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**Season 3 Episode 4b**

**Food Insecurity: Part 2**

Transcript

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**Learning Objectives**

1. Summarize how the Hunger Vital Sign can be used as a screening tool for Food Insecurity
2. Describe the government assistance programs available to combat Food Insecurity
3. Describe some of the challenges food pantries face in terms of the availability of nutritious food items

**[00:00] Intro to Part 2**

**Gaines (DG):** Welcome everyone to Part 2 of our Food Insecurity Series. In Part 1, we reviewed some of the basics of food insecurity, including its psychological and physical impacts as well as its surprising prevalence. In Part 2, we will expand from there, discussing some of the political factors that perpetuate food insecurity, what we can do to combat it, and some of the cool resources available to us.

**DG:** Thanks for listening, everyone. Now, on to the show!

**[00:47] Political Factors that Perpetuate Food Insecurity**

**DG:** So Suja, I was wondering if you could tell us a little more about some of the political factors that help perpetuate food insecurity.

**Mathew (SM):** So, there are a couple issues there that deserve some mention here. One is poverty and historic racial segregation, community development that varies along racial and ethnic lines. So, the resources that are brought into certain communities are just simply not robust enough. And it perpetuates.

So over time, it's like the rich get richer, the poor get poorer, and there are less and less opportunities for certain individuals. And historically that has been along racial lines. And so there's some of that historic politics. But then there are also—and that's certainly currently still an issue that we need to deal with. So, I don't mean to suggest that it's all in our history alone. But also, there is the economics again, marketing, as you were referencing before, marketing to certain populations. There's certain food industries that have very strong lobbies. There's a business behind some of this, much of it. So there's, I think as healthcare folk, as we all are, we need to prioritize the health and wellbeing of our people, our children, our adults. That has to be first and foremost above a sort of immediate profit. And I would maintain that prioritizing health is absolutely in the best long-term interest of this country, by every measure, including economically. But short-term, it's going to mean resetting our priorities and shifting dollars towards this priority.

**[2:58] Ways We Can Combat Food Insecurity**

**Correa (RC):** Going a little bit in the same direction, but as healthcare providers, we need to empower ourselves to be leaders and to make some changes. So, what are some ways that you can recommend to us how to fight against food insecurity?

**SM:** Thanks, Ricardo. I think listening to this podcast is one. Educating ourselves, being shocked and upset, bothered by the fact that there are so many hungry people around us. I think that is important. I think many of us are active within various professional societies where we can collectively have a voice and advocate for different policies that are going to advance the health and wellbeing of everybody in the US. So, those are some options. I think within our organizations and in our individual practices we can identify, we need to build an awareness that food insecurity exists. Most people don't want to talk about it. It's embarrassing for many, it's shameful for some, at least that's how we feel. And so it's something that as a physician, we need to be aware that our patient may be food-insecure.

Again, if it's 10% of the folks in America, then chances are good that all of us are caring for somebody who is food-insecure. We need to think about it, and we need to ask about it. And I think our organizations, if we work within a larger structure, can incorporate screening into our encounters with our patients.

And there is a, what we call a Hunger Vital Sign, a two-question, easy-to-ask quick screening tool that can be used in any sort of intake encounter with a patient. There are two questions. The first one is “Within the past 12 months, we worried whether our food would run out before we got money to buy more.”

So you make that statement, and you ask the patient if that was often true, sometimes true, or never true. And then the second question or statement is “Within the past 12 months, food we bought just didn't last, and we didn't have money to get more.” Again, you ask the patient often true, sometimes true, or never true. And if a patient selects either often true or sometimes true to either one of those questions, that's very sensitive, greater than 97% sensitive for food insecurity and about 75% specific as well for food insecurity. So that's a very useful tool to be able to incorporate, just like we screen for so many other diseases, but also any conditions that are gonna put our patients at higher risk for one or another. This should be incorporated into that same screening program.

So that's what we can do, is build awareness. I believe that often as physicians, we don't ask because we're afraid of what they're going to say. And we're afraid or not equipped well enough to respond if a patient were to indicate that they were food-insecure. So we avoid the question because, “Oh my gosh, if they are, what do I do about it? I can't just nod my head. I need to be able to help.” And so, I think another way that we can equip ourselves to fight food insecurity is to be aware of what resources exist out there. There are government resources. And what we know is that people who are eligible are not using what they're eligible for. They're not applying. There are a number of reasons why that is likely happening, but we should encourage individuals who are eligible to consider—not to consider, to actually receive these government resources. There's a few, and I can list them. Would you like me to list a couple of them, so we can and make sure we're familiar with this? The best known is SNAP. So SNAP is Supplemental Nutrition Assistance Program that used to be referred to as food stamps. And some people will still use that term. That is an entitlement program, which means that if one qualifies they will get- there's going to be enough funds to provide that supplement to those individuals. The criteria varies by state. It's not really straightforward. I must say it's a little bit complicated. It depends on both gross and net household income and its relationship to the federal poverty limit. So it can get a little complicated and it does vary slightly by state. But they should apply. You should know that if a patient comes in, for example, who's already on Medicaid, they may very well also meet the eligibility criteria for SNAP. So that's one program. Another one would be women infants and children, the WIC program, that is for women and children. So women during their pregnancy and also to about six months after pregnancy after delivery and also for children up to the age of five. That is a program that has already been shown, has been proven to improve the health of children. It's amazing how providing the right food to these pregnant mothers has been- and early to those children- has yielded really great outcomes. We know this works. So getting back before, Ricardo, you asked about, what are the consequences of food insecurity for our children? The consequences are definitely there as I elaborated before and know that if we give them proper nutrition, we can intervene and make a difference.

There are other programs like the national school lunch program. Again for children. There's a national school breakfast program, again for school-age children. There are also different programs for adult daycare programs. So food supplement in daycare programs, summer feeding programs, et cetera.

These are all government programs. And again, I encourage you to work with social workers or in your organization, whoever can be a point person to refer your patients to apply. That's all government, there's also charity. And so I would think of charity as an emergency resource. Even the government programs are supplemental resource, so it's not a lot of money or a lot of support it's meant to supplement. Think of them as supplement and then charity as emergencies. So charity sources would be food pantries, soup kitchens, even some farmer's markets. Some of those charity sources are actually government funded, but some are not. Some maybe community organization sponsored or faith-based organizations sponsored, et cetera.

I'm going to give a little plug for a resource it's called Got Food? and it's spelled G O T F O O D question mark. It is a mobile app, so it's freely downloadable wherever you get your apps, right? Apple or Google play. I will tell you it was created by my children. So I want to-in full disclosure- my children who actually introduced me to the world of food insecurity a number of years ago through some volunteer work that they were doing created this app that's called, like I said, Got Food? and it's entirely free. And what it does is it allows individuals- currently, I believe they're in 27 states across the U.S.- but it allows individuals to search for parody sources near to them. It also helps individuals locate assistance in accessing government resources as well. So it's a bit of a tool that I think is a healthcare provider we can use to help direct our patients in the right way.

Also want to introduce folks to the USDA national hunger hotline, give you two numbers for that that you can share with your patients or that you can use yourself to assist your patients. For English speakers, that's 1-866-3HUNGRY and for Spanish speakers, it's 1-877-8HAMBRE. And that is Monday through Friday, 7:00 AM to 10:00 PM. So most of the hours- that's Eastern time, EST- but that’s most of the hours that we would be seeing patients in our clinic. So I hope those are good resources that all of our listeners can use.

**[13:30] FOOD PANTRIES VS FOOD BANKS**

**Ricardo:** Thank you so much for sharing all that information. I think that will help all of our audience when they [see patients]. I just want to ask you a question regarding food banks, because sometimes what we see in food banks is that the things that they get is high carbs and this kind of, not the best nutrition diet. What is your experience with the use of some of those food banks?

**Suja:** So I think Ricardo, you're referring to food pantries and I'll clarify those terms a bit. So food banks are generally referring to central sources of food that supply food pantries. An individual who needs food is most likely going to make contact with a food pantry. So you imagine you go in, you see shelfs or pick up a bag of groceries. And those are supplied by regional food banks and it's a network of regional food banks. You've probably heard of Feeding America, so the umbrella agent for food banks around the country.

So that's just for clarification, but you're absolutely right. What a food insecure individual receives at a food pantry is going to vary. I think it's going to depend on who is stocking that food pantry. So well-meaning individuals and organizations may stock a local food pantry with food that is less than optimal and nutritious. And again, that is food that is aimed at alleviating hunger. May not be the best quality, but what I can tell you is that across the country, through these regional food banks, and because of this umbrella organization of Feeding America, there's a lot more fresh food that is being supplied to food pantries around the country. I live in the Chicago area and our food bank, Greater Chicago Food Depository, has a strong partnership with my organization that I work for. I work for Cook County Health and we're the public hospital system here in Chicago. We have a partnership with Greater Chicago Food

Depository, our regional food bank, where their fresh produce trucks actually come to our clinics. They come and park in our clinic parking lots and as physicians in those clinics, we're able to give our patients prescriptions to go to the mobile food pantry, which is a fresh food truck. So filled with produce and good quality, high nutritious food. We're able to give our patients prescriptions that they then take into the food truck and buy food that is of the highest nutritional value.

So you're absolutely right. That has been a problem and it still can be a problem in certain food pantries that the food is not the greatest nutritional value. Think about when people collect cans for their local food pantry and you go into your own pantry in your home and you try to think about what you don't want to eat and that's what you donate to the local food pantry. And it's terrible. But it happens and- call it old school- but it still happens, but we're really working towards something better now. And I'm really proud of where we're headed. And again, for all of our listeners, I've described what we're doing at Cook County Health. I would challenge all of our listeners to reach out to their local [food bank], see what kind of partnership you can carve out to help your patients where you work in and the rural communities that you serve.

**DJ:** That's amazing and I bet there's going to be a lot of people listening to this that's going to want to partner immediately with their local food bank and food pantry as you described. Thanks for sharing. That's really amazing.

**[17:54] DOCTORS FOR HUNGER FREE AMERICA**

**DJ:** I was wondering, I was reading about some of the other things that you do and something that came up was that there was an organization you founded called Doctors for Hunger-Free America. Could you tell us a little bit more about the organization?

**Suja:** Yeah, it's my pleasure. So DHFA, Doctors for a Hunger-Free America, serves as an advisory group to an organization called Hunger Free America. So we are physicians who advise and also further the cause of Hunger Free America. So I'll tell you a bit about Hunger Free America(HFA). HFA is a national anti-hunger, advocacy, and direct service provider in the area of food insecurity. So they help oversee a number of advocacy efforts to improve the quality of food and the availability of food support across the country. So really domestic hunger is HFA’s passion and they're very committed both in terms of direct service and advocacy at a local and national level.

So HFA came about because I had been involved with Hunger-Free America again, because of my children's work around Got Food? and this issue I had become involved as well. And it’s clear that as physicians, we need to increase awareness and implement some of these strategies in our own practices. But it also became very clear- it is clear- that we have an important voice. As physicians, people generally listen to us and we have that privilege to be able to speak and be heard. And that is not just be heard by our patients and our communities, that is very important. But...and also to be heard by policy makers. So there's a real opportunity for us to advocate on this important issue. And so myself and my co-chair Mark Eisenberg, we decided to put together a group and we have members across the country. I would certainly encourage any interested listener to look us up, just Google. They were hungerfreeamerica.org, you'll find us there and please join on. It's absolutely free to join our group. Certainly we welcome anyone who's interested in donating to Hunger Free America, but you don't need to donate to join Doctors for a Hunger-Free America. Just join us, lend your voice because that really is what we're looking for. We're looking for your voice to speak out in unison about hunger and food insecurity and nutrition insecurity.

**Ricardo:**  So thank you so much, Suja, for chatting with us today. It's amazing listening to you today and talking a lot about definitions, putting security resources and many things that we can do as a physician healthcare provider community. Now it's time to translate everything that we learn here in this podcast to our clinical practice and to our patients.

**DJ:** Absolutely, and also for our audience: Remember to go to our website for episodes, show notes and additional resources. We will definitely post that Got Food? app and some of the numbers, some of the other websites as well. And also follow us on Instagram and Twitter @thedeishift on both Instagram and Twitter. So thank you for tuning in, and we hope you join us next time!

**[21:57] Outro**

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