

December 2020

# Food Insecurity Issue Brief

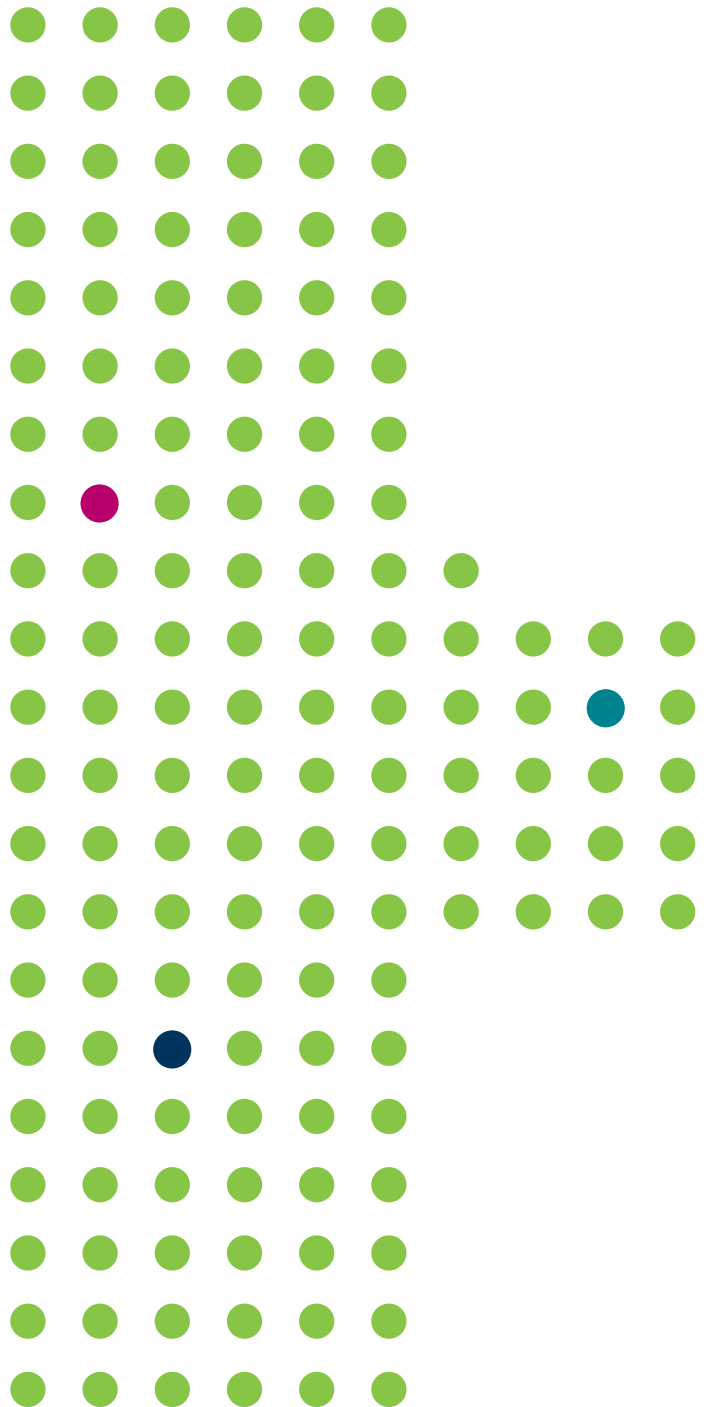
BOLD GOAL,  
POPULATION HEALTH STRATEGY  
OFFICE OF HEALTH AFFAIRS AND ADVOCACY

The intent of this brief is to increase knowledge and inform our stakeholders of opportunities to address social determinants of health, a core function of Humana's Bold Goal, Population Health Strategy. Our Bold Goal is dedicated to improving the health of the communities we serve 20% by 2020 and beyond by addressing the health of the whole person.

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## In This Section

### Introduction

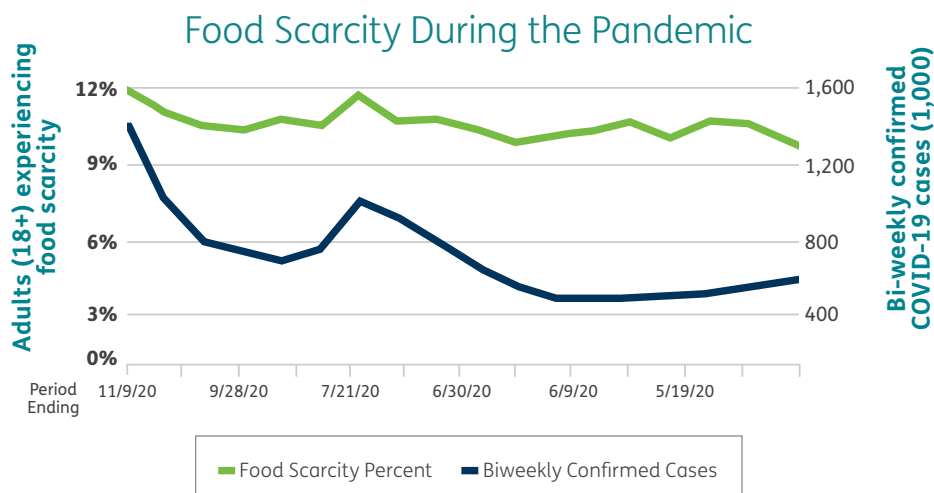
- A problem turned crisis
- By the numbers

## A problem turned crisis

According to the U.S. Department of Agriculture (USDA), in 2019, the [prevalence of food insecurity](#) in the United States fell to the lowest level in more than 20 years. An estimated 10.5 percent of U.S. households, approximately 35 million people, were food insecure at some point in 2019, down from the peak of 14.9 percent in 2011. However, this achievement has been overshadowed by the devastating effect of the coronavirus pandemic and economic recession, which threw millions of families into food insecurity this year.

The causes of increasing food insecurity in 2020 are varied, resulting from income loss, rising food costs, children on the National School Lunch Program being out of school, and overburdened food banks, as well as lack of access due to safety concerns, particularly for seniors and other individuals with compromised immune systems. As noted in the [November 2019 Food Insecurity Issue Brief](#), Black- and Hispanic-headed households, households with incomes at or near the federal poverty line, and households with children are at high risk of food insecurity, and these households have been hit [particularly hard](#) by the pandemic's repercussions. The rise in food insecurity is a threat to the future health and productivity of people in the U.S., as we know that food insecure children and adults are [more likely to experience a number of physical and mental health conditions](#), including diabetes, high cholesterol, and depression.

The following brief provides an update to the [November 2019 Food Insecurity Issue Brief](#) on industry-wide efforts to address food insecurity. It highlights the industry response to food insecurity in the wake of the coronavirus public health crisis and includes considerations for future areas of exploration.



Source: [Our World in Data](#)



## In This Section

### Policy and Regulatory Context

- Regulatory flexibility from CMS
- Congressional action
- State governments respond to increased need

## By the numbers

**1 million**

Meals distributed to members through Humana's Basic Needs Program between February and October 2020

**1 in 4**

U.S. households may experience [food insecurity in 2020](#), according to an estimate by Northwestern University

**60% increase**

in the number of people seeking help from food banks, according to [Feeding America](#)

## Regulatory flexibility from CMS

In response to the public health emergency, the Centers for Medicare and Medicaid Services (CMS) granted a number of [regulatory waivers](#) to ensure beneficiaries are able to access healthcare and other health-related basic needs. In the spring, CMS issued guidance in a series of memoranda for **Medicare Advantage Organizations**, as well as Part D and Medicare-Medicaid plans. In an [April 21, 2020 memorandum](#), CMS stated it would use its statutory discretion in 2020 to “adopt a temporary policy of relaxed enforcement in connection with the prohibition on mid-year benefit enhancements.” These enhancements may include expanded or additional benefits or more generous cost-sharing as long as they “are provided in connection with the COVID-19 outbreak, are beneficial to enrollees, and are provided uniformly to all similarly situated enrollees,” with meal delivery explicitly mentioned. In [subsequent guidance](#), CMS further clarified that these benefit enhancements must follow current criteria for primarily health-related supplemental benefits or Special Supplemental Benefits for the Chronically Ill (SSBCI).

For state **Medicaid agencies and managed care plans**, CMS [provided flexibilities](#) to get meals to beneficiaries quarantined or receiving home and community-based services, such as leveraging Meals on Wheels or non-emergency medical transportation vendors to deliver food. CMS also clarified that managed care plans may offer additional services beyond those in their contract with the state, known as value-added services, to provide non-medical supports.



## Congressional action

In March 2020, when it became clear that much of the economy would have to shut down in order to inhibit the spread of the coronavirus, Congress enacted legislation to provide assistance to households, bolster the social safety net, and safeguard the food supply system. [The Coronavirus Aid, Relief, and Economic Security \(CARES\) Act](#) and [Families First Coronavirus Response Act](#) provided an infusion of funds to address increased demand, including more than [\\$25 billion](#) for domestic food assistance programs such as the Supplemental Nutrition Assistance Program (SNAP), National School Lunch Program, and Older Americans Act Nutrition Services (which provides funding to Meals on Wheels programs). USDA also received funding to create the [Coronavirus Food Assistance Program \(CFAP\)](#), providing \$19 billion in relief to farmers, ranchers, and food distributors.

Other provisions of these bills allowed federal programs to adapt to the pandemic environment. The aforementioned CFAP supports food distributors, who have been significantly impacted by the closure of many restaurants and hotels, by purchasing \$3 billion in fresh produce, dairy, and meat to provide [Farmers to Families Food Boxes](#) to food banks and other community-based organizations (CBOs) servicing people in need. In addition, USDA's [Pandemic Electronic Benefit Transfer \(P-EBT\)](#) program helps fill the school meal gap for families who have lost access to free or reduced-price school meals due to COVID-19 school closures. P-EBT is administered by the states and provides an average benefit of \$5.70 per day per student, retroactive to when school initially closed. USDA also extended an innovative [SNAP online grocery purchase pilot](#) program to additional states, allowing low-income families to use their benefits while shopping safely online.

Despite these innovations to expand access to nutrition assistance, some may still fall through the cracks. For instance, the share of [gig workers](#) in the economy has grown considerably over the last decade. These and self-employed individuals may have difficulty demonstrating their income is below the threshold to qualify for SNAP and face bureaucratic hurdles to apply. There are [proposals](#) for how to reform the system for the modern economy that Congress could consider.

## State governments respond to increased need

State and local governments have borne the brunt of the coronavirus's health system, social, and economic impacts. As businesses began shutting down in March, [tax revenue to states](#) also dropped abruptly – at a time when states must invest heavily in public health while doing more to support unemployed workers and shutdown businesses. States, unlike the federal government, must balance their budgets annually, so they will likely need to tap into rainy day funds, if available, and make budget cuts, as well as explore additional sources of revenue. During and after the [Great Recession](#) of 2007-2010, state budget “cuts fell predominantly in education, health, and social services” through both staff and programmatic reductions. If the same trend occurs because of our current recession, cuts will disproportionately affect programs service those with the most need, which may further exacerbate food insecurity by rolling back assistance or eligibility and creating bureaucratic inefficiencies.

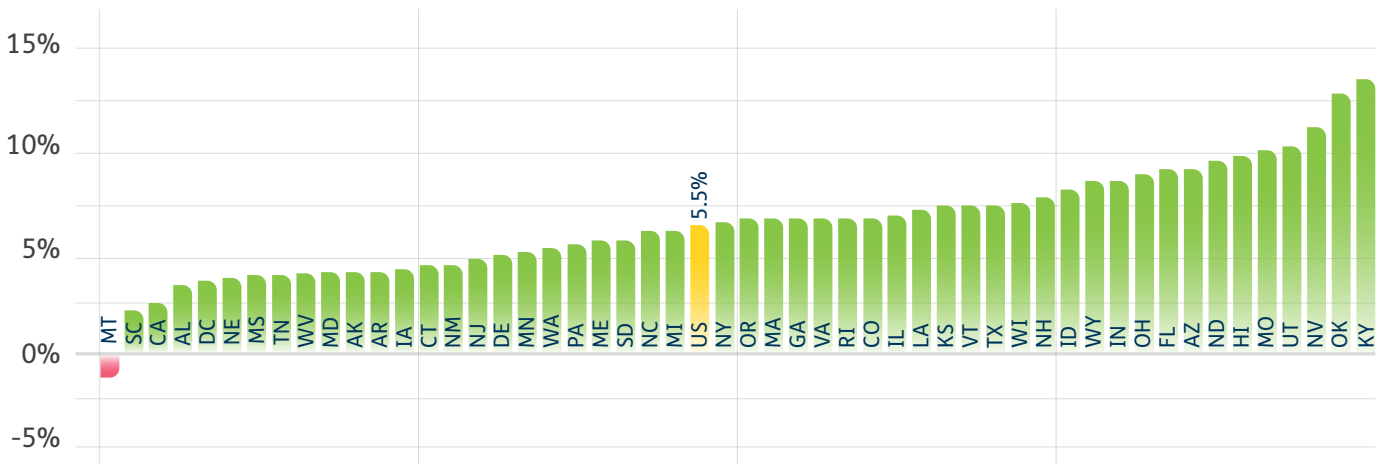


With the various coronavirus relief packages, Congress infused federal dollars into state-administered programs that help bolster food security, such as SNAP and unemployment insurance, and provided new flexibilities to expand eligibility, duration, and use of funds. For SNAP, these [included](#) increasing benefits, extending the certification periods, and modifying certain requirements for telephonic or digital access. While a perfect storm – of sudden skyrocketing demand, remote working/office closures, and [decades-old, antiquated IT systems](#) – has slowed the distribution of assistance to citizens in many states, these programs have provided a lifeline for millions of households.

An estimated [6-7 million additional people](#) have applied and been approved for SNAP benefits between February and August 2020, to a total of approximately 43 million individuals. This rapid 17 percent surge is unprecedented and outpaced the increase experienced during the Great Recession. The largest proportionate increase occurred in Florida. In addition, enrollment in Medicaid and the Children’s Health Insurance Program (CHIP), which are joint federal-state programs, [increased by 6.1 percent](#), or by 4.3 million people, between February and July 2020 due to rising unemployment. The greatest increase was in Kentucky. While low-income households are at risk of food insecurity, the Medicaid safety net can also [prevent](#) beneficiaries, particularly those with chronic conditions, from becoming food insecure. Some states are even coordinating their eligibility and enrollment systems for Medicaid and SNAP, as well as screening beneficiaries for food insecurity.

## Enrollment increased in nearly every state

% Change in Medicaid/CHIP Enrollment from February 2020 - July 2020



**NOTES:** July 2020 data are preliminary and subject to change

**SOURCE:** [Kaiser Family Foundation](#) with data from CMS, Medicaid & CHIP; Monthly Application and Eligibility Reports, last updated October 30, 2020.

While estimates of the prevalence of food insecurity among veterans varies widely, a recent publication by [Cohen, et al](#) reported:

- **Higher rates of food insecurity have been reported among certain high-risk subgroups, including veterans who served in Iraq and Afghanistan (27%), female veterans (28%), homeless and formerly homeless veterans (49%), and veterans with serious mental illness (35%). Additional risk factors for food insecurity specific to veteran populations include younger age, having recently left active-duty military service, and lower final military paygrade.**

The Center on Budget and Policy Priorities [estimates](#) that 1.3 million veterans live in households that participate in SNAP. The largest number of veterans participating in SNAP live in Florida, followed by Texas and California.

The Veterans Health Administration (VHA), the nation's largest integrated, federally funded health system, partners with government and nonprofit agencies to [address food insecurity](#) through the VHA system. VHA's Nutrition and Food Services (NFS) and the USDA Food and Nutrition Service, which administers SNAP, work with a multi-disciplinary team and partners to screen and refer veterans to improve access to food. Key to this response is the integration of a single-item screening tool into the [VHA electronic health record \(EHR\)](#), reminding any member of the care team to screen all noninstitutionalized veterans for food insecurity. Then, the interdisciplinary care team works together to address "the range of potential drivers underlying veteran experiences of food insecurity and subsequent health outcomes." This may include making adjustments to therapeutic regimens to account for cost-related nonadherence, tailored nutrition counseling, and resource referral (such as SNAP enrollment and emergency food). The VHA's Ensuring Veterans Food Security Workgroup has also established agreements with Feeding America and MAZON a Jewish Response to Hunger to coordinate resources, including [on-site food pantries](#).

Humana has made eliminating veteran food insecurity a priority. In 2018, Humana and the Veterans of Foreign Wars (VFW) launched [Uniting to Combat Hunger](#), a collaborative campaign designed to help to raise awareness and fight food insecurity in the veteran and military communities. With the onset of the coronavirus pandemic, the 2020 campaign shifted from a national food drive to a fundraising campaign to support food pantry programs at VHA hospitals, with a goal of 500,000 meals. In July, we announced the campaign had exceeded its goal – raising enough for more than [1 million meals](#).

### New Resource from Humana

[Food Insecurity for Veterans Flyer](#) (Developed June 2020) | A helpful guide for veterans struggling with food insecurity to provide them with helpful tips, resources, and support for maintaining a healthy routine.

# What Humana is doing



## In This Section

### What Humana is Doing

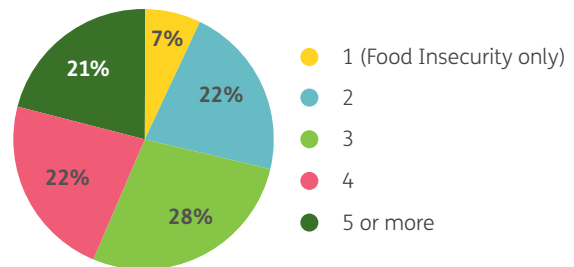
- Prevalence of food insecurity
- Responding to COVID-19
- New resources from Humana

Even before the pandemic, food insecurity among our members was a serious concern. In a survey of Humana Medicare Advantage (MA) members and Florida Medicaid beneficiaries conducted in the winter of 2019-2020, we found the prevalence of food insecurity to be 26 percent among MA and 64 percent among Medicaid members.

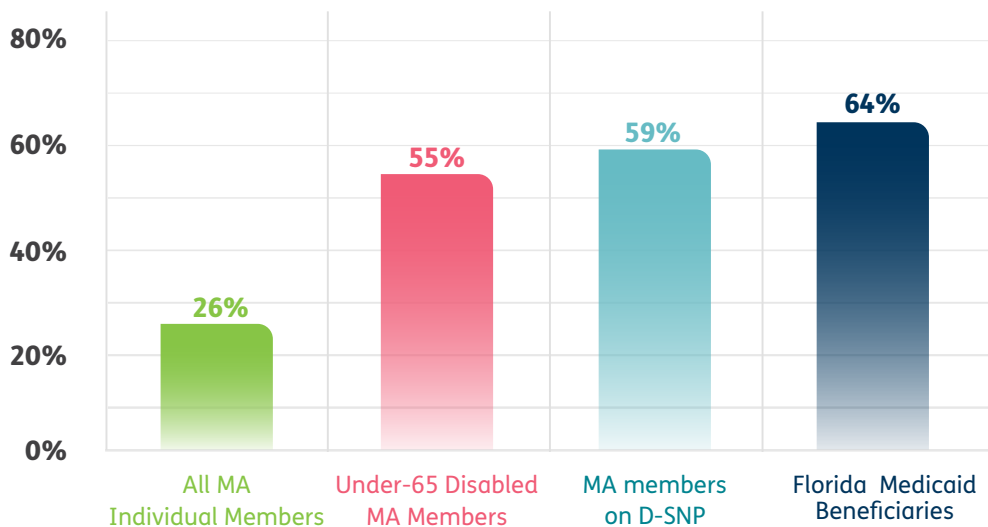
Food insecure members are likely to experience other social needs as well. For instance, of food insecure MA members, 86 percent experience financial strain, 55 percent experience loneliness, and 27 percent experience transportation barriers.

### Number of social needs of food insecurity MA members

Other social needs include financial strain, housing insecurity, loneliness, and transportation barriers.



## Prevalence of Food Insecurity among Humana Members



Food insecurity is particularly high among MA members with Dual Eligible Special Needs Plans (D-SNP). That is why Humana leveraged the Medicare Advantage [Value-Based Insurance Design \(VBID\)](#) Model in 2020 to offer the [Healthy Food Card Benefit](#) to qualifying members in several states. The benefit can be used to purchase healthy groceries at various national retailers and comes in the form of a wallet card that is loaded with a cash benefit each month. In response to the pandemic, Humana took advantage of CMS flexibility to offer [mid-year benefit enhancements](#) and expanded the number of plans offering the benefit and increased the monthly allowance on certain plans based on need. This benefit expansion will remain in effect for these 77 D-SNPs in 2021, providing ongoing relief and assurance to members.



## Responding to COVID-19

When the pandemic hit, Humana [organized and prioritized](#) to meet the needs of our members during this unprecedented time. This included proactive outreach to members most at risk to COVID-19 to provide education about the virus and connect them with telehealth and ensure they had an adequate supply of medications; however, members repeatedly expressed concern about having adequate access to food.

In response, the taskforce [quickly activated to create the Basic Needs Team](#), which leverages cross-functional resources and emergency flexibilities granted by CMS to screen MA members for food insecurity and coordinate with national vendors to deliver meals to members' homes. In accordance with SSBCI eligibility, members must be clinically complex and be experiencing food insecurity, the root of which may be financial, transportation, or other access barriers. In October, we surpassed 1 million meals delivered since February. One of the members helped is Theresa, who has [shared her story](#) publically.

Humana also adapted existing on-the-ground resources to address food insecurity. We expanded eligibility for the [Papa companionship program](#), which pivoted to virtual outreach to safely connect with lonely or isolated seniors, and added contact-free grocery delivery as an eligible service. In [New Orleans](#), when food banks were no longer able to distribute food from their buildings, we repurposed medical transportation vans to deliver food to families in need.

### Relief for Medicaid Beneficiaries

**Medicaid beneficiaries are particularly vulnerable to food insecurity due to their income. In Florida, Humana's Bold Goal and Medicaid teams collaborated with Buccan Provisions and [Share Our Strength](#) on an emergency food relief pilot project aimed at supporting families with young children by providing them healthy meals, delivered to their door, during the COVID-19 pandemic in partnership with local restaurants. This 8-week program ensured that families had regular, reliable, accessible meals that also support good health during this crisis and helped boost local economies by supporting restaurants and their employees, many of whom are also living paycheck-to-paycheck and struggling with food insecurity. At the conclusion of the pilot, families reported improved food security, increased consumption of fresh fruits and vegetables, and decreased stress.**





The [Humana Foundation](#) swiftly deployed resources to reinforce communities and CBOs serving the most vulnerable.

- In March, the Foundation announced an initial [\\$450,000 donation](#) to Feeding America’s COVID-19 response fund. Of that total, \$325,000 will support communities most in need of food and nutritional support as identified by Feeding America, and \$125,000 will support those affected by the virus financially, including SNAP application outreach.
- In April, [announced \\$50 million](#) for coronavirus relief and recovery efforts, including funding to sustain food bank operations and expand food resources to families nationwide. Partners include Feeding America, Meals on Wheels and Share Our Strength. The contribution to Share Our Strength supported the [No Kid Hungry campaign](#) to combat child hunger.
- A portion of the funds announced in April also went to financial assistance to nonprofit organizations in partnership with community foundations in Humana’s Bold Goal communities. In many communities, Humana Inc. bolstered this funding to support food security and other needs. [In Georgia](#), a more than \$1 million investment included support for the Grady Health System [Food as Medicine](#) program. [In Louisiana](#), the \$2.2 million committed to COVID-19 relief and hurricane recovery efforts funded an innovative program to partner with restaurants to deliver free boxed meals to families and front line health care workers. In [Louisville, Kentucky](#), this funding provided fresh meals and commodities to homebound seniors and supported the LEE Initiative and Maker’s Mark’s [Restaurant Workers Relief Program](#) to offer free meals and necessities to impacted restaurant workers nationwide.

## New Resources from Humana

[Food Insecurity for Seniors Flyer](#) (updated August 2020) | A helpful guide for seniors on food insecurity that provides tips and resources to find support. Also available in Spanish.

[Food Insecurity for Families Flyer](#) (developed October 2019) | A guide with healthful tips and resources for adults and families to overcome food insecurity.

[Getting Healthy Food During Coronavirus \(COVID-19\) Flyer](#) (developed March 2020) | This guide specifically addresses challenges accessing food and maintaining a health routine during the pandemic.

[Food Insecurity Screening and Referral Toolkit](#) (updated June 2020) | A toolkit developed by Humana and Feeding America to raise awareness of food insecurity among healthcare and non-healthcare professionals and provide resources for screening and providing support. Also available in Spanish.

[Food Insecurity and Health: Overcoming Food Insecurity Through Healthcare-Based Interventions](#) (developed March 2020) | This guide for healthcare organizations, developed by the National Quality Forum (NQF) and Humana, includes lessons learned, innovative and promising practices, as well as solutions to common barriers to address food insecurity in communities across the nation.

## Recommendations



### Humana's priorities to pursue in the future

#### **Enhance member experience with and health impacts of MA food-related benefits**

- Humana offers a number of food and nutrition-related benefits to MA members, but we should be continuously evaluating member satisfaction and ease of use, as well as improvements to health and quality of life, and making enhancements where possible. This may include expanding ways to access and use benefits such as the Healthy Food Card and considering how other social needs, such as transportation, internet access, and health literacy, may affect utilization.

#### **Explore food insecurity benefits and interventions for additional populations**

- With the expansion of Humana's [MA Honor Plans](#) and Medicaid business and knowledge of the vulnerability of some of these populations to food insecurity, there is an opportunity to provide customized, innovative benefits and services for these members, including potentially expanding the Healthy Food Card. There are also opportunities to reach food insecure members, including those with only Part D, or Prescription Drug Plan (PDP), coverage, leveraging Humana Pharmacy. Recent research has found pharmacists to be [trusted by the public](#) and to be [visited more frequently](#) than other providers by patients.

#### **Continue working with CMS to maintain or expand emergency response flexibilities**

- CMS responded quickly to industry requests to address the new social needs of our MA members caused by the pandemic. However, the pandemic and recession are far from over, and localize disasters such as hurricanes occur most years. We should continue working with CMS to maintain and define the parameters of our flexibility to respond.

#### **Advocate on the federal, state, and local levels to protect food and nutrition assistance**

- As noted earlier, the recession will force policy-makers to make difficult decisions about how to allocate limited funds. Humana can work through our coalitions in Bold Goal communities and on the national level such as the Root Cause Coalition to advocate for protecting programs that support health and well being.

