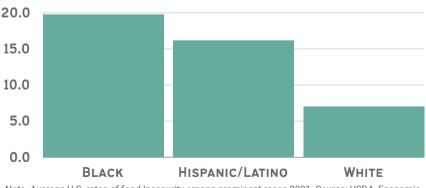
The food we consume is a crucial determinant of health as quality nutrition prevents and manages chronic diseases such as diabetes, heart disease, and certain cancers. In 2021, about 500,000 Americans died due to diet-related diseases.¹ Diet-related morbidity and mortality has amounted to \$173 billion (about \$530 per person in the United States) spent yearly on obesity-related care, and 85% of the \$4.3 trillion in health expenditures (about \$13,000 per person in the U.S.) is spent on diet-related conditions.^{1.2} These financial burdens tied to diet-related diseases have multiple root causes, but a major driver is food insecurity.

This report examines the current state of food insecurity in Texas and the U.S. while also exploring how public health programming and policy can address these issues with a food is medicine lens.

FOOD INSECURITY SNAPSHOT

Food insecurity is the inconsistent access to healthy, quality, and culturally relevant food due primarily to financial constraints. In 2021, 1 in 8 U.S. households with children experienced food insecurity,³ though staggering disparities reveal how it disproportionately affects families of color; 19.8% of Black households and 16.2% Hispanic/Latino households were food insecure compared to 7% white households.⁴

AVERAGE RATE OF FOOD INSECURITY IN U.S. (2021)



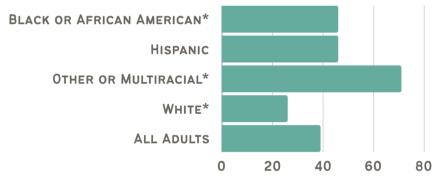
Note. Average U.S. rates of food Insecurity among prominent races 2021. Source: USDA, Economic Research Service calculations using Current Population Survey Food Security Supplement data.



JUNE 2024

Zooming in, 1 in 8 Texans experience food insecurity and rising rates of diet-related conditions.⁵ These numbers mirror the national average and contribute to the 117 million Americans who have at least one preventable chronic disease.⁶ The story is much more devastating for Texans of color, as Black and Hispanic Texan's experience food insecurity at tripled the rates compared to their white counterparts.⁷ Furthermore, they also have a 20% higher chance of being diagnosed with diabetes before the age of 41 compared to white Texans.

PERCENT OF TEXAS ADULTS WITH DIABETES WHO WERE DIAGNOSED AT AGE 41 OR YOUNGER BY RACE/ETHNICITY, 2021



Note. Every Texan analysis of Texas Department of State Health Services, 2021 Behavioral Risk Factor Surveillance System (BRFSS) data. *Non-Hispanic.

While most people recognize food insecurity as the state of regularly going hungry, it is also related to the idea of nutritional security — the access to safe, affordable, and healthy foods. Consequently, not having access to nutritional food increases the prevalence of obesity, diabetes, asthma, and other conditions. Food-insecure respondents are more likely to show signs of stress, anxiety and depression.⁸

As food access plays a key role in public health and wellness, we must understand the root causes of food insecurity in order to promote healthy living.



Food access can be caused by many factors but is often rooted in economic distress. Food insecurity is higher in lower-income states, affecting 1 in every 3 households living below the federal poverty level.⁹

Examining what influences economic insecurity in Texas is key in approaching food insecurity with a food justice lens;¹⁰a significant factor of economic distress, especially for Texans of color, is medical debt. Texans overall have higher medical debt than the national average, but Texans of color have a 4% higher share of debt compared to white Texans.¹¹ Around 29% of Texans



FOOD IS MEDICINE

living in neighborhoods of color experience medical debt.¹²As debt is a reliable predictor of economic insecurity, it's assumed that Texans of color face a higher chance of food insecurity than their white peers. Food insecurity is a multilayered problem and needs a multilayered approach.

Food is Medicine (FIM) is the field of diet-related interventions aimed at reducing the incidence of chronic diseases related to food choice or lack of access to healthy food. Most practitioners recognize FIM services as part of the traditional health care delivery system and funded by health care payors, such as Medicare and Medicaid, to incentivize upstream solutions in service delivery.¹³Yet, the concept of FIM is important for its role in integrating public health practice with health care services; policymakers recognize the role policy plays in defining food access.

Treatment: Most FIM initiatives refer to patient-centered interventions and treatment options delivered in health care settings. The most common treatments, as defined by the Texas Non-Medical Driver of Health Consortium,¹⁴ are:

- Medically Tailored Meals (MTM): MTMs are programs that create and distribute meals specifically tailored to a patient's dietary needs and are representative of one's culture. This can also be done in lieu of other services, such as nutrition counseling and physical therapy.
- Medically Tailored Groceries (MTG): Similar to MTMs, MTGs are prepared ingredients that are individualized according to the patient's medical needs and may be offered in lieu of cooking classes and nutritional counseling. Patients must be able to prepare meals with these groceries.
- Food Rx Programs: Health care providers provide vouchers or funds for patients to purchase prescribed foods. These foods usually are only fruits and vegetables but can include other nutrient-dense foods.

While FIM programs have been proven effective in reducing food insecurity, sustainably financing these programs remains a problem. The two financing mechanisms of FIM programs include using programs "in lieu of" services and Medicaid funding.

"In lieu of" services are alternative services provided by managed care organizations (MCOs) instead of the traditional services covered by Medicaid. This regulation allows MCOs wanting to address the social needs of their patients to pay for these services without the need for special waivers. For example, California – the first state to use "in lieu of" services – uses this method to address patients' social needs, such as housing.¹⁵ In Texas, HB 1575 will allow the state to use Medicaid to pay for screening and services coordination for pregnant women in need of nutrition support in lieu of services.



There are also opportunities for states to use Medicaid funding to pay for individual services. For example, Section 1115 of the Social Security Act allows for states to develop experimental FIM programs using Medicaid funding.¹⁶ Many states are using waivers to build proof of concepts in FIM. While FIM treatment programs are crucial, they are often explored primarily after patients experience diet-related illness. When looking at more upstream solutions, we must turn to public policy.

Prevention Through Policy: As FIM programming aims to treat individuals, FIM policies look to expand access to quality food to the entire community, especially children. The major programs that provide food assistance funding – the Supplemental Nutritional Assistance Program (SNAP) and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) – give money to low-income families to pay for food.

Of the 3.4 million people who rely on SNAP benefits in Texas, 79% are families with children.¹⁷ WIC serves 774,000 Texans. School meal programs are another major avenue for nutrition support for children, with the National School Lunch Program (NSLP) being the largest. NSLP is a federal program that provides free or low-cost nutritional lunches to U.S. students daily during the school year – impacting more than 3.5 million Texans.

As these programs are key to providing nutrition security, food access advocates have pushed for these policy reforms in recent years:

💥 EVERY TEXAN

JUNE 2024

- Healthy School Meals for All: Every day, 30 million school meals are provided across the nation. It remains the most consistent meal for school children across all socioeconomic backgrounds. As advocates recognize this impact, there is a push for "healthy meals for all," where school lunches are provided free of charge like books and transportation. Food access advocates champion other approaches as well, including developing local and regional food systems, investing in the nutritional workforce, and increasing the number of schools that can cook meals from scratch.
- Summer EBT: The USDA Food and Nutrition Service created an initiative to give families access to electronic benefits funds during the summer to ensure consistent food access. During the pandemic, a similar program called Pandemic EBT (PEBT) distributed benefits to 36 million children nationally in 2021 and 32 million in 2022, which summed to \$7.5 billion in total benefits to Texans throughout the pandemic. While Summer EBT was permanently authorized by Congress in 2022, Texas has since rejected funding for a Summer EBT Program for 2024. Texas still has an opportunity to institute summer EBT in 2025.
- Modernize SNAP Eligibility and Benefits: Reforming SNAP eligibility rules can create a more equitable program. For example, instituting 12-month SNAP certification periods for Texas families with children would reduce unnecessary paperwork and delays in coverage.^{20,21} Other expansion initiatives include reimagining the Thrifty Food Plan, which creates guidelines for the most cost-effective diet for a family of four. As this family model is not representative of the modern American family, re-evaluating the plan on a five-year basis is important.²²Food is one of the most important determinants of one's health and well-being. Expanding food access as part of healthcare delivery and public policy starts with recognizing food as medicine.

💥 EVERY TEXAN

- 1. Food is Medicine: A Project to Unify and Advance Collective Action. Food is medicine: A project to unify and advance collective action. January 30, 2024. Accessed May 21, 2024. https://health.gov/our-work/nutrition-physical-activity/food-medicine.
- 2. Ibid.
- 3. Sharma S, Tice N, Mak R. Food is Medicine: A Primer on Health System Initiatives in Texas. Baker Institute. November 23, 2023. Accessed May 21, 2024. https://www.bakerinstitute.org/research/food-medicine-primer-health-systeminitiatives-texas.
- 4. The U.S. Playbook to Address Social Determinants of Health. The White House. November 2023. Accessed May 21, 2024. https://www.whitehouse.gov/wpcontent/uploads/2023/11/SDOH-Playbook-3.pdf.
- 5. Hunger in Texas. Feeding Texas. October 5, 2021. Accessed May 21, 2024. https://www.feedingtexas.org/learn/hunger-in-texas/.
- 6. The U.S. Playbook to Address Social Determinants of Health. The White House. November 2023. Accessed May 21, 2024. https://www.whitehouse.gov/wpcontent/uploads/2023/11/SDOH-Playbook-3.pdf.
- 7. Gundersen, C., Strayer, M., & Engelhard, E., (2022). Map the Meal Gap 2022: An Analysis of County and Congressional District Food Insecurity and County Food Cost in the United States in 2020. Feeding America.
- 8. Drewnowski, A. Food insecurity has economic root causes. Nat Food 3, 555–556 (2022). https://doi.org/10.1038/s43016-022-00577-w
- 9. Ibid.
- 10. Smith, Bobby J., II. Food justice, intersectional agriculture, and the triple food movement. Agriculture and Human Values. 2019/12//;36(4):825-835. http://utsph.idm.oclc.org/login?url=https://www.proquest.com/scholarlyjournals/food-justice-intersectional-agriculture-triple/docview/2226252157/se-2. doi: https://doi.org/10.1007/s10460-019-09945-y.
- 11. Peiffer, E., & Jenkins, W. (2023, October 10). Debt in america: An interactive mapurban institute. Debt in America: An Interactive Map. https://apps.urban.org/features/debt-interactive-map/? type=medical&variable=medcoll&state=47&county=47093
- 12. Lewis J. The Mountain of Medical Debt in Texas Every Texan. Every Texan. September 2019. Accessed May 21, 2024. https://everytexan.org/wpcontent/uploads/2020/03/E0_2019_08_MedicalDebt-1.pdf.
- 13. Sharma S, Tice N, Mak R. Food is Medicine: A Primer on Health System Initiatives in Texas. Baker Institute.
- 14. Ibid.
- Medi-Cal Community Supports, or In Lieu of Services (ILOS), Policy Guide. Department of Health Care Services - California. July 2023. Accessed May 21, 2024. https://www.dhcs.ca.gov/Documents/MCQMD/DHCS-Community-Supports-Policy-Guide.pdf.
- 16. Food is Medicine: A Project to Unify and Advance Collective Action.
- 17. Texas Supplemental Nutrition Assistance Program. Center on Budget and Policy Priorities. February 13, 2023. Accessed May 21, 2024. https://www.cbpp.org/sites/default/files/atoms/files/snap_factsheet_texas.pdf.
- 18. Tracking Medicaid & Snap Delays in Texas. Every Texan. May 7, 2024. Accessed May 21, 2024. https://everytexan.org/tracking-texas-medicaid-snap-delays/
- Cooper, R. Summer Electronic Benefits Transfer Alleviate Summer Hunger for 3+ million kids - Every Texan. Every Texan. May 21, 2024. Accessed May 22, 2024. https://everytexan.org/2024/05/21/summer-electronic-benefits-transfer-alleviatesummer-hunger-for-3-million-kids/.



- 20. Tracking Medicaid & Snap Delays in Texas. Every Texan.
- 21. Improving snap and Medicaid Access: Snap Renewals. Center on Budget and Policy Priorities. November 30, 2018. Accessed May 21, 2024. <u>https://www.cbpp.org/research/improving-snap-and-medicaid-access-snap-renewals</u>.
- 22. Snap and the Thrifty Food Plan. Food and Nutrition Service U.S. Department of Agriculture. November 3, 2023. Accessed May 21, 2024. <u>https://www.fns.usda.gov/snap/thriftyfoodplan</u>.

