

## Hunger in the Community

# Ways Hospitals Can Help



*Foreword by  
Congressman James P. McGovern  
U.S. Representative from the  
Massachusetts 3rd Congressional District*

# Table of Contents

Foreword by Congressman James P. McGovern . . . . . 2

Why is hunger a hospital issue? . . . . . 4

Hospitals have the tools to address hunger . . . . . 12

Ways hospitals can help . . . . . 16

Getting more involved . . . . . 22

Partnering with the community . . . . . 24

Conclusion and resources . . . . . 26



Staff Photo



Photo © Michael Dwyer



Photo © Michael Dwyer



Photo © Tom Hannon



# Foreword

**T**his book offers a practical guide on how your hospital may help its patients and their families address hunger and food insecurity. Despite the pressures put on hospitals to treat patients who are sicker so they return home quicker than ever before, hospitals are institutions of healing that have a unique role in treating and preventing hunger.

Hunger is a fact of life for more than 544,000 people in Massachusetts. It's sometimes referred to as "food insecurity," and its presence erodes the health of low-income patients and puts them at risk for costly medical treatment. An elderly woman who takes her medicine but cannot afford to eat is on her way to an incomplete recovery.

Hunger is a consequence of poverty, which is exacerbated by the current economic downturn and the state's high cost of living. New research shows us that it's associated with serious medical conditions such as diabetes, cardiovascular disease, and poverty-related obesity.



Left untreated, hunger will undermine a patient's health and contribute to the onset — or worsening — of disease. And because it disproportionately affects low-income children, seniors, families, and immigrants, it is nothing less than a public health crisis occurring in populations already marginalized. Additionally, the current economic crisis has created many newly unemployed people, and their possible inclusion in the numbers of those needing food assistance spurs us to seek new partners capable of relieving hunger — and chief among these are hospitals.

This handbook is the first of its kind. It opens the discussion of what I hope will become a list of best practices. It provides a rationale for your hospital's involvement in the problem of hunger. It outlines ways you can craft a program of practical solutions that includes helping patients access federal nutrition programs and local food resources.

If good food is the first medicine, we must take the steps necessary to see that all patients and their families receive adequate nutrition. It's a cost-effective investment in their medical care . . . and the right thing to do.



A handwritten signature of James P. McGovern in black ink.

Congressman James P. McGovern

*U.S. Representative from the Massachusetts 3rd Congressional District, Vice Chairman of the House Rules Committee, Co-Chair of the Congressional Hunger Center and the House Hunger Caucus*



# Why is hunger a hospital issue?



## *It's a health issue*

Health care providers are accustomed to thinking about hunger as a consequence of poverty — thinking that keeps them from making the link between food security and the health of their patients. However, the right quantity and quality of food is essential to life itself, is required for good health, and is key to preventing disease and chronic health problems in the future.

## *It exists in all patient populations*

Every day in Massachusetts, thousands of people do not have the money to buy enough food or to buy *healthy* food. When hospital staff and clinicians start asking about hunger, they find it is a problem that affects all patients, from families with children to young adults just starting out to frail seniors living alone.

## *Hospitals have the tools to address it now*

With minimal changes, all hospitals can make a big impact on meeting the nutritional needs of their patients. The single most effective approach — helping patients apply for federal nutrition programs — requires no additional money, no additional staff, and no additional space. This guidebook shows you how to build on your current capabilities, using a wide range of options. Choose the solutions that fit into the unique culture of your hospital.



*"Hunger is a health problem and we should treat it like one. Hospitals can find many ways to help low-income patients access nutritional assistance to achieve a healthy diet."*

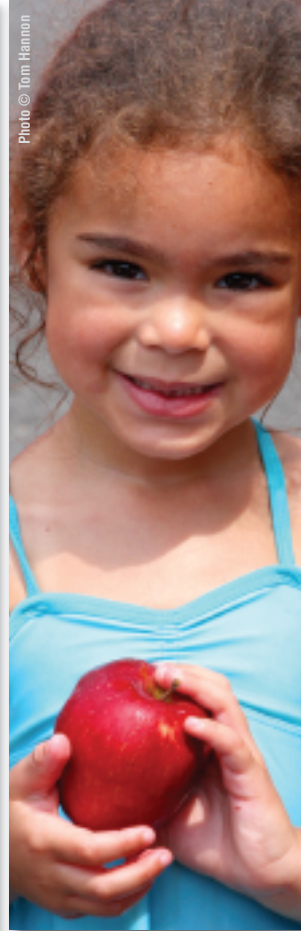
— John G. O'Brien, President and CEO  
UMass Memorial Health Care

## *Helpful Terms*

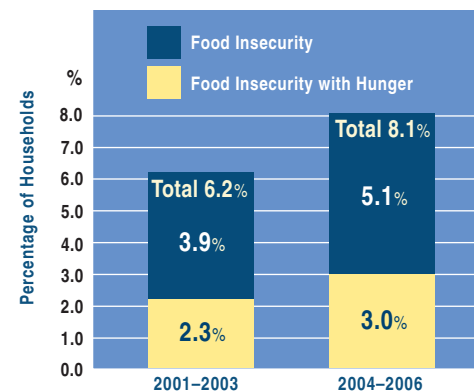
**Food security** is defined as having access to enough nutritious food for a healthy, active life.

**Food insecurity** is a term that applies to households that cannot afford to buy enough nutritious food for a healthy, active life. In these households, members unwillingly go without food occasionally or intermittently, such as at the end of a pay period or during peak fuel months.

**Food insecurity with hunger** is the term researchers use to describe the greatest deprivation. In these households, members are forced to decrease the quality and quantity of food to the point that they go without eating and are frequently hungry.



**Food Insecurity and Food Insecurity with Hunger**



*The prevalence of food insecurity in Massachusetts has increased by 1.9 percentage points between the time periods ending in 2003 and 2006, the last two periods for which data are available.<sup>1</sup> In 2006, 12.6 percent of all children 18 or under lived in food-insecure households.*



# How is hunger a health issue?

**H**unger is important for hospitals to be aware of because it has been associated with disease and increased medical treatment. It is a function of poverty, and so it disproportionately impacts children and elders who are overrepresented in low-income populations.<sup>2</sup>

The relationship of hunger and food insecurity to health problems, particularly in children, is well-established.<sup>3-7</sup> For example,

- Low-income children who are hungry have two to four times as many individual health problems, such as unwanted weight loss, fatigue, headaches, irritability, and frequent colds, as do low-income children who are not hungry.
- Higher rates of infant mortality and low-birthweight babies in the United States have been linked to the poor nutrition of their mothers.
- For children, hunger also has been linked to learning and behavioral problems.<sup>8-11</sup>

Among the elderly, hunger and malnutrition have been found to exacerbate chronic and acute diseases and can speed the onset of degenerative diseases. And for both children and the elderly, hunger has been found to contribute to increases in the cost of health care.<sup>12-20</sup>

*"Hunger is a prime health problem and one of the most unfortunate victims is the low-income child."*

— Ronald E. Kleinman, M.D., Physician in Chief  
MassGeneral Hospital for Children  
Chair, Department of Pediatrics



## health issue?



## Programs that help

There are a number of programs that address hunger. Some are run by charitable organizations, and others are federal nutrition programs that feed people while also bringing federal dollars into the economy.

**SNAP**, which stands for Supplemental Nutrition Assistance Program (formerly food stamps), provides eligible families in Massachusetts with a benefits card (like a debit card) for food purchases. Benefit amounts have recently increased, and this program enables a family or elderly person to buy fish and fresh fruits and vegetables they might not otherwise be able to afford. Farmers' markets are increasingly able to process electronic benefits on portable machines.

**WIC** is a health, nutrition education, and prevention program aimed at pregnant women, infants, and children up to age five. WIC participants receive supplemental foods through a monthly package of vouchers for nutritious food and baby formula, tailored to meet their special dietary needs.

**School Meals** include the National School Lunch and School Breakfast Programs. Low-income families with

Continued ►

# Why are people hungry in

**F**ood-insecure households cannot afford to maintain an adequate balanced diet necessary for active, healthy living. Just putting food on the table places stress on family budgets and the entire household. According to the USDA, median weekly household spending on food is \$42.50 per person in the United States, but food-insecure households spend just \$27.60 per person or 35 percent less than food-secure households.<sup>21</sup> In Boston, the average cost of a healthy diet for a family of four has been determined to be \$174 per week, far beyond the average of \$110.40 spent by food-insecure families.<sup>22</sup>

## How hunger affects a family

- Cannot afford healthy foods for balanced meals
- Cannot afford enough food to last through a week
- Must cut meal size, skip meals, feed children first
- Has no money to buy food, particularly at the end of the month
- Does not eat for whole days



*"I used to donate food to the food pantry. I always thought, 'There's someone out there who needs it.' Now all I have left is pictures of when I had a very nice life. Now I make brunch because I don't have enough to give my kids breakfast and lunch. When I leave the kitchen, I can hear my five-year-old say to my eight-year-old, 'How come we can't have breakfast and lunch?' and my eight-year-old says, 'We have to stretch out the food.'"*

— K.N., mother of two, Worcester

# Massachusetts?



## Programs that help

school-aged children can qualify for either reduced-price or free school meals, depending on household income. A number of schools are now implementing Project Bread's "Better Breakfast and Lunch Initiatives," which provide cutting-edge nutrition for low-income children.

**Summer Food Service Program (SFSP)** provides free meals to children 18 and under when school is out of session. No registration or identification is needed to attend any of the 500+ open meal sites in Massachusetts. These "food and fun" programs are located at schools, parks, pools, neighborhood centers, and social service organizations. They serve a combination of breakfast, lunch, or snack from early July through mid August.

Continued ►





## The link between hunger, obesity, and poverty

**W**hile it might seem paradoxical, hunger and obesity are directly linked. Since the most nutritious foods, such as fish and fresh fruits and vegetables, are also some of the most expensive, low-income families cross these items off their shopping lists. Instead, they fend off hunger and stretch their food dollars by purchasing inexpensive, filling foods that are high in carbohydrates, sugar, and fat — in effect, trading food quality for food quantity.<sup>23</sup> Also, the lack of consistent food often causes people to overeat when food is available.<sup>24</sup> These buying and eating patterns contribute to high rates of obesity found in low-income populations,<sup>25</sup> along with the associated risk of heart disease and diabetes. In Massachusetts, the highest rates of obesity and diabetes are found among households with annual incomes below \$25,000.<sup>26</sup>

**H**igher rates of hunger are present among some racial and ethnic populations, particularly African-American, Hispanic, and South Pacific Island populations.<sup>27</sup> Since the release of the 2002 Institute of Medicine report *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*,<sup>28</sup> hospitals have increasingly focused on addressing health care disparities, and hunger — with its relationship to obesity and health — is an important issue to be considered.

*“Solving hunger gives all of our children a chance to learn and thrive.”*

— Ellen Parker  
Executive Director  
Project Bread



## Programs that help

**Senior Meals Programs** include congregate dining sites, which offer nutritious meals to seniors at senior centers, churches, apartment complexes, and schools. These sites, sometimes called “lunch clubs,” also provide seniors with an opportunity for social interaction and a chance to get involved in their community. Available to any senior, regardless of income, there is no application process, but some programs require a reservation in advance. The meals are free, although voluntary donations are encouraged.

**Home-Delivered Meals** bring a lunch daily to seniors age 60 or older and the younger disabled who are homebound and cannot cook for themselves. Therapeutic meals may be available for certain medical conditions, and some programs also offer frozen weekend meals.

**Emergency Food Programs** in Massachusetts include 600 food pantries where clients can receive a bag of free food and soup kitchens or supper programs where clients sit down to a prepared hot meal. These programs are often located in neighborhood religious organizations and are staffed by volunteers. Their rules

Continued ►

# Hospitals have the tools to

**E**very year, Massachusetts hospitals help thousands of patients apply for MassHealth, the Health Safety Net, and other public insurance programs through the Virtual Gateway. The Virtual Gateway is the state's one-stop Internet portal access point that offers a common online application for an important benefit program.

By answering just a few additional questions, hospital staff can use the same intake form to help patients apply for SNAP, formerly known as food stamps. At the same time, the patient can begin the process of applying for WIC.

Evidence shows that SNAP and WIC are two of the best ways to improve the nutrition of a family that struggles to put food on the table. Benefits have recently increased, and the application process has been simplified.



*"Everything costs more now — rent, gas, and food. But food is vital to your health, and the cost of groceries — especially the good foods like fish or vegetables — has gotten expensive. You are getting prescription help to be able to afford the medicine you need. And SNAP is just like that — it helps you pay for the healthy foods you need."*

— Health Insurance Enrollment Counselor,  
speaking to an elderly woman reluctant to ask for help

# address hunger.



## Programs that help

for use and hours of operation vary, depending upon their resources, but they try to feed everyone who shows up at their door.

Massachusetts has four **food banks** that supply these charitable emergency food programs with food derived from three main sources: the Massachusetts Emergency Food Assistance Program (MEFAP), the USDA Commodity Supplemental Food Program, and donations from companies and individuals. Emergency programs also include **food salvage programs**, which rescue excess food from large events to distribute at supper programs.

**Other sources of low-cost food** include food co-ops, community gardens, and a growing number of farmers' markets that accept electronic benefit transfers from SNAP/food stamps as well as food vouchers from WIC and elderly programs. Additionally, SERVE New England offers deep discounts on quality grocery, meat, and vegetable items to community-minded individuals willing to volunteer two hours of their time each month to a worthy cause.



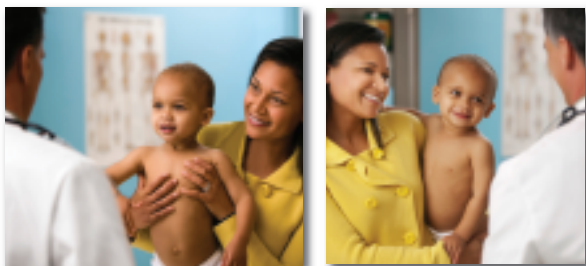
# Hospitals help reduce stigma.

Overcoming stigma is a major factor in solving the problem of hunger. Only 25 percent of hungry families use the emergency food programs in their areas.<sup>29</sup> According to Project Bread's FoodSource Hotline, elderly people are typically reluctant to accept SNAP/food stamps benefits that "should go to someone who really needs them." Similarly, health care providers may feel reluctant to question a parent's ability to provide enough food for their children.

Yet hospitals play a unique role in removing the stigma of food assistance. Health care providers are trusted and can easily present the SNAP/food stamp benefit or school lunch as part of a patient's plan for wellness.

*"Adequate access to proper nutrition is where good health begins, and hospitals can be a part of this important cause."*

— Michael F. Curren, Senior Vice President,  
Operations, Massachusetts Hospital Association



*"Doing SNAP applications with health insurance applications completes our job. Eating correctly is the first step in a healthy life."*

— H.R., health insurance enrollment counselor,  
Worcester



*"Hospitals can work with their communities in many ways to assure everyone access to healthy and affordable food."*

— Dennis L. Irish, Vice President, Marketing,  
Government and Community Relations, Vanguard Health Systems  
Co-Chair, Worcester Advisory Food Policy Council

## One Hospital's Experience

UMass Memorial Health Care is bridging the hunger health connection by offering one-stop application assistance for health insurance and SNAP to thousands of uninsured and underinsured children, families, and adults, including seniors on Medicare. Health insurance enrollment counselors screen patients for SNAP and WIC eligibility in busy emergency rooms, at patients' bedsides on inpatient units, in outpatient clinics, on a telephone help line, and through a community outreach program. By taking five minutes to explain the program and answer a few more questions on the Virtual Gateway, UMass Memorial counselors now help patients apply for nutrition assistance programs along with health insurance.



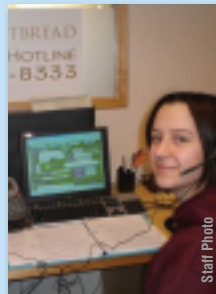
# Ways hospitals can help



*Help patients apply for the SNAP/Food Stamp Program or WIC using one of these easy methods.*



- Integrate screening for SNAP and WIC eligibility as a routine part of the financial services for every hospital patient, and provide SNAP application assistance (if the person qualifies) when enrolling patients in public health insurance programs.
- Refer patients to the Virtual Gateway to apply for SNAP benefits online at [www.mass.gov/dta](http://www.mass.gov/dta), and click "Apply for SNAP/Food Stamps Online" under "Key Resources."
- Refer patients to the nearest Department of Transitional Assistance (DTA) office by calling SNAP at 1-866-950-FOOD.
- Provide patients with a Project Bread SNAP Toolkit, which gives all the information needed to guide them through the SNAP application process on their own.
- Refer patients to the nearest Department of Public Health (DPH) office by calling WIC at 1-800-WIC-1007, or refer patients to the WIC office within the hospital for application assistance.
- Coordinate with the local WIC office to implement a WIC Enrollment Program at the hospital, using local WIC outreach workers. For more information, call 1-800-WIC-1007.
- Refer patients to Project Bread's FoodSource Hotline (1-800-645-8333) to be screened for SNAP eligibility. Project Bread's hotline counselors will screen all ages and tell the caller how to get started. Project Bread's hotline can also counsel the caller in other sources of free or low-cost food, such as emergency meals and school and summer meals for kids. (Project Bread's FoodSource Hotline, 1-800-645-8333, is open M-F, 8:00 A.M. – 5:00 P.M.; Sat., 10:00 A.M. – 2:00 P.M.)



Staff Photo

The single most effective tool to prevent hunger and improve health is to help enroll all eligible patients in SNAP, WIC, school meals, and senior meals. These programs provide a more consistent nutritional support than an emergency food program and allow patients to make their own food choices.

*The Project Bread SNAP Toolkit is available in English and Spanish. The Toolkits help give applicants a place to store documentation needed to complete the application. They can be had by calling the FoodSource Hotline at 1-800-645-8333.*



Photo © Michael Dwyer



*"Patients are really thrilled to know they can complete a MassHealth and SNAP application here at the hospital. I had a patient say, 'I can complete that here? And I don't have to go downtown?' She was so excited."*

— B.W, health insurance enrollment counselor, Worcester



# Ways hospitals can help



## Refer children to school meal programs.

- Refer parents to their child's school to get an application. Although schools usually assess student eligibility for free or reduced-price school meals in September, parents may apply anytime during the school year. And if they were initially not eligible for meal benefits, parents can re-apply if their income goes down or if their family size goes up.



## Refer children to the summer food service program.

- The summer food service program serves lunch, and sometimes breakfast and dinner or a snack to all children ages 18 or younger. A complete listing of the 500+ open meal sites in Massachusetts can be found at [www.meals4kids.org](http://www.meals4kids.org), after July 1 of every year. The website is hosted by Project Bread in conjunction with the Massachusetts Department of Elementary and Secondary Education.



## Refer seniors to senior meal programs.

- To find the nearest elder nutrition agency, call the Massachusetts Executive Office of Elder Affairs at 1-800-882-2003. Or, call your local Council on Aging or Aging Services Access Point agency. The local agency can refer clients to congregate meal sites in their area over the telephone. Clients do not have to go to the agency office to apply.



Photo © Paul Shoul



Staff Photo

*"Most of my class participates in the breakfast program, and it's obvious when they don't. The beginning of the day is when my students are well-rested and most ready to learn. If they don't eat, they are lethargic, complain of stomachaches, and have difficulty focusing."*

— C.G., first-grade teacher, Springfield

## One Hospital's Experience

North Adams Regional Hospital has developed garden programs as a way of tackling poor nutrition and hunger in its community. A school program teaches children how to grow organic food and donates its harvest to a local meals program. Its seniors program pairs elders from the Council on Aging with students in an intergenerational effort to get fresh produce into the hands of senior citizens. Another program brings organic raised-bed gardens into subsidized neighborhoods, and a garden right on the hospital's campus helps employees understand the value and beauty of growing food.



Photo © Joshua Touster

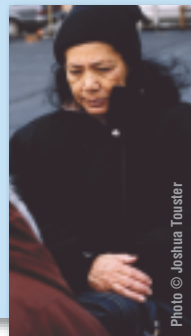


Photo © Joshua Touster



Photo © Joshua Touster



# Emergency food

Sometimes patients will need immediate hunger relief. All federal nutrition programs, while more sustaining in the long term, take time to begin delivering benefits. Hungry patients can't wait. Here is a list of things you can do to provide immediate help:



## *Connect patients with local emergency food.*

- To refer patients who need immediate help, Project Bread will connect them to all local resources via its statewide FoodSource Hotline (1-800-645-8333). The hotline counselor will give them a referral for a bag of groceries from a local food pantry or a free hot meal right in their own neighborhood. Project Bread supports 400 emergency food programs through its annual Walk for Hunger.



## *Provide supermarket vouchers/cards.*

- Purchase \$25 or \$30 gift cards from local supermarkets, and develop a method to identify a patient's need and how you will distribute the cards. This approach can be effectively tied to a food insecurity screening question (see "Getting more involved") posed to low-income patients who are identified as needing an emergency "food as medicine" prescription.



## *Operate your own hospital-based food pantry.*

- Plan to provide a 2–3 day supply of emergency food. Contact your regional food bank for information about the need for an additional food pantry in your community and how to organize and offer this service.

## One Hospital's Experience

Boston Medical Center has a Preventive Food Pantry located within the hospital that provides groceries to more than 6,500 low-income patients and their family members each month, helping to offset hunger in the Boston area where almost half of all low-income households lack adequate amounts of food. Doctors write "prescriptions" for food to address medical problems, such as low-salt items for high blood pressure, but also when they discover a family simply doesn't have enough to eat. Patients can get a bag of prescribed food several times per month.



## One Hospital's Experience

Baystate Medical Center provides vital hunger prevention services through two Springfield health centers by screening pediatric patients for hunger during routine medical visits. Medical staff prescribe food vouchers to provide immediate relief in the form of groceries from a local supermarket and they also connect these families with long-term solutions such as the federal nutrition programs.





# Getting more involved

Once you've taken the first and easiest steps to get patients on federal nutrition programs, you might want to get more involved.



*Teach clinical and hospital staff about food insecurity in patient populations, community food resources, and in-hospital resources. An informed hospital community can identify and screen patients for hunger-related needs and easily connect these patients to available resources.*

- Oregon State University has created an online CEU course that provides a good primer on childhood food insecurity and what hospitals can do about it. Visit it at <http://oregonstate.edu>, under "online education." This can be a good first step toward creating an informed clinical community.
- Distribute a Project Bread community food resource guide to clinicians and/or patients. These guides reinforce the options in your area and are available in a number of languages (1-800-645-8333).

*Screen for food insecurity in key clinical settings (e.g., pediatrics or geriatrics).*

- As part of routine care, implement a simple food insecurity screening question to identify hungry patients in need of referrals — "During the past month, was there a time when you, or anyone else in your family, went hungry because you didn't have enough money for food?"



## One Hospital's Experience

Massachusetts General Hospital launched Food for Families in 2007, a study conducted by Ronald Kleinman, M.D., chief of MGH pediatrics, with funding from Project Bread. Food for Families identifies families in MGH health centers experiencing hunger or who are at risk for hunger through a single validated screening question. Once identified, patients and their families are referred to a hunger outreach worker who provides a one-time \$30 supermarket voucher and helps them apply for SNAP/food stamp benefits as well as other federal nutrition programs, including WIC, school meals, and summer food, for which they might be eligible.



Photo © Tom Hammon

*Host hunger outreach programs.*

- Hunger can be seasonal, so target hunger program outreach campaigns in certain areas of the hospitals during specific times of the year. For example, in the spring and early summer, hold informational programs in the pediatric practices to ensure that families know about available summer food programs in their area. In the early fall, as winter approaches and families and seniors face the decision about paying for food or heating fuel, hold special events to assist these patients to access SNAP/food stamps and emergency food resources. Link the events to other seasonal programs like flu shot clinics.

*Expand nutrition education, and create a teaching kitchen.*

- Hospital teaching kitchens offer effective hands-on learning. Nutritionists can demonstrate healthy cooking techniques for community members, low-income patients, or patients at risk for diabetes, obesity, cardiovascular disease, and other diseases. These fun, participatory programs let patients taste new foods and practice healthy preparation techniques. Use low-cost, readily available foods from a variety of world cuisines to be sensitive to cultural preferences as well as to introduce affordable and healthy food choices.

*Provide discounts for hospital cafeteria meals.*

- Hospital cafeterias already provide good meals at a reasonable cost. Offer a discount to your senior patients or to other at-risk patient groups you serve.



Photo © Paul Siboni

# Partnering with the community

## Host farmers' markets or farm stands at hospitals.

- Farmers' markets can be set up in empty parking lots. They help to promote nutrition education, wholesome eating habits, and better food preparation, while also boosting the local economy. Farmers' markets are increasingly able to accept SNAP/food stamps benefits through portable EBT machines, as well as WIC and elderly vouchers.



## Donate leftover hospital food to local shelters and feeding programs.

- Hospitals have professional kitchens that can benefit the community's most vulnerable populations. Develop a relationship with your local "food rescue" program to donate food, fresh or cooked, that is in good condition. These programs can pick up leftover prepared and perishable foods from hospital cafeterias and deliver it directly to local shelters and community meal sites. State and national laws protect the donor from liability resulting from the use of donated food. (Contact your nearest food bank to find out more.)

## Prepare meals for community feeding programs and home-delivered meals.

- Your hospital food services can contract to produce special diet, therapeutic, or frozen meals for your area's senior home-delivered meals program or lunches to your local summer food service program. To learn more about how to get started on offering cutting-edge nutrition for children, contact Project Bread's Director of Child Nutrition Outreach at 617-723-5000.

## Support school food service enhancements and school garden programs.

- Find opportunities to improve school meals. Connect local schools with the fresh produce grown in community gardens, at local farms, and offered at farmers' markets. Low-income children can receive up to two meals a day at school, which makes any effort to enhance the quality of the food an important part of the hunger solution.

## Sponsor community gardens.

- Grow fresh affordable produce on hospital rooftops and grounds and in empty neighborhood lots. Community gardens provide nutritious, low-cost, fresh food; preserve green space; provide a catalyst for neighborhood interaction; stimulate social interaction; encourage self-reliance, and reduce crime.

*"Until recently, the only supermarkets in town were at the extreme ends of the city, so that parents had to transfer buses and ride forever to get to the market. This is close to impossible when you're a single parent with small children, especially children with special needs. So, instead, parents end up taking cabs or doing a lot of shopping at local convenience stores, adding to their food costs."*

— L.H., registered dietitian, Fall River Early Intervention



## Follow up with a community benefits campaign.

**E**nsure that providers, patients, and the community at large become aware of your work to help the hungry.

Hospital staff members need to know how to make referrals. Additionally, if hunger is to be recognized as a health issue and incorporated into the practice of medicine, it must be on the radar of practitioners. Follow-up on the outcomes of SNAP/WIC applications or other referrals with an e-mail or note in the electronic medical record.

Develop written materials to inform patients and hospital staff about the program. Strategically locate posters and flyers throughout the hospital. Make sure that they are culturally appropriate for your patient population and at their reading level.

Develop a summary of the program targeted to hospital staff and also send the story line of successes to external audiences for use in hospital publications, the local newspaper, and other public relations venues, such as the bulletins of religious organizations, cable show listings, print and cable calendar listings, among others. The more the public at large knows your hospital is a resource for helping to deal with hunger, the more those who help will have a stake in solving the problem.



*"In our ER, I had a young man who was attending college, with no insurance and no income. He did not think he needed SNAP/food stamps. I encouraged him to apply with the insurance application. He later called me to say he was approved and used the food stamps to buy his food for the week. He simply said, 'Thank you, thank you, you people are great.' I told him now he did not have to eat just noodles anymore."*

— K.M., Emergency Room health insurance enrollment counselor, Worcester



# Conclusion

**H**ospitals have a unique opportunity to inform patients and their families about food resources and to assist them with accessing those resources. Given the link between hunger and health and hunger and obesity, and the experience that hospitals already have accessing health insurance benefits, implementing hunger programs within the hospital is both a humane and wise use of resources.

## RESOURCES

| Program   | Contact Information  |                                  |
|---|--|----------------------------------|
| SNAP  | Project Bread FoodSource Hotline<br>Dept. of Transitional Assistance | 1-800-645-8333<br>1-866-950-FOOD |
| Emergency Food Pantries and Soup Kitchens, Elder Meals Programs, Summer Meals Programs, and Other Low-Cost Food | Project Bread FoodSource Hotline                                     | 1-800-645-8333                   |
| School Breakfast, Lunch Programs  | Project Bread Child Nutrition Outreach Program                       | 1-617-723-5000                   |
| WIC   |  | 1-800-WIC-1007                   |
| SERVE New England   |  | 1-888-742-7363                   |

### Other Resources

|                                  |                |
|----------------------------------|----------------|
| MassHealth                       | 1-800-841-2900 |
| Children's Medical Security Plan | 1-800-909-2677 |
| Healthy Start                    | 1-888-665-9993 |
| Fuel Assistance                  | 1-800-632-8175 |
| Massachusetts Legal Services     | 1-800-342-5297 |

### Food Banks

|  |                |
|--|----------------|
| The Greater Boston Food Bank           | 1-617-427-5200 |
| Merrimack Valley Food Bank             | 1-978-454-7272 |
| Worcester County Food Bank             | 1-508-842-3663 |
| The Food Bank of Western Massachusetts | 1-413-247-9738 |

## WEBSITES OF INTEREST

### Benefits of SNAP/Food Stamps

**Source:** Massachusetts' Virtual Gateway

**Website:** [www.mass.gov/dta](http://www.mass.gov/dta), go to "Key Resources/Apply Online"

### Benefits of WIC Nutrition Program

**Source:** WIC

**Website:** [www.mass.gov/wic](http://www.mass.gov/wic)

### Benefits of Emergency Food, the FoodSource Hotline, SNAP/Food Stamps, School Food, Summer Food Service Programs, and updates to this Hospital Handbook

**Source:** Project Bread

**Website:** [www.projectbread.org](http://www.projectbread.org)  
[www.gettingfoodstamps.org](http://www.gettingfoodstamps.org)  
[www.meals4kids.org](http://www.meals4kids.org)  
[www.projectbread.org/hospitals](http://www.projectbread.org/hospitals)

### Benefits of Farmers' Markets

**Source:** USDA

**Website:** [www.ams.usda.gov](http://www.ams.usda.gov)

### Benefits of Community Gardens

**Source:** American Community Garden Association

**Website:** [www.communitygarden.org](http://www.communitygarden.org)



Staff Photo



Staff Photo



Photo © David Leifer



Photo © Joshua Touster

# Notes

- <sup>1</sup> Nord, M., Andrews, M., and Carlson, S., **Household Food Security in the United States, 2006**, U.S. Department of Agriculture, Economic Research Report, No. 49, 2007.
- <sup>2</sup> Project Bread – The Walk for Hunger, **Status Report on Hunger in Massachusetts**, 2008.
- <sup>3</sup> Food Research and Action Center (FRAC), **Hunger in the U.S.**, 2008.  
[http://www.frac.org/html/hunger\\_in\\_the\\_us/hunger\\_index.html](http://www.frac.org/html/hunger_in_the_us/hunger_index.html).
- <sup>4</sup> Vozoris, N.T. and Tarasuk, V.S., **Household Food Insufficiency Is Associated with Poorer Health**, *The Journal of Nutrition*, 2003.
- <sup>5</sup> Adams, E.J., Grummer-Strawn, L., and Chavez, G., **Food Insecurity Is Associated with Increased Risk of Obesity in California Women**, *The Journal of Nutrition*, 2003.
- <sup>6</sup> Alaimo, K., Olson, C.M., and Frongillo, E.A., **Low Family Income and Food Insufficiency in Relation to Overweight in US Children. Is There a Paradox?** *Archives of Pediatrics & Adolescent Medicine*, 2001.
- <sup>7</sup> Casey, P.H., Szeto, K., Lensing, S., Bogle, M., and Weber, J., **Children in Food-Insufficient, Low-Income Families**, *Archives of Pediatrics & Adolescent Medicine*, 2001.
- <sup>8</sup> Kleinman, R.E., Murphy, J.M., Little, M., Pagano, M., Wehler, C.A., Regal, K., and Jellinek, M.S., **Hunger in Children in the United States: Potential Behavioral and Emotional Correlates**, *Pediatrics*, 1998.
- <sup>9</sup> Weinreb, L., Wehler, C., Perloff, J., Scott, R., Hosmer, D., Sagor, L., and Gunderson, C., **Hunger: Its Impact on Children's Health and Mental Health**, *Pediatrics*, 2002.
- <sup>10</sup> Murphy, J.M., Wehler, C.A., Pagano, M.E., Little, M., Kleinman, R.E., and Jellinek, M.S., **Relationship Between Hunger and Psychosocial Functioning in Low-Income American Children**, *Journal of the American Academy of Child & Adolescent Psychiatry*, 1998.
- <sup>11</sup> Alaimo, K., Olson, C.M., and Frongillo, E.A., **Food Insufficiency and American School-Aged Children's Cognitive, Academic, and Psychosocial Development**, *Pediatrics*, 2001.
- <sup>12</sup> Casey, P.H., Szeto, K.L., Robbins, J.M., Stuff, J.E., Connell, C., Gossett, J.M., and Simpson, P.M., **Child Health-Related Quality of Life and Household Food Insecurity**, *Archives of Pediatrics & Adolescent Medicine*, 2005.
- <sup>13</sup> Cook, J.T., Frank, D.A., Levenson, S.M., Neault, N.B., Heeren, T.C., Black, M.M., Berkowitz, C., Casey, P.H., Meyers, A.F., Cutts, D.B., and Chilton, M., **Child Food Insecurity Increases Risks Posed by Household Food Insecurity to Young Children's Health**, *The Journal of Nutrition*, 2006.
- <sup>14</sup> Cook, J.T., Frank, D., Berkowitz, C., Black, M.M., Casey, P.H., Cutts, D.B., Meyers, A.F., Zaldivar, N., Skalicky, A., Levenson, S., Heeren, T., and Nord, M., **Food Insecurity Is Associated with Adverse Health Outcomes among Human Infants and Toddlers**, *The Journal of Nutrition*, 2004.
- <sup>15</sup> Hadley, C., Galea, S., Nandi, V., Nandi, A., Lopez, G., Strongarone, S., and Ompad, D., **Hunger and Health Among Undocumented Mexican Migrants in a US Urban Area**, *Public Health Nutrition*, 2007.

- <sup>16</sup> Lee, J.S. and Frongillo, E.A., **Nutritional and Health Consequences Are Associated with Food Insecurity among US Elderly Persons**, *The Journal of Nutrition*, 2001.
- <sup>17</sup> Nelson, K., Cunningham, W., Andersen, R., Harrison, G., and Gleberg, L., **Is Food Insufficiency Associated with Health Status and Health Care Utilization Among Adults with Diabetes?** *Journal of General Internal Medicine*, 2001.
- <sup>18</sup> Stuff, J.E., Casey, P.H., Szeto, K.L., Gossett, J.M., Robbins, J.M., Simpson, P.M., Connell, C., and Bogle, M.L., **Household Food Insecurity is Associated with Adult Health Status**, *The Journal of Nutrition*, 2004.
- <sup>19</sup> Tarasuk, V.S., **Household Food Insecurity with Hunger Is Associated with Women's Food Intakes, Health, and Household Circumstances**, *The Journal of Nutrition*, 2001.
- <sup>20</sup> Ibid (see note 4).
- <sup>21</sup> Nord, M., Andrews, M., and Carlson, S., **Household Food Security in the United States, 2007**, U.S. Department of Agriculture, Economic Research Report, No. 66, 2008.
- <sup>22</sup> Thayer, J., Murphy, C., Cook, J., Ettinger de Cuba, S., DaCosta, R., and Chilton, M., **The Real Cost of a Healthy Diet: Coming Up Short, High food costs outstrip food stamp benefits**, C-SNAP at Boston Medical Center and The Philadelphia Grow Project at Drexel University, 2008.
- <sup>23</sup> Project Bread – The Walk for Hunger, **Status Report on Hunger in Massachusetts**, 2005.
- <sup>24</sup> Ibid (see note 23).
- <sup>25</sup> Drewnowski, A. and Specter, S., **Poverty and Obesity: The Role of Energy Density and Energy Costs**, *American Journal of Clinical Nutrition*, 2004.
- <sup>26</sup> Massachusetts Department of Public Health, **A Profile of Health Among Massachusetts Adults: Results from the Behavioral Risk Factor Surveillance System**, 2004.
- <sup>27</sup> Alaimo, K., Briefel, R.R., Frongillo, E.A., and Olson, C.M., **Food Insufficiency exists in the United States: Results from the third National Health and Nutrition Examination Survey (NHANES III)**, *American Journal of Public Health*, 1998.
- <sup>28</sup> Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care, Institute of Medicine, **Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care**, Washington, DC: The National Academies Press, 2002.
- <sup>29</sup> Project Bread – The Walk for Hunger, **Status Report on Hunger in Massachusetts**, 2007.



**T**his book was written in partnership with UMass Memorial Health Care and with the support of the Massachusetts Hospital Association.

### *About UMass Memorial Health Care*

*UMass Memorial Health Care is the largest not-for-profit health care system in Central New England and includes teaching and community hospitals, outpatient clinics, physician practices, and home health, hospice, rehabilitation, and mental health services. Dedicated to promoting health and wellness, UMass Memorial is proud to be the clinical partner of the University of Massachusetts Medical School. For more information, visit [www.umassmemorial.org](http://www.umassmemorial.org).*

### *About Project Bread*

*As the state's leading antihunger organization, Project Bread is dedicated to alleviating, preventing, and ultimately ending hunger in Massachusetts. Through The Walk for Hunger, Project Bread supports 400 emergency food programs statewide, as well as innovative ways to provide food to low-income families in everyday settings. For more information, visit [www.projectbread.org](http://www.projectbread.org).*

**PROJECTBREAD.ORG**

145 Border Street, East Boston, MA 02128-1903  
Tel 617-723-5000 | Fax 617-248-8877  
[www.projectbread.org](http://www.projectbread.org) | [info@projectbread.org](mailto:info@projectbread.org)

