

# “Just eat healthier.”

*Why “diet improvement” as a chronic condition management strategy falls short for individuals experiencing food insecurity*

Food insecurity is a longstanding problem impacting individuals and families across the globe. Before COVID-19, more than **37 million people** in the United States lived in a food-insecure household, which constitutes approximately 11% of US households. As of April 2020, research has shown the percentage has increased to up to 38%.

**Food insecurity** is defined as the disruption of food intake or eating patterns due to a lack of financial or other resources. In the midst of a national pandemic, accessing food has become increasingly difficult for those who have sufficient resources. It’s become nearly impossible for those with less secure resources. Furthermore, food access support services that serve to address the needs of more vulnerable populations have also been experiencing hardship. The National Institute for Health Care Management (**NIHCM**) Foundation reported that 98% of food banks are at an increased demand, with about 40% of those showing immediate critical shortfalls.

2018

**11%** of US households experience food insecurity



APRIL 2020

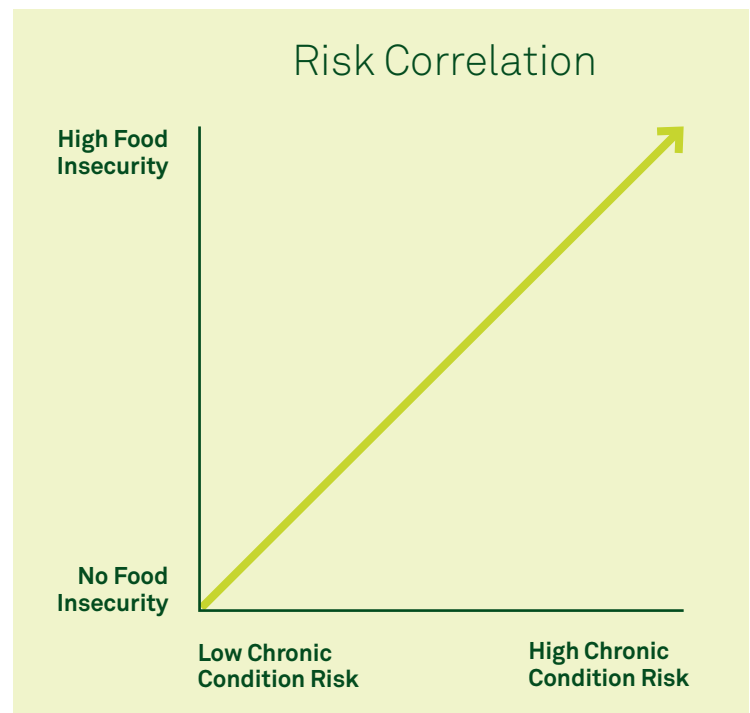
**38%** of US households experience food insecurity



## Supply and demand for basic human needs has severe implications

As the demand at food banks has risen, the supply of food donations continues to decrease. This familiar economic phenomenon has become an additional barrier for individuals experiencing food insecurity, particularly those with chronic conditions<sup>1</sup>. Because food security and health outcomes move in parallel, having a food security status of marginal, low, or very low are all strongly associated with chronic disease. **In a 2017 study** released by the USDA, lower food security was associated with a higher probability of each of the chronic diseases examined—hypertension, coronary heart disease (CHD), hepatitis, stroke, cancer, asthma, diabetes, arthritis, chronic obstructive pulmonary disease (COPD), and kidney disease<sup>1</sup>.

Furthermore, the lack of resources isn't just about the food itself. Those who are food insecure are also more likely to be affected by other social determinants that contribute to worsened health outcomes. Barriers such as lack of access to affordable housing, social isolation, and lower annual earnings all contribute to the likelihood of having or developing chronic conditions as well as having difficulty managing them. Compounding these factors with a lack of nutritious food accessibility is proven to lead to conditions, such as obesity, high blood pressure, heart disease, and diabetes<sup>1</sup>.



To treat these conditions, doctors are suggesting diet changes, which present a further dilemma for those who are food insecure. Research clearly illustrates the role nutrition plays in chronic condition management<sup>1</sup>. Take, for example, a patient with type 2 diabetes. The food they eat is just as important as the medication they are prescribed. But without adequate food access, condition management becomes an even bigger struggle, if not almost impossible. This directs us to the bigger picture: food insecurity and chronic condition management are mutually exclusive.

***Successful condition management of large populations cannot occur while food insecurity is still a problem.***

## If access is the problem, remove the access barriers

As a company that prides itself on being able to reduce barriers for members, the solution seemed pretty obvious. If access to food is the problem, we need to remove the access barriers. Grocery delivery programs are an accessible tool that can help to address access issues related to location, ability status, or even time. The problem with grocery delivery as a standalone service is its inherently transactional base; it doesn't necessarily address nutrition education.

So, we've decided to take food insecurity support a step further by coupling grocery and meal delivery services with nutrition education through digital health coaching. To date, we have been able to deliver over 600,000 meals to food-insecure individuals across the country.

Merging meal delivery services and nutrition education provides a structured support system to help meet individuals experiencing food insecurity where they are by providing them with comprehensive support to address a fundamental need that is quite literally essential to survival. It enables us to flip the switch on food insecurity and create the infrastructure that will set people up for success in their individual health management. Food insecurity isn't a new problem, but it is our responsibility as a society to invest in new solutions that help address it.

<sup>1</sup>Gregory C, Coleman-Jensen A. Food insecurity, chronic disease, and health among working age adults. United States Department of Agriculture. July 2017. [ers.usda.gov/webdocs/publications/84467/err-235.pdf?v=0](https://ers.usda.gov/webdocs/publications/84467/err-235.pdf?v=0)

## About Pack Health

Pack Health is an evidence-based patient engagement platform that helps change health behaviors to close gaps in care and improve outcomes. Pack Health comprehensively addresses chronic conditions, comorbidities, social determinants, and barriers. Our proven model drives results across industries, including life sciences, health plans, and research. For more information, visit [www.packhealth.com](https://www.packhealth.com) or contact [sales@packhealth.com](mailto:sales@packhealth.com).

For more information on Pack Health's program to address food insecurity, [click here](#).

To date,  
Pack Health has been  
able to deliver more than  
**600,000**  
meals to individuals  
experiencing food insecurity.