A CASE FOR
BECOMING TRUE CARE INTEGRATORS
TO IMPROVE POPULATION HEALTH

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Over the last 50 years, every U.S. president has tried to manage healthcare spending while improving the fundamental health conditions for those in need. As healthcare leaders, we often think primarily in terms of three- to five-year plans. But let’s consider the next 50 years and question ‘what’ and ‘how’ the investments we’re making in our communities — new facilities, programs, initiatives, and more — will impact the public by 2065.

To achieve meaningful results, we believe our industry should take the lead on being the true integrators of care so that both physical and mental health are treated in tandem while other needs are addressed through widespread community collaborations. That includes marshalling our industry’s resources — including 5,000 hospitals and 650,000 physicians — coupled with a much needed influx of public health funding to improve outcomes nationwide. Primary care providers should not just treat physical health symptoms without consideration for contributing economic and social conditions; they should be repositioned and armed to care for their patients’ overall well-being, including mental health. And we should change the way our industry has operated for the last 50 years. The model remains lacking even after moving from a fee-for-service to a value-based care model, and it is time we transition to this integrated approach.

There is no question our industry’s current path is unsustainable. The United States has both a high level of health spending per capita and a relatively high rate of real growth in healthcare spending. The share of U.S. gross domestic product devoted to healthcare spending has grown steadily from 5% in 1965, the year Medicaid and Medicare were established, to 9% in 1980. After crossing into double digits to nearly 13% in 1993, that share is now close to 18%; some projections have it pushing 20% by 2023. Still, despite leading on healthcare expenditures, life expectancy in the United States lags that of many other developed countries. As healthcare providers, this path is not only unsustainable but unacceptable. It fails to benefit the health and well-being of residents in our communities, the very core of our industry’s mission, and our financial health increasingly will depend on making strides in both quality and length of life.

For the Affordable Care Act (ACA) to truly make a difference long term, the healthcare industry must return to its holistic roots and focus on health-related conditions where people live, learn, work and play, as well as foster economic development, educational advancement and social equality. The
ACA gives more people access to health care, but that makes little difference if they still can’t afford it or face bankruptcy as a result. America will benefit from our efforts to end a fragmented care system that often doesn’t address mental and physical health together, much less the social determinants of health that have such a major influence on wellness: education, employment, housing, neighborhoods and more. While clinical care is important, getting to the root cause of why people have diabetes, asthma, poor nutrition, heart conditions and other ailments as a result of their surroundings and behaviors is necessary, too. Research is clear these other factors play an even larger part in determining a community’s overall health than the medical care people receive. We need to work with various partners to provide valuable resources that meet community health needs, both inside and outside of our traditional facilities. The illustration above depicts how health care must interface with myriad partners, agencies and organizations.

The healthcare industry must not only deliver clinical excellence and efficiency, we must hone in on how we can act as catalysts, innovators and leaders to improve the health of our entire communities. We must straddle parallel tracks to continue advancing clinical care while ensuring basic needs plus educational opportunities, adequate housing, employment, and other social determinants of health are met. All are inevitably and inextricably linked, and the industry must act to understand and address this relationship.

The social determinants of health are about going beyond our four walls, beyond the episodic moments of care people receive at our hospitals and our physician offices, to those moments where health is actually impacted – in our homes, our schools, and our communities. Hospitals and health systems will need to focus increasingly on being the integrators of care for communities. We need to concentrate on a model that yields a healthy individual and a healthy community including clinical excellence, social determinants of health, public and private partnerships, economic development, innovative models of care, and education – which ultimately will achieve better outcomes, enhanced quality, greater efficiencies, reduced costs, and improved margins.

People living in the United States certainly know that environmental and social factors affect their health. From a list of 14 factors that might cause ill health, the top five causes cited as extremely important are: lack of access to high-quality medical care; personal behavior; viruses or bacteria; high stress; and exposure to air, water or chemical pollution, according to results of an NPR/Robert Wood Johnson Foundation/Harvard T.H. Chan School of Public Health poll released in early 2015.
Clearly, a new approach to health care is needed. We believe the key to that approach is as straightforward as addressing our citizens’ basic needs, such as food and clothing, and the social determinants of health. At ProMedica, a healthcare system serving northwest Ohio and southeast Michigan, we have made strides by collaborating with various individuals and organizations to address hunger as a health issue. With hunger, we are acting as a convener and catalyst to bring individuals, organizations and businesses together. We also are working on integrating mental health and removing barriers related to other social determinants, including housing, economic development and education. Many of our investments are strategically based on findings from our Community Health Needs Assessment. These investments should make a difference in and add value to our health outcomes and related environmental and social conditions for the next half century.

Nutritious Food is a Basic Need – Hunger is a Health Issue

With more than 17.5 million U.S. households facing hunger\(^1\) — or one in every seven households nationwide — healthcare systems and leaders must recognize that lacking nutritious food to eat is a dire public health concern. Food insecurity and its results, including true hunger, are a health issue causing distress in communities nationwide by taking an incalculable toll on unborn babies, youngsters, parents, middle-aged people, and the elderly. Malnutrition also causes financial burdens for healthcare systems, governments, insurance carriers, and taxpayers, especially as more people become insured under healthcare reform.

Yet hunger can be better identified and eradicated with the engagement of the healthcare industry. Throughout ProMedica’s service region, we have made a commitment to elevate the awareness of food insecurity and all of its effects and implications to health — physical, mental and social — and call on colleagues throughout the industry to take up this public health issue in their communities. By working with government entities, nonprofit agencies, businesses, faith communities, schools and other community groups on anti-hunger efforts, the healthcare industry can make the fight against hunger a ‘winnable battle’ through aligned efforts that more effectively end hunger and improve health. Addressing hunger as a health issue is an initiative that should infiltrate healthcare systems nationwide for the sake of the country’s most vulnerable residents and because it is good business.

<table>
<thead>
<tr>
<th>HUNGER IS A HEALTH ISSUE</th>
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<tbody>
<tr>
<td>Breaking out the health care costs of hunger</td>
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<tr>
<td>Costs of hunger-induced illnesses, 2007 and 2010, in billions of 2010 dollars</td>
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<thead>
<tr>
<th>Adverse health condition</th>
<th>2007</th>
<th>2010</th>
<th>Increased cost over three years</th>
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<tbody>
<tr>
<td>Poor health (excluding items below)</td>
<td>$28.7</td>
<td>$38.9</td>
<td>$10.2</td>
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<tr>
<td>Depression</td>
<td>$2.2</td>
<td>$29.2</td>
<td>$7.1</td>
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<td>Suicide</td>
<td>$15.8</td>
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<td>Anxiety</td>
<td>$12.9</td>
<td>$17.4</td>
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<td>Hospitalizations</td>
<td>$12.1</td>
<td>$16.1</td>
<td>$4.0</td>
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<td>Upper gastrointestinal disorders</td>
<td>$4.2</td>
<td>$5.7</td>
<td>$1.4</td>
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<tr>
<td>Colds, migraines, and iron deficiency</td>
<td>$2.5</td>
<td>$3.5</td>
<td>$1.0</td>
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<tr>
<td>Total illness costs caused by hunger</td>
<td>$98.4</td>
<td>$130.5</td>
<td>$32.1</td>
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| Breaking educational costs from hunger |
| Costs of poor educational outcomes due to food insecurity, 2007 and 2010, in billions of 2010 dollars |

<table>
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<tr>
<th>Component</th>
<th>2007</th>
<th>2010</th>
<th>Increase</th>
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<tbody>
<tr>
<td>Drop out due to grade retention</td>
<td>$5.1</td>
<td>$6.0</td>
<td>$1.9</td>
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<tr>
<td>Drop out due to absenteeism</td>
<td>$4.2</td>
<td>$5.8</td>
<td>$1.6</td>
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<tr>
<td>Special education</td>
<td>$4.6</td>
<td>$6.4</td>
<td>$1.8</td>
</tr>
<tr>
<td>Total cost of poor educational outcomes and annual value of reduced lifetime earnings</td>
<td>$13.9</td>
<td>$19.2</td>
<td>$5.3</td>
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At ProMedica, a mission-based, nonprofit, locally owned healthcare system, hunger has been chief among many social conditions being addressed in recent years through our collaborative Come to the Table advocacy initiative. Driven by a mission to improve the health and well-being of the communities we serve, we took a closer look at hunger and food access after becoming increasingly aware of their link to the nation’s obesity epidemic. While continuing to address all of obesity’s causes, we formed partnerships on local, state and national levels and examined additional health-related links to hunger. As a result, we are funding various anti-hunger programs in the community and are developing and implementing our own efforts, often in collaboration with other groups. And, in October 20145, AARP Foundation and ProMedica partnered to establish a nonprofit organization to address hunger as a health issue and other social determinants. Titled The Root Cause Coalition, the primary goal is to become the nation’s leading advocate of programs, policies and research to eradicate hunger, food insecurity and health disparities. Members of the coalition work together to establish a sustainable national framework for addressing these issues, with special emphasis on engaging the healthcare community. A key focus area for the coalition is research to deeply explore the cycle of hunger and food insecurity, and their causal links to chronic diseases and acute medical conditions. An initial research study entitled Tackling Hunger to Improve Health in Americans is being commissioned by The Root Cause Coalition with the CDC Foundation, in collaboration with the Centers for Disease Control and Prevention (CDC).

These partnerships have resulted in better availability of and access to nutritious food among residents of our region, not to mention more awareness nationwide of hunger as a health issue and about gathering data on the problem. In many cases, these partnerships and programs also have resulted in addressing and improving health outcomes related to social determinants of health, including education. In every case, we are working to prevent malnutrition and related health problems. ProMedica’s goal with our Come to the Table initiative is to help end the devastating and potentially debilitating problem that occurs when people don’t have a reliable, consistent source of a very basic human need: nutritious and affordable food. By addressing hunger as a health issue, we’re making a lasting impact to improve population health while identifying other social determinants of health.

**Food is Medicine**

Hunger is a problem healthcare providers see every day among patients of all ages in emergency rooms, clinics, offices, and hospital beds. Babies born to malnourished mothers may be underweight or overweight, have developmental delays and continue to have health problems throughout life. Children experiencing food insecurity, meaning they live in households that at times are unable to acquire adequate food, are more likely to have behavioral health issues such as anxiety and depression. These children may also be at higher risk for developing chronic health conditions, including anemia and asthma.\(^{(2)}\)

Among the elderly, another particularly vulnerable group, malnutrition increases disability and decreases resistance to infection. Both not only harm quality of life, but they extend hospital stays. People who are food insecure often have irregular eating patterns, which can lead to being overweight and obese. Additionally, people facing food insecurity typically consume food with fewer nutrients, so they have dietary shortfalls linked to the development of hypertension, diabetes and other chronic diseases.\(^{(3)}\)

A Harvard Law School Center for Health Law & Policy Innovation paper succinctly presents the case for nutritional counseling and medically-tailored, home-delivered meals. “For critically and chronically ill people, food is medicine,” the paper opens. “With adequate amounts of nutritious food, people who are sick have a better response to medication, maintain and gain strength, and have improved chances of recovery. Ultimately, access to healthy food leads to improved health outcomes and lower healthcare costs.”\(^{(4)}\)

With the ACA changing the way the healthcare industry does business, hospital administrators and physicians must look beyond our four walls more than ever before in modern medicine. Preventing illness, improving population health and eliminating health disparities are critical for the shift both for clinical and social reasons. In many ways, the healthcare industry, while accelerating as necessary in
technology to deliver state-of-the-art care that helps ensure safe and affordable care, must concurrently return to its charitable roots of more than a century ago. At the core of their establishment, hospitals were community pillars concerned with basic public health needs and overall health and welfare. The industry needs a unified system of common goals that builds from the fundamentals of health and wellness that value one's overall health.

Basic needs are just that, basic. For example, it's highly unlikely a 55-year-old man who is hungry and homeless would be worried about getting tests to detect prostate cancer, heart disease or other health conditions. A mother of three who is struggling to clothe and feed her children will not be as concerned about preventive screenings and may delay basic health and wellness needs. They, and more than 49 million other people nationwide who do not know where their next nutritious meal will come from, need to have their basic needs met first.

Mental Health Needs

Just as a person's ability to get nutritious food and other basic needs met affects physical health, social determinants play into mental health as well. Stress, poverty, housing, and other environmental factors can influence mental health. This is especially true for substance abuse, which affects 19.7 million Americans, or nearly 8.5% of the population, because people often turn to illicit drugs and alcohol to cope with stress and symptoms. Far too often, mental health is approached in a disjointed manner, if at all, instead of similarly to other chronic conditions. Overall, more than 18% of adult Americans, or 42.5 million people, live with a mental illness; yet only 41.5% of those report receiving treatment. Mental health also has an impact on physical health, making the case even stronger to integrate the two along with other social determinants in the U.S. healthcare system. ProMedica is forging ahead.

In fall 2014, ProMedica formed a joint operating company with Harbor, a local behavioral health provider, to address a growing community need for mental health services in northwest Ohio and southeast Michigan. This joint operating company helps the region's residents access behavioral health services and enhanced care through a more integrated, coordinated model.

The need for behavioral health services is great in Lucas County, Ohio, where ProMedica is based. A staggering 8% of high school students in Lucas County attempted suicide, and 18% had considered it in the last year. And while 19% of Lucas County adults had a period of two or more consecutive weeks where they felt so sad or hopeless that they stopped doing usual activities, that rate jumped even higher to 28% among those making less than $25,000 a year.

Substance abuse also is common in Lucas County. More than a fifth of Lucas County adults are considered binge drinkers, while 10% had used marijuana in the past six months. Plus, 10% of Lucas County adults had used medication not prescribed to them, or took more than prescribed to feel good or high and/or more active or alert in the past six months.

Integrating Behavioral Health

ProMedica and Harbor are focusing on clinical integration where appropriate by implementing standard care protocols, guidelines and best practices for managing behavioral health disorders. While ProMedica previously had focused on inpatient intensive care for behavioral health patients, Harbor has a wide range of outpatient mental health programs and services at 23 locations. The combination shows great promise for advancing population health.

Among the joint operating company's goals are to integrate electronic health records so each patient's clinical assessment and treatment history can be shared instantly among providers, as well as to use medical homes and case managers to help patients navigate the system. The joint operating company has many integration initiatives for its first year alone, including:

- Improving access to outpatient services.
- Using telehealth technology to expand care to patients in rural areas.
- Reducing emergency center wait times for inpatient behavioral health.
• Standardizing behavioral health medical clearance criteria for emergency centers.

• Using a multi-disciplinary team to begin behavioral health discharge planning at hospital admission.

We also plan to recruit more psychiatrists to the region, as well as to co-locate psychiatric services in ProMedica primary care practices and elsewhere. Integrating primary care and behavioral health is an area where we will also do research to demonstrate what benefits there are to improving outcomes.

Nationwide, the healthcare industry should expand partnerships or increase tools to identify patients who need mental health treatment. Additionally, we must enable primary care providers to administer holistic care or even add mental health professionals to their practices. There also should be longitudinal studies done to observe whether integrating mental health care is beneficial to population health over time.

ProMedica’s approach of integrating mental health is not as far along as our efforts with addressing hunger. Much more work needs to be done, but we are on our way. Electronic health records and telehealth, both of which are key to treating physical health, will help with behavioral health as well.

Hunger Solutions

Our electronic health records system plays a critical part in one of our solutions to address hunger. ProMedica is screening patients for hunger at admission so we can send them home with emergency supplies and connections for more assistance. This and some other solutions to hunger, malnutrition and food insecurity that we identified were relatively easy and inexpensive to launch. ProMedica employees, for example, repackage unserved food that otherwise would be thrown out at the local casino and hospital cafeterias and have it delivered to homeless shelters and other feeding sites. And healthy groceries were added to our flagship hospital’s nearby flower shop in a neighborhood without access to healthy food.

Higher up the difficulty and cost scale, a $1.5 million donation from a dedicated philanthropist is helping create a center in a disadvantaged Toledo neighborhood to combat hunger and poverty overall. The ProMedica Ebeid Institute for Population Health not only will have a food market with healthy groceries not currently available or affordable to neighborhood residents, but it will feature a kitchen with classroom space, employment and training opportunities, and room for other community programs. This model has the ability to be replicated throughout communities across the nation so that the most specific needs can be addressed and met to ensure all residents are afforded the opportunity to thrive and meet their full potential.

Clearly, philanthropists and community partners — such as Hollywood Casino Toledo and Seagate Foodbank of Northwest Ohio, which distributes the food ProMedica reclaims — are key to our anti-hunger programs. ProMedica is committed to numerous anti-hunger programs and partnerships as part of its Come to the Table initiative to address hunger as a health issue. Through our efforts, we have seen firsthand how important it is for families and other residents to have access to healthy food.

A Common Problem

One college-educated, single Toledo mother working two jobs yet still relying on food assistance shared details of her routine struggle to put healthy food on the table with this heartbreaking insight into caring for her 5-year-old son: “Before his eyes open, he’ll ask: ‘Can I have breakfast?’ Food is his world.”

Sadly, in ProMedica’s home base of Lucas County, Ohio, many children live in food insecure households: 13% of 5th and 6th graders and 11% of 7th to 12th graders admit they go to bed hungry at least one night a week. And 1% of Lucas County youth in both categories go to bed hungry every night of the week.

In Lucas County’s largest school district, Toledo Public Schools, nearly 80% of students qualify for free or reduced-price meals. In some Toledo schools, 98% of students qualify for the U.S. Department of Agriculture’s (USDA) school meal program.

Lucas County is not the only place where hunger and food insecurity abound. Nationwide, 19.5% of households with children are considered to be food insecure and unable to acquire adequate nutrition, a problem that is even more prevalent among single women with children at 34.4%. 
Among all households nationwide, three-year food insecurity rates range from 21.1% in Arkansas to 8.7% in North Dakota, with Ohio at 16% and Michigan at 13.9%.\(^1\) Ohio and Arkansas are among eight states where the prevalence of food insecurity is higher than the overall national average of 14.6%, along with Georgia, Missouri, Mississippi, North Carolina, Tennessee and Texas.\(^1\)

Learning that food insecurity and hunger are so common in America is indeed shocking. The latest recession and its lingering effects have worsened the situation for many families, and income disparities continue to persist. Addressing hunger as a health issue is paramount for both the healthcare industry and the nation as a whole. And the effort makes good business sense, too, as the healthcare industry undergoes changes related to reform.

**Affordable Care Act**

The ACA is changing the way health care is being delivered and reimbursed, and U.S. hospitals will increasingly be paid based on outcomes instead of volume of care. As a result, healthcare organizations are considering innovative ways to both improve care and decrease costs. ProMedica operations are working on various initiatives aimed at better coordinating care, including participating in the Medicare Shared Savings Program as an Accountable Care Organization and transitioning to a single electronic health record platform throughout the system. More and more innovations related to the ACA will be implemented in the industry, and ways to address hunger, food insecurity, malnutrition, mental health, and other social determinants can, and should, be among them.

For instance, the ACA mandates that the Centers for Medicare & Medicaid Services reduce payments to hospitals with high rates of readmissions within 30 days of patients being discharged. One international study showed patients who have been malnourished are nearly twice as likely to be readmitted within 15 days of discharge than those who are not, as well as have longer hospital stays and have a much higher risk of death.\(^6\) It stands to reason, then, that improving nutrition among residents will both help boost population health and a hospital’s bottom line.

Consider how often patients are discharged from the hospital with prescription medication and instructions to take it with food. Far too many Americans, however, can’t afford one or the other, much less both. More than 11% of chronically ill adults reported experiencing both food insecurity and cost-related medication underuse, highlighting how difficult it is to successfully manage chronic disease.\(^8\) Those with more chronic conditions and who have dependent children are more likely to buy food instead of their medications, jeopardizing their own health.\(^8\) All together, about a third of chronically ill adults are not able to afford food, medications or both.\(^8\)

Making sure people are able to recover — and able to get both the medicine they need and food often directed to go with it — is the right thing for healthcare systems to do both from a mission and financial perspective. To truly make an impact on and improve population health, the healthcare industry and its leaders must focus on social determinants of health. Hunger, specifically, is a social determinant that is straightforward and easier for the healthcare industry to address than income, education, housing, and the like. With a coordinated approach, hunger could be the first of many social determinants to be eliminated in decades to come.

**Food for Patients**

At ProMedica, we began screening hospital patients for hunger and food insecurity in early 2014 using $65,000 raised by employees in our annual giving campaign. Patients are asked about their food security as part of the admission process, using a two-question screen that has been validated by Children’s HealthWatch, a nonpartisan network of pediatricians, public health researchers and children’s health and policy experts committed to improving children’s health in America. Our hospital patients who are identified as food insecure are referred to a social worker or care navigator for additional assessment.

At discharge, patients who need assistance are given an emergency, one-day food supply and connected to community resources for further assistance. In many cases, people simply do not know they qualify for assistance, or how they can access it. With the move to a common electronic health record platform, ProMedica hospitals are working to keep track of
hunger-related statistics, providing a better look at the problem and how it affects community health.

We believe that this two-question screen is a tool that can easily be implemented by all hospitals and physicians offices and should, in fact, be a requirement within the Community Health Needs Assessment, to help highlight and identify the need for increased focus on social determinants and further linking basic needs to clinical care; how addressing the former supports the latter. Such a screen should be factored into a hospital’s total performance score calculation in order to receive their full value-based percentage for Medicare payments, further engaging hospitals and the government to work collectively to address issues that improve health, well-being and communities as a whole.

ProMedica Physicians, our system’s physician group that uses patient-centered medical homes as a care model, has launched a pilot program to see how hunger affects patients and their health conditions. Hunger-related data will be tracked for up to three months at select physician offices, the place where most people get the bulk of their health care. Initial research results from one practice indicate that nearly one in five respondents is food insecure.

To help those patients who need high-quality, nutritious food for their health, ProMedica is opening prescription food pharmacies, with the first started in April 2015 at the ProMedica Center for Health Services. The urban Toledo center houses a wide range of outpatient primary, specialty and preventive care services, including those for women and children. The same two-question, validated screen used in our hospitals helps determine whether patients visiting the center’s physician practices are food insecure. During the first 10 weeks of the food pharmacy’s operation, 122 patients from trained practices filled prescription referrals for up to three days’ worth of healthy food for themselves and their families. Those initial 122 food prescriptions, which can be filled once a month for six months, helped 82 seniors, 195 other adults and 86 children. Patients also receive counseling by a registered dietitian, as well as healthy eating handouts, recipe cards, information about cooking on a budget, and connections to other community resources for food.
Government’s Role

ProMedica and other healthcare providers are making headway with anti-hunger efforts. Government needs to play a key role, too, by continuing to help cover costs for nutritious food and otherwise recognizing efforts to address hunger and food insecurity.

There are several government-funded programs in place that associate nutrition with medical treatment. Nationally, the Ryan White HIV/AIDS Program defines “medical nutrition therapy” as a core medical service for which those in need can get assistance. In Ohio, the PASSPORT Medicaid waiver program helps eligible older residents get long-term services they need to stay in their homes, including home-delivered meals, some of which are prepared specifically for those with diabetes and other health conditions. One study even showed that for every $1 invested in Meals on Wheels Association of America programs, there could be a savings of $50 on Medicaid expenses.[10]

Other statistics illustrate how nutritious food saves money. A Philadelphia area program serving chronically ill patients demonstrated that receiving public health nutrition services, including healthy meals and nutrition education, lowered healthcare costs among participants by 28% on average after six months.[11] Participants also had 31% lower monthly healthcare costs on average than a similar group of chronically ill patients not receiving services.[11]

By opening prescription food pharmacies, ProMedica expects to help chronically ill patients unable to afford groceries needed to manage their conditions. We believe these pharmacies would be more readily adopted by hospitals if the government would partner with hospitals and consider ways to reimburse for, or supply, healthy food items prescribed to those in need. The U.S. Centers for Disease Control and Prevention, meanwhile, is well positioned to take the lead on researching ways hunger and other social determinants of health should be addressed, both directly and by funding projects.

Various healthcare efforts to combat hunger in communities nationwide also can be counted as community benefit for tax-exempt hospitals, which many healthcare systems don’t realize. With more emphasis on ensuring tax-exempt hospitals are responsive to pressing community health needs, efforts to eliminate hunger, food insecurity and other health disparities should be community-benefit priorities as applicable for our industry.

And as noted in the previous section, a greater emphasis on social determinants within the Community Health Needs Assessment would help identify areas of greatest need in communities and prioritize the work that would help achieve better health outcomes for all. To ensure this can be carried out, we must also recognize the need for adequate staffing of primary care physicians within health systems to drive these efforts forward. This will require additional allocations of primary care slots, with an emphasis in training on the social determinants. Physicians should be incentivized to focus on hunger, mental health and other social determinants as well.

Market and More

Food insecurity and poverty are forever intertwined, and alleviating U.S. hunger will take more than the immediate solution of offering people nutritious food. We believe hungry people also need education, jobs and other assistance to help lift them out of poverty and make solutions sustainable. One ProMedica project under way will meet all of those demands and be a definite benefit to a disadvantaged Toledo community.

Philanthropist Russell Ebeid donated $1.5 million to establish the ProMedica Ebeid Institute, which will offer a full-service market in early 2016 followed by other services. The institute will be located in a four-story Uptown building that the City of Toledo deeded to ProMedica for a nominal amount, with the market on the first floor. Upper floors will house kitchens and education workstations for nutrition classes and rooms for basic health screenings, as well as services offered by our partners such as mental health counseling, job training, financial literacy, and basic literacy programs, to name a few.

With about one in seven Toledoans living in food environments that could contribute to a variety of premature diet-related deaths, the city has many underserved areas, but we used a scientific approach to select the institute’s location. With consultation
from Mari Gallagher Research & Consulting Group of Chicago, ProMedica conducted a block-level study of food access and health outcomes to determine the best site.

The institute will be located within a low-income area identified by the USDA as a food desert, where a significant number of residents are more than a half mile away from the nearest supermarket. It also is within a few blocks of Toledo where low-income residents are more than a mile away from the nearest supermarket, which is also known as a food desert because there is limited access to fresh produce, low-fat dairy products and other healthy foods at an affordable price.

Food deserts throughout the nation, provided by USDA.

Mari Gallagher Research & Consulting Group also helped identify some key statistics about diet-related health conditions. Pregnant women who live near a Toledo food retailer that typically carries chips and other convenience items with little nutritional value instead of healthy food, for example, are more likely to deliver an overweight baby, which can pose serious health issues during childhood and later in adulthood. And for every one-mile increase in residential distance from a mainstream supermarket in Toledo, deaths from heart disease rise 2.2%. That means more than 6,300 Toledoans could be affected by shortened lifespan due to heart disease.

Food deserts are located across the United States, and throughout northwest Ohio and southeast Michigan they are areas where we have concentrated many of our efforts. Still, hunger and food insecurity cannot be addressed alone. One estimate shows U.S. hunger costs at least $167.5 billion due to the combination of lost economic productivity per year, more expensive public education because of the rising costs of poor education outcomes, avoidable healthcare costs, and the cost of charity to keep families fed.\(^\text{13}\) It will take a concerted effort by multiple community partners to reverse these trends, and the healthcare industry is uniquely positioned to be the convener and catalyst to drive this community work due to our physical and economic size.

Besides improving food access, we expect the ProMedica Ebeid Institute will serve as a place
where people also will be able to access job training and employment. There they can learn how to help themselves establish solid skills to improve their economic stability, as well as self-confidence. Income disparity continues to plague the United States, and health care has a role in helping to make sure people are equipped to land jobs and earn better wages.

In addition to helping to address the social determinants of health, the Ebeid Institute is one example of how ProMedica is helping lead economic development in the communities we serve. We believe health care also has a responsibility to lead communities in economic development and in public/private partnerships. For example, the organization is in the process of moving more than 1,000 system employees from 17 locations in the metro area and relocating them to downtown Toledo, which will be the largest influx of employees to the downtown area in generations. This transition, which includes plans to refurbish a long-vacant, historical steam plant on the Maumee River, will have a significant impact on revitalizing the downtown area. In addition, ProMedica and other business leaders in the community, have recently formed the 22nd Century Committee, which is a public/private partnership dedicated to the revitalization of the downtown community.

Other ProMedica Efforts
ProMedica has several concrete examples of how we have been able to benefit the community and work on ending hunger, as well as alleviating concerns from social determinants of health in northwest Ohio and southeast Michigan. Many involve community collaborations, such as efforts to reduce infant mortality in our home county.

With African American women more than twice as likely as Caucasians to deliver low birth weight babies, a joint effort coordinated by the Northwest Ohio Pathways HUB to help connect low-income pregnant women to medical and social services has made an impact on this high-risk population. In 2013 and 2014, low birth weight babies were delivered by 9.5% of African American women enrolled in the Pathways program - which includes training for and data collection from care coordinators working at ProMedica and other sites - compared to 13.4% of African American women in the county overall. ProMedica is making a concerted effort to assess pregnant women for food insecurity, mental health issues, tobacco use, and other risks that contribute to babies not living to see their first birthdays. Women enrolled in Pathways averaged 7.4 of these social risk factors in 2014.

With our Come to the Table initiative to address hunger as a health issue, here are some other ways we have made strides along with the ProMedica Ebeid Institute, hunger-screening programs among patients and the food prescription program. We encourage other healthcare systems to adapt our examples to create programs tailored for their communities and partners.

Community Funding
Developed in 2009, the ProMedica Advocacy Fund annually awards an average of $300,000 to non-profit community partners that provide basic needs services, including food, clothing and shelter. Funding has been granted to programs that provide free and reduced-priced meals during the week, for example, and programs that need kitchen renovations, equipment or vehicles to provide meals for those in need of all ages.

Repackaging Food
In February 2013, two part-time ProMedica employees began working at Hollywood Casino Toledo, where they repackaged salads, meats, side dishes, and other unserved food. Other foodservice providers joined the effort, including ProMedica Toledo Hospital’s cafeteria, and more than 75,000 pounds of food was collected in the first nine months. That was enough for local partner Seagate Foodbank of Northwest Ohio to distribute food for more than 55,000 meals. ProMedica’s food reclamation program expanded in 2014, adding the Toledo Mud Hens’ foodservice venue at baseball games and other community partners. Since its inception, the program has reclaimed more than 250,000 pounds of food, or enough for nearly 175,000 meals. The community benefit is far reaching, not just for those who receive the meals, but to all who collaborate and share a greater purpose in helping others in need. And it costs just about $30,000 a year to employ two part-time food packers, both of whom are very committed to helping combat hunger. 
Mobile Farmers Markets
To help improve access to fresh fruits and vegetables in a rural Michigan county where two of our hospitals are located, the Veggie Mobile debuted in 2013 to make stops at senior centers and other community locations. The Veggie Mobile sells and distributes fresh produce, including seasonal offerings from area farmers’ markets and local producers, as part of a community health program started by ProMedica and a community group of which we are a member. Parts of the county are designated as food deserts, low-income areas without supermarkets offering fresh produce and other healthy food. The van was funded through a United States Department of Agriculture (USDA) grant secured by ProMedica.

ProMedica was awarded a second USDA grant to assist Seagate Foodbank in expanding its mobile farmer’s market in 2015. This mobile market visits senior housing complexes, community centers and other underserved neighborhoods and provides an opportunity for residents to access fresh fruits and vegetables. The program is expanding from 16 to 28 sites, and it will provide nutrition counseling and education by a registered dietitian during the expanded stops.

Food in Unlikely Places
Our flagship hospital is located in an area of Toledo where local residents must travel at least a half mile for healthy food, so The Flower Market gift shop was an ideal place to add nutritious groceries. Fresh vegetables, low-fat dairy products and other healthy items are for sale in a section of the shop called the Garden Grocer, and recipes including the items are handed out, too.

National Collaborations
On the national level, we also have several partnerships to help address hunger as a health issue. ProMedica is a member of Stakeholder Health, a coalition of healthcare systems that work with the U.S. Department of Health and Human Services to improve public health through innovative practices and community partnerships. The coalition aims to lower healthcare costs, improve access to care, elevate the health status of the communities it serves, and reduce health disparities. Hunger and food insecurity have been the topics ProMedica has focused on in discussions with the group, and we are learning from other’s efforts as well.

To further develop and deploy anti-hunger efforts among healthcare organizations and their partners, including government officials, we are partnering with the Alliance to End Hunger to hold summits nationwide with an array of experts on hunger and health. A national summit was held on Capitol Hill in February 2014, and as a result of that gathering, the USDA invited ProMedica to host regional summits to ensure the message of why and how healthcare has a stake in addressing hunger as a health issue is delivered to as wide an audience as possible. To date, regional summits have been held in Chicago, Atlanta and Albuquerque, with plans for events in New York, Boston and the west coast under way.

These summits held in collaboration with the USDA are designed to motivate healthcare organizations to work with community partners on anti-hunger efforts. They also serve to encourage local, state and national government officials to protect food-related policies and programs. Presbyterian Healthcare Services of Albuquerque and Boston Medical Center are among other hospital providers that have joined the effort.

Obesity’s Link to Hunger
Like many healthcare organizations, rising obesity rates have been a concern for ProMedica, and it was while examining causes for obesity that the often-related problem of hunger and food insecurity first came to our attention. The link between obesity and hunger became clearer as we began working with Share Our Strength, as a No Kid Hungry Ally Partner, and other partners. So did the industry’s lack of focus on hunger, which prompted our decision to pay some much-needed attention to food insecurity while continuing to work on obesity.

Oftentimes, part of the problem with obesity is a lack of access to nutritious food at affordable prices, which is another reason why some of our projects involve selling produce and other healthy items in food deserts.

In Lucas County, Ohio, adult obesity rates have increased to 36%. The latest figure is up from 35% in 2011 and 33% in 2007. Obesity is declining among high school students, however, going from 15% in 2011 to 13% in 2013/2014.
Only 6% of Lucas County adults ate the government-recommended five or more servings of fruits and vegetables a day. Among barriers to consuming fruits and vegetables are the expense, not having access to purchase them and not knowing how to prepare the produce. And 53% of adults reported that cost is the reason they chose the types of food they eat.

Proper nutrition is needed to help manage obesity and other health problems associated with hunger and food insecurity. Nationwide, more than half of households getting assistance from the Feeding America hunger-relief network have at least one member with high blood pressure. Plus, a third of households have at least one member with diabetes. These figures present opportunities for the healthcare industry to make a real impact on health outcomes by addressing conditions that are often the primary causation of disease.

A Call to Action

The healthcare industry must make fundamental changes. Currently, the industry’s model is defined as a hospital ‘four walls’ approach, but we need a completely new model that reverses the trend of unaffordable and unsustainable health care. Our system is fragmented, with no common goals around changing the very fundamentals of health and wellness. We have created a massive industry that responds to challenges by designing new ways to maximize revenue and build gleaming new facilities while failing to address the basic building blocks of overall health.

As key economic drivers in most communities, let’s use our might to improve population health through an array of collaborations and innovations targeted to meet each community’s needs. Health care must be integrated and focus on the most common social determinants, starting with mental health and hunger, to ensure Americans have what they need to live productive lives. Strategic, purposeful and intentional changes can create an improved model to deliver better public health care.

A New Way Forward

1. Add hunger screening and increased focus on social determinants to Community Health Needs Assessments and develop appropriate interventions.

2. Use Community Health Needs Assessments to pinpoint specific priorities and drive change.

3. Require hunger screening in Medicare value-based reimbursement and at all Medicare facilities, and include it in community benefit reporting.

4. Build robust social determinants of health questions in every electronic health record system, and use the answers to approach specific community needs.

5. Incentivize physicians to focus on the social determinants of health, starting with mental health and hunger.

6. Be diligent in adding new physician slots and requiring them to be based predominantly in primary care, with an emphasis on social determinants training.

7. Begin a public healthcare demonstration project in which Medicare and Medicaid payments are fixed for designated communities where the providers adopt a public healthcare focus. Additionally, assign case managers to all patients and actively address the social determinants of health, beginning with mental health and hunger.

8. Have the U.S. Centers for Disease Control and Prevention take the lead on doing research with social determinants of health and funding community-based projects nationwide.

9. Develop Medicaid and Medicare incentives for taking personal responsibility, similar to those being developed in the private sector.

10. Launch longitudinal studies to demonstrate whether integrating mental health and other social determinants, such as into primary care practices, is the right direction for the healthcare industry.
It’s Time

It’s time for healthcare leaders nationwide to focus on integrating health care and addressing hunger as a health issue in their communities, as well as working with policy leaders to ensure these and other social determinants become and remain a priority. Our collective voice is strong, and we must use it to lead as we move forward.

For more information about ProMedica’s Come to the Table initiative and programs — or to join our national effort — please contact ProMedica Chief Advocacy and Government Relations Officer Barbara Petee at barb.petee@promedica.org or 419-469-3894.

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