-disabilities-especially-mental-health-disabilities-are-at-a-higher-risk-for-food-insecurity/>.

Gregory CA, Coleman-Jensen A. <https://www.ers.usda.gov/publications/pubdetails/?pubid/484466>.

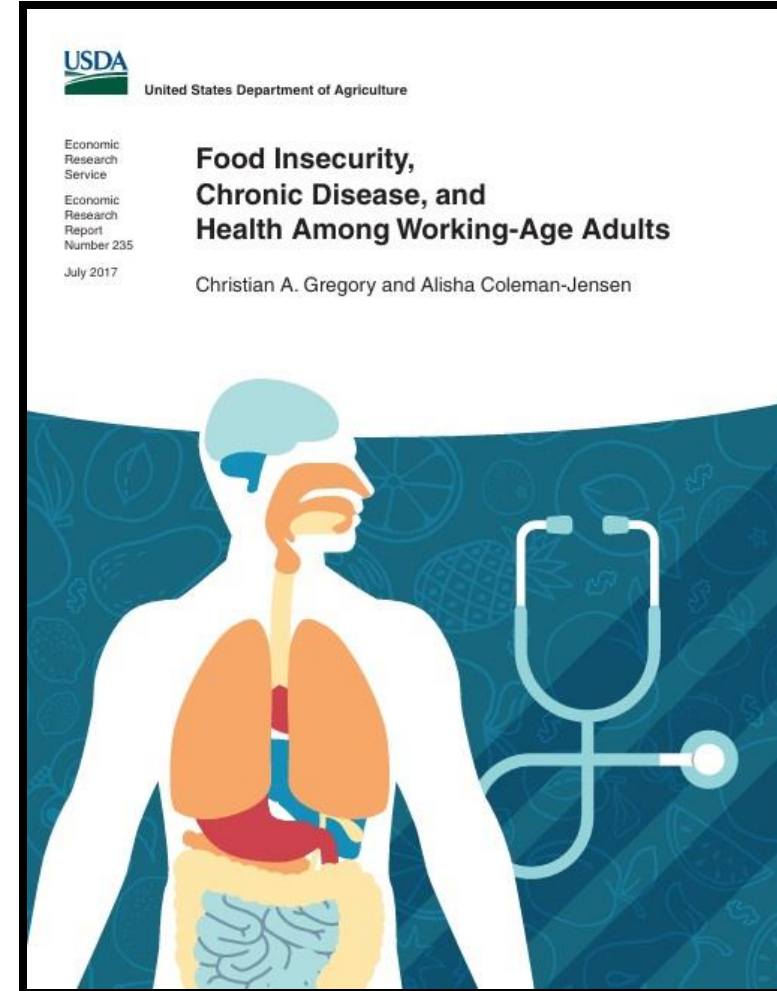
Hamelin AM, Habicht JP, Beaudry M. J Nutr. 1999 Feb;129(2S Suppl):525S-528S. doi: 10.1093/jn/129.2.525S.

Holben DH, Berger Marshall M. J Acad Nutr Diet. 2022;122(10S):S55-S66. doi: 10.1016/j.jand.2022.07.014.

# Why does it matter?

## Chronic Disease and Health

- Nationally representative sample
  - Working-age U.S. adults
  - Living at or below 200% of federal poverty level



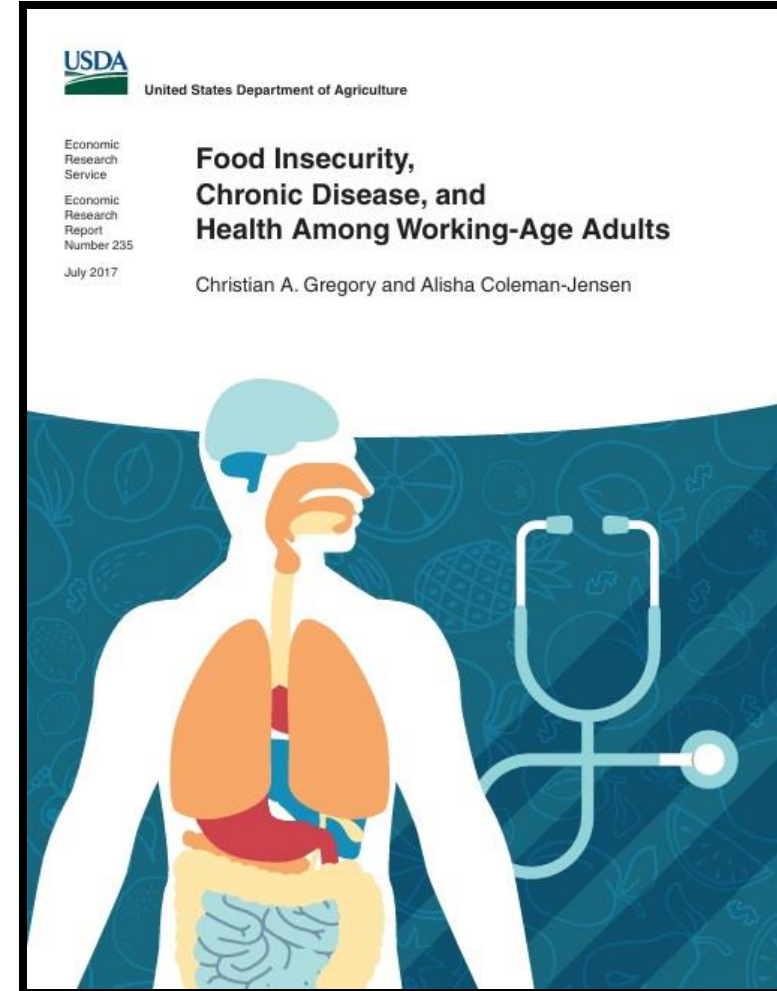
Source: USDA



# Why does it matter?

Lower food insecurity is associated with:

- Higher probability of 10 chronic diseases
  - Asthma, arthritis
  - Cancer
  - Cardiovascular Disease, COPD
  - Diabetes
  - Hepatitis
  - Hypertension
  - Kidney disease
  - Stroke

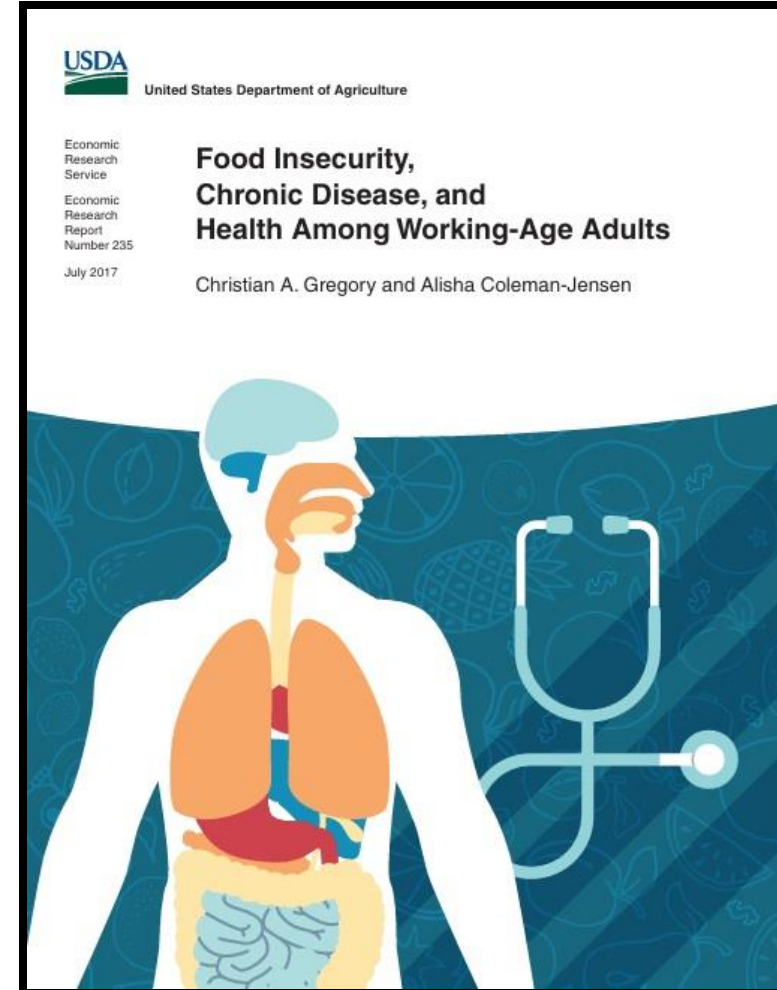


Source: USDA



# Why does it matter?

- Of those 10 conditions examined, food insecurity is predictive of all 10
  - Income is only predictive of three



Source: USDA

# Why does it matter?

## Disabilities

- CDC's National Health Interview Survey (NHIS)
  - Examined relationship between food security and five categories of disabilities
    - Ambulatory
    - Cognitive
    - Hearing
    - Vision
    - Mental health



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# Why does it matter?

*“Adults with disabilities, especially mental health disabilities, are at higher risk for food insecurity.”*



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# Why does it matter?

*“Across the adult lifespan and across income levels, adults with disabilities are more likely to be in food-insecure households than adults without disabilities.”*



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# Why does it matter?

Food insecurity is associated with negative outcomes.

- <https://frac.org/aaptoolkit>

## KEY FACTS: CHILDHOOD FOOD INSECURITY AND THE ROLE OF PEDIATRICIANS



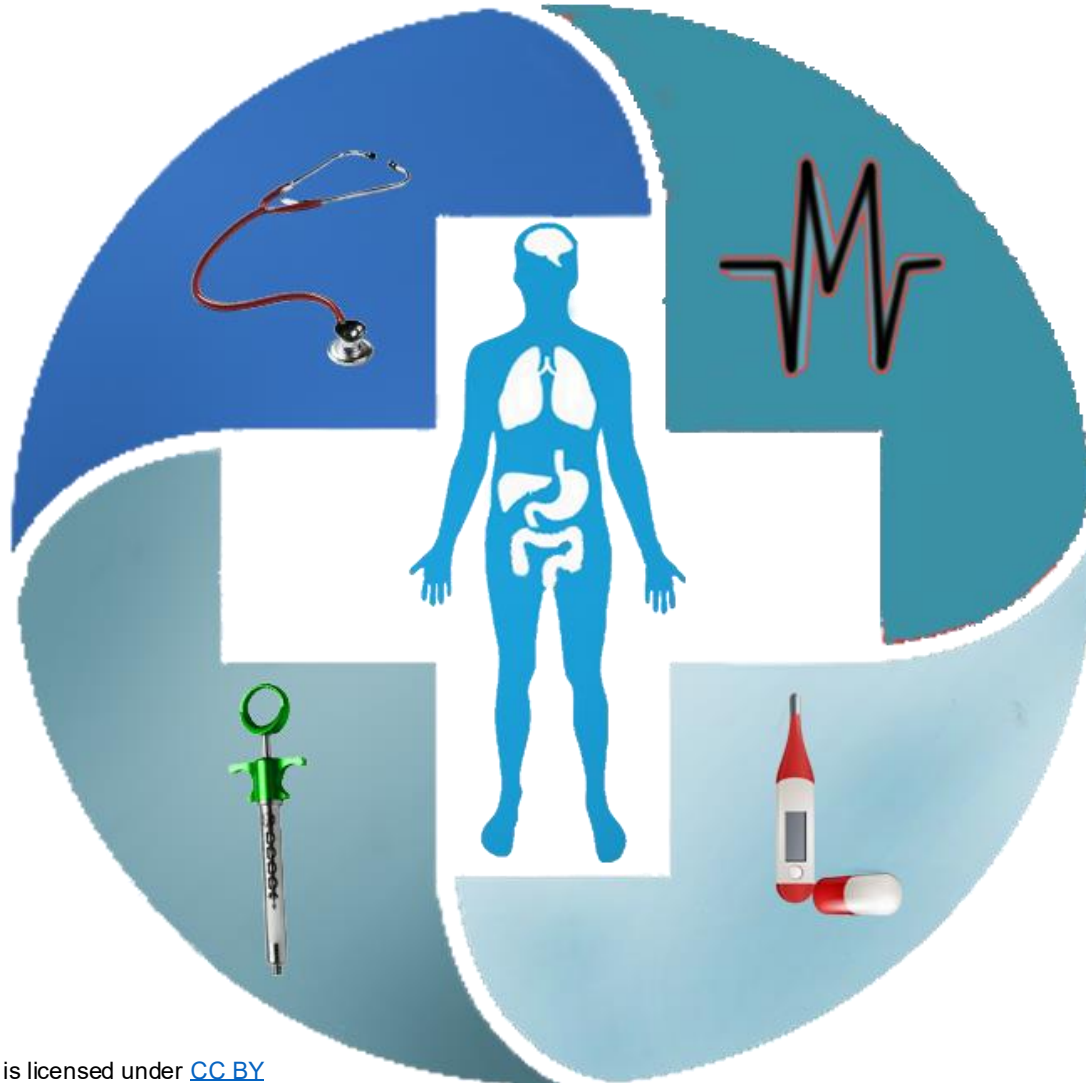
## THE FEDERAL NUTRITION PROGRAMS IMPROVE THE FOOD SECURITY, HEALTH, AND WELL-BEING OF CHILDREN



## THREE STEPS FOR SUCCESS



# Screening for Food Security





# How do I start?

## Prepare

- <https://frac.org/aaptoolkit>

### KEY FACTS: CHILDHOOD FOOD INSECURITY AND THE ROLE OF PEDIATRICIANS



### THE FEDERAL NUTRITION PROGRAMS IMPROVE THE FOOD SECURITY, HEALTH, AND WELL-BEING OF CHILDREN



### THREE STEPS FOR SUCCESS



# Hunger Vital Sign™ Resources



## Hunger Vital Sign

- <https://childrenshealthwatch.org/public-policy/hunger-vital-sign/>

Source: <https://childrenshealthwatch.org/public-policy/hunger-vital-sign/>

# AAP Toolkit

- <https://frac.org/aaptoolkit>

## KEY FACTS: CHILDHOOD FOOD INSECURITY AND THE ROLE OF PEDIATRICIANS



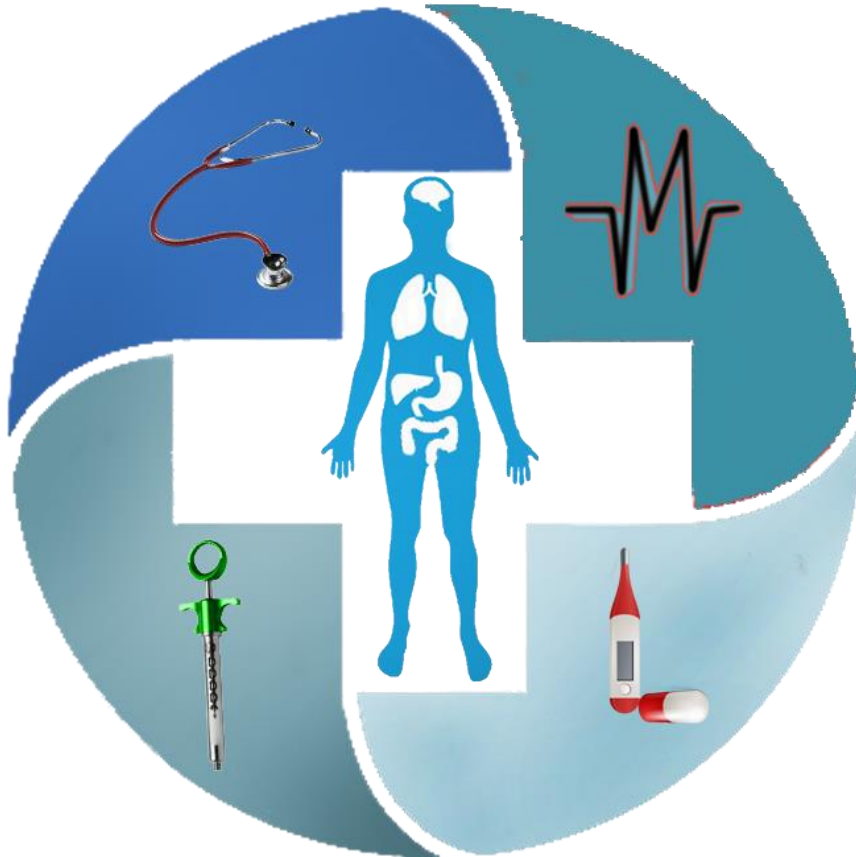
## THE FEDERAL NUTRITION PROGRAMS IMPROVE THE FOOD SECURITY, HEALTH, AND WELL-BEING OF CHILDREN



## THREE STEPS FOR SUCCESS



# Screening for Food Security



- Academy of Nutrition and Dietetics<sup>1</sup>
- American Academy of Pediatrics<sup>2</sup>
- Medicare & Medicaid<sup>3</sup>
- American Medical Association<sup>4-6</sup>

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<sup>1</sup>Holben DH, Berger Marshall M. J Acad Nutr Diet. 2022;122(10S):S55-S66.

<sup>2</sup>American Academy of Pediatrics. <https://www.aap.org/en/patient-care/food-insecurity/>.

<sup>3</sup>Billieux, A, Verlander K, Anthony S, Alley D. 2017. NAM Perspectives. Discussion Paper, National Academy of Medicine, Washington, DC. doi.org/10.31478/201705b.

<sup>4</sup>American Medical Association. <https://www.ama-assn.org/delivering-care/health-equity/address-food-insecurity-ask-patients-three-questions/>.

<sup>5</sup>American Medical Association. <https://www.ama-assn.org/delivering-care/health-equity/how-saint-peter-s-solving-patients-food-insecurity-concerns>



# How do I screen?

## Screen

- <https://frac.org/aaptoolkit>
- Example: UH
  - Outpatient
  - Inpatient

### KEY FACTS: CHILDHOOD FOOD INSECURITY AND THE ROLE OF PEDIATRICIANS



### THE FEDERAL NUTRITION PROGRAMS IMPROVE THE FOOD SECURITY, HEALTH, AND WELL-BEING OF CHILDREN



### THREE STEPS FOR SUCCESS



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American Academy of Pediatrics  
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Source: <https://frac.org/aaptoolkit>

# Food Security Screening

## Hunger Vital Sign™

- Within the past 12 months, you worried that your food would run out before you got money to buy more.
  - Often true
  - Sometimes true
  - Never true
- Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.
  - Often true
  - Sometimes true
  - Never true



# Potential Add-On to Screen



- Within the past 12 months, have you used a food bank?
  - Yes
  - No

# Now what?

## Intervene

- <https://frac.org/aaptoolkit>
- Examples:
  - Federal and local programs
  - UH Food Pharmacy

### KEY FACTS: CHILDHOOD FOOD INSECURITY AND THE ROLE OF PEDIATRICIANS



### THE FEDERAL NUTRITION PROGRAMS IMPROVE THE FOOD SECURITY, HEALTH, AND WELL-BEING OF CHILDREN



### THREE STEPS FOR SUCCESS



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For more information, visit [www.frac.org/aaptoolkit](https://www.frac.org/aaptoolkit)

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Source: <https://frac.org/aaptoolkit>

# Intervention Programs and Strategies

- Community-based programs
- Federal programs
- Strategies to improve food insecurity





# Programs

Connect patients with programs and community resources

- Handout with ideas?

## KEY FACTS: CHILDHOOD FOOD INSECURITY AND THE ROLE OF PEDIATRICIANS



**1 in 7\*** U.S. children live in households with food insecurity  
\* COVID-19 has increased that number to as many as **1 in 4**

**CHILDHOOD FOOD INSECURITY IS ASSOCIATED WITH:**

- Poor Health Status
- Developmental Risk
- Mental Health Problems
- Poor Educational Outcomes

**FOOD INSECURITY MAY PRESENT IN A FAMILY AS:**

- Food Anxiety
- Diet Monotony
- Decreased Nutrition Quality
- Inadequate Food Intake

### THE FEDERAL NUTRITION PROGRAMS IMPROVE THE FOOD SECURITY, HEALTH, AND WELL-BEING OF CHILDREN

 **Supplemental Nutrition Assistance Program (SNAP)**

 **Child Care Meals**

 **Summer Nutrition Programs**

 **Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)**

 **School Breakfast and Lunch**

 **Pandemic-EBT** (available during COVID-19 school closures)

 **Afterschool Meals**

### THREE STEPS FOR SUCCESS

**PREPARE**

- ▶ **Educate and train** staff on food insecurity, federal nutrition programs, and local food and income resources
- ▶ **Follow AAP's recommendation** of universal screening at scheduled check-ups or sooner, if indicated
- ▶ **Incorporate efforts** to address food insecurity into the institutional workflow
- ▶ **Practice** having empathetic and sensitive conversations when addressing food insecurity

**SCREEN**

Use the AAP-recommended Hunger Vital Sign™:

- "Within the past 12 months, we worried whether our food would run out before we got money to buy more."
- "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.

**INTERVENE**

- ▶ **Administer** appropriate medical interventions per your protocols
- ▶ **Connect patients** and their families to the federal nutrition programs and other food resources
- ▶ **Document and track** interventions in medical records
- ▶ **Advocate and educate** to address food insecurity and its root causes, e.g., poverty, inadequate wages, housing insecurity, and structural racism

# Combating Food Insecurity



- Refer those in need to appropriate federal and local programs
  - What programs are in your community?
    - Food-based programs
    - Economic assistance programs to meet and sustain basic needs
  - How do people access them?
- Partner, network, collaborate
- Participate in advocacy and public policy

# Did you achieve your goals?

- After our session today, I want to be able to:
  - Use specific, measurable ideas.



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# Evaluation of Learning Objectives

- State the prevalence of food insecurity in the U.S.
- State the prevalence of food insecurity in Ohio
- List the two questions asked when screening for food security
- State one national and one local resource available to address food insecurity
- State one negative “outcome” of food insecurity on health and well-being
- State how you plan to implement screening in your medical setting

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# Thank you! Do you have any questions?





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# Audience Question and Answer

Amy Zack, MD

Case Western Reserve University School of Medicine

# Speakers

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**David H. Holben, PhD**  
The University of Mississippi



**Amy Zack, MD (Moderator)**  
Case Western Reserve University  
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# Next Steps and Wrap Up

Shari Bolen, MD, MPH  
Case Western Reserve University School of Medicine



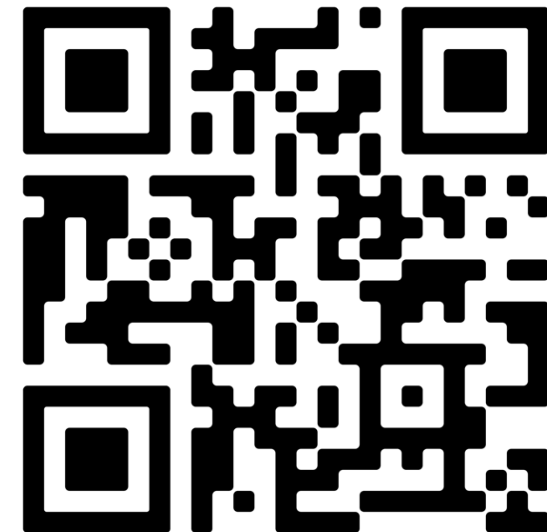
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