

MO-ACHE Student Essay Award
 A Radical Rethinking on Healthcare as a Way of Healing Hunger Wounds
 Saint Louis University, MHA Class of 2019
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How does one define health? The absence of disease? History of chronic illness? Or perhaps the sheer number of annual visits to the doctor? The World Health Organization defines it as, “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (“Constitution”, 2017). For many, an essential part of that equation is often overlooked. The root of one’s health stems from how we fuel our bodies: food. When deprived of it, our bodies become weak and susceptible to various ailments. Those once seemingly simple tasks become physically draining making it virtually impossible for our bodies to recover from previous illnesses and more likely to regress back to previous states of affliction. A connection must be made; healthcare providers, foodbanks, nutrition assistance programs, etc. all serve with one purpose – to improve the overall wellbeing of individuals and the community. Uniting these forces is essential in forming a more efficient healthcare system. The goal of this rethinking is to broaden the view of healthcare beyond the walls of a hospital and into the community. This is a mindset of prevention and advocacy for the overall health and prosperity of the public sector.

This past summer, I had the opportunity to serve as an AmeriCorps member at Operation Food Search (OFS) working on their Summer Meals Program. Funded by the United States Department of Agriculture, OFS established a mobile meal van that visits over thirty-three sites throughout the St. Louis area daily to ensure that children continue to receive proper nutrition while school is out of session in order to encourage proper development and continued academic success. What I experienced in a few short weeks was the kindness and fortitude of a group of poor, underserved kids living in St. Louis city. Their family’s economic status made them prisoners in a seemingly hopeless cycle society has bound them to. Such statuses have numerous consequences that will become apparent over the next weeks, months, and years of that child’s life. As the summer progressed, I got to know these individuals and I *listened* to their stories. It’s hard not to wonder what future hardships that child would face due to food insecurity and the plethora of health consequences it can ignite if this growing problem is not addressed. Day in and day out, these children returned to the meal van welcoming our arrival and the meal it carried as the alternative was the empty pantry waiting at home.

This hunger crisis extends so much farther than St. Louis. Areas across all of Missouri and the United States are being affected by food insecurity - 369,805 Missouri households to be exact (“U.S. Demographics”, 2015). Unfortunately for many individuals, hunger is not the only dilemma they’re facing. It is important to consider that, “poor health drives people into poverty in the first place, while people who are poor are at greater risk of being unhealthy” (“Hunger”, 2017). Food insecurity is directly correlated to chronic disease, which can lead to decreased employability and increased medical expenses, resulting in decreased household income, and eventually cycling back to a reduction in the quality and quantity of food to compensate and further reliance on government sponsored health care coverage (“What”, 2017). Breaking this cycle is no easy task. This being said, a quick hunger screening could detect such struggles at an early age. During patient examinations, the healthcare provider’s mind becomes overwhelmed

with the medical information needed to diagnose and properly treat the condition. However, amongst such questionnaires, hunger is a crucial perspective often goes unnoticed. With this recognition brings opportunity for education and serves on the forefront of prevention.

Hospitals and other healthcare providers are already equipped with the tools needed to support such diagnoses. Although numerous food assistance programs are in place, like the Supplemental Nutrition Assistance Program (SNAP) or the Women, Children, and Infant assistance program (WIC), “only about 61 percent of food-insecure households utilize them and many qualifying households remain unaware of such services” (Susman, 2016). Improving the healthcare provider’s awareness on simple screening techniques, helping connect those affected to such programs, and educating these suffering populations on programs they qualify for is essential in maximizing the potential of these programs. Such changes require no additional funding, staff, or facilities.

In fact, Medicare is currently instilled with the option for medical practices to become an Accountable Care Organization (ACO) through the Shared Savings Program (“Shared savings program”, 2017). By meeting certain benchmarks for keeping patients healthy and out of the hospital, ACOs are capable of closing the gaps between healthcare providers and individualized care. A shift in focus to team-based care, centered on the patient and the quality of care they receive, presents a win-win situation for both patients and physicians.

Moving forward, I would like to propose the incorporation of hunger screening into the ACO quality benchmark program. This would require healthcare providers to gather information to determine if their patient is in need of additional services. If the goal of ACOs is to give financial incentives to keep people healthy and not just to treat them once they’re already sick, then this incorporation is a vital opportunity to do so.

Furthermore, healthy communities and healthy economies complement one another. The 2016 United States Hunger Report revealed that the additional cost of treating those suffering from hunger and food insecurity totaled to an alarming \$160 billion dollars. More frequent hospital readmissions, development of diet-related disease like diabetes, obesity, and hypertension, and poor mental health are all associated with food insecurity when left undetected (“What”, 2017). Single handedly, SNAP has been shown to generate \$1.79 billion in economic activity per billion spent on expenditures (Kirlin, 2016). As multitudes of potential healthcare reforms revolve around government spending and economic crisis, addressing the hunger calamity would decrease avoidable spending while stimulating economic growth.

Hunger is a disease; it is a condition with specific signs and symptoms and is infectious in its ability to spread and affect countless aspects of one’s physical and socioeconomic life. Most importantly, with early intervention, it can be controlled and prevented. We, as human beings, have a right to live a life of complete physical, mental and social well-being *without* disease or infirmity. Pursuing such a program that approaches healthcare as an opportunity to end hunger and food insecurity, while stimulating an affluent economy, will allow our future generations to live a prosperous, healthy life.

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