VALLEY UNITED FOOD SECURITY INITIATIVE
**SUMMARY**

**Griffin Health** and **TEAM, Inc.**, will be distributing more than 275 cases of fresh, nutritious food to Lower Naugatuck Valley Food Banks on **Mon., Feb. 24 at 8:45 a.m.** at **Connecticut Basement Systems in Seymour**. The food was purchased at wholesale price and will be delivered by Cheshire-based distributor **Bozzuto’s Inc.**. The distribution is part of Griffin’s ongoing initiative to improve the health and wellbeing of its community by partnering with community-based organizations – such as TEAM Inc. – to help residents improve their social determinants of health, including access to fresh and healthy foods. The donated food will include refrigerated and frozen fruits and vegetables, peanut butter, eggs, milk, cheese, beans, fish, chicken and beef. Volunteers from Griffin Health, TEAM, Inc., and **Better Packages** in Ansonia will be separating the items for pick-up by five area food pantries.

A COLLECTIVE EFFORT TO ADDRESS FOOD HARDSHIP, HUNGER AND THE DIRECT CORRELATION TO OVERALL HEALTH AND WELLNESS
Food insecurity is a serious health issue – especially for residents of the Lower Naugatuck Valley. Data from the United States Dairy and Agriculture (USDA) Department reveal that 37.2 million people live in food insecure households.¹ Though Connecticut has some of the highest per capita income families in the nation, many communities in the state have far lower income levels and families struggle to provide basic needs. In 2016, 16 United Way agencies in Connecticut released their 2016 report of households that are Asset Limited, Income Constrained, Employed (ALICE) detailing homes in Connecticut communities that earn more than the US Federal Poverty Level (FPL), but less than the cost-of-living threshold needed to afford basic needs.

The data revealed in the ALICE report for Valley towns is sobering. In Ansonia and Derby – the Valley’s two most economically challenged cities – the percent of households below the FPL and ALICE threshold are 60% and 52%, respectively.² Griffin Health and the Valley Community Foundation (VCF) jointly funded the 2019 Valley Community Index report to help community leaders understand and proactively address issues impacting health and well-being in the region. Among the more alarming trends identified in the report were increases in the poverty rate and the low income rate in the Valley since 2000. Both have risen quicker than the state average over the same time period.

² https://alice.ctunitedway.org/meet_alice/vuw/
Share of Households
under ALICE Threshold

Source: CT United Way: 2016 ALICE Report
The Poverty Rate in the Valley Has Increased

Source: Understanding the Valley Region: 2019 Valley Community Index
The Low Income Rate in the Valley Has Increased

Source: Understanding the Valley Region: 2019 Valley Community Index
THE IMPACT ON HEALTH

An increasing body of research has shown the impact that social needs have on overall health. Only 20% of a person’s health is influenced by the medical care from doctors, hospitals, and other providers; 80% of health is correlated to social and environmental factors.

Griffin Health and its partners in the Value Care Alliance undertook an initiative two years ago to begin screening Medicare and Medicaid patients who came to their emergency departments and designated outpatient physician practices about their need for social services. During a course of a year and a half period (Aug 1 ‘18 – Feb 15 ‘20), Griffin staff screened 5,449 patients. Of those individuals screened, 1,200 (22%) reported food insecurity issues. Food was the most frequent social need identified through the screening process.

People who lack the resources to pay for food, stable housing, and other basic needs are forced to make difficult choices every day. Oftentimes, this results in people delaying or foregoing necessary healthcare services such as filling prescriptions, having preventative screenings exams, and seeing their primary care physician.
Percent Change in Middle Income Households’ Spending on Basic Needs (2007-2014)

High Co-pays and Deductibles Associated with Reduced Utilization of High Value Services

Q: What types of services are affected by High Deductible Health Plans that can have a negative impact on health status?

- Vaccinations
- Prescription drugs
- Mental health visits
- Preventive and primary care
- Decreased adherence to medications
- Increased rates of uncontrolled hypertension and hypercholesterolemia

What are Consumers Telling Us About Healthcare Affordability?

33% - Delayed going to the doctor/having a procedure done  
24% - Avoided going to doctor/having procedure done  
22% - Skipped recommended medical test or treatment  
15% - Did not fill a prescription  
13% - Cut pills in half/skipped doses of medicine  
11% - Had problems getting mental health care

Food Identified as the Number One Social Need

SDOH screenings 8/1/18-2/15/20

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<td>742</td>
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<td>Total SDOH screenings</td>
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<tr>
<td>At least one social need identified</td>
<td>2,980</td>
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Source: Griffin Health SDOH Screenings through AHC Grant, Griffin ED and Primary Care locations
WHAT’S BEING DONE

The Lower Naugatuck Valley has five primary food pantries that service the community. Prior to TEAM, Inc. President David Morgan working with the food pantries as part of an initiative by The Valley Council for Health & Human Services’ Food Insecurity Task Force, each of the food pantries was going about its work its own way. There was no consistent approach for measuring or reporting on the work being done. There was also no standard for the types of foods the pantries accepted from donors, or a common inventory system so that food pantries could be better equipped to meet community need. This resulted in an oversupply of high calorie, high sugar, and high sodium foods with little redeeming nutritional value. Donations of fresh fruits, vegetables, and other healthy food options were scarce. Most perishable food items stocked by the food pantries were purchased from the Connecticut Food Bank with the limited funds available to the food pantries.

Recognizing the need for food pantries in the Lower Naugatuck Valley to have better access and a more consistent stock of fresh and healthy foods, Griffin and TEAM began devising strategies to address some of the fundamental issues.

Morgan formed a food insecurity task force, which included the leaders of the Lower Naugatuck Valley’s five primary food pantries.

The task force identified several goals. First, was to understand the amount of food being distributed by each pantry, the clientele being served, and ways that each pantry could support others. Though a series of meetings over several months, food pantry managers developed a common system to for measuring, tracking, and reporting on their food distribution activities. Food pantry managers also began discussing the need to establish guidelines for food donations. Food pantries historically accepted all donations made to
them, even though much of the food they received were pastries, Danish, and other high fat, high calorie items with little nutritional value. The food donation guidelines help educate donors about the kinds of foods that pantries need and the importance of foods that promote better health.

One of the challenges identified through the food insecurity task force’s work was the difficulty of imposing nutrition standards on the food pantries without some assurances that less nutritious food donations would be replaced with a reliable supply of more nutritious food. Griffin Health’s screening of the social needs in the Valley had already identified significant food needs in the community. On average, more than two people per day were reporting concerns about food insecurity. This data, coupled with the data compiled and presented by the food insecurity task force about the significant needs of local food pantries, prompted Griffin Health to begin working more closely with TEAM and the food insecurity task force to develop solutions.

Over the past several years, Griffin Health has entered into advanced payment model relationships with commercials insurers, Medicare, and the state’s Medicaid program that incentivizes the hospital and other healthcare providers to shift their focus and their allocation of resources from the treatment of acute illness to disease prevention, health promotion and effective primary care delivery. Though its work with patients in accountable care arrangements, Griffin Health realized that it needed to address the underlying social determinants of health, such as access to nutritious foods, steady employment, personal financial stability, transportation, housing quality, and safe neighborhoods, if Griffin hoped to improve the health of populations.

Griffin Health had several unique assets and relationships that it brings into the initiative. Griffin is the home of the Yale-Griffin Prevention Research Center (PRC), one of 25 CDC-funded prevention research centers in the country and the only prevention research center located in a hospital (the other 24 prevention research centers are located in medical schools or schools of public health). Griffin’s PRC developed the Overall Nutritional Quality Index (ONQI) in 2007 through a six-month undertaking along with top research and nutrition scientists in North America. The ONQI is a food scoring algorithm that uses 30 nutrient values to generate a score between 1 and 100 for any food item. This give consumers a single number to express a food’s overall nutritional quality by balancing factors like a food’s fat content and sodium against the beneficial nutrients the food contained. The ONQI was marketed as the NuVal scoring system, which Griffin Health undertook through a joint venture with TopCo, Inc., the country’s largest purchasing organization for independent grocery chains.

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**Story Behind the Data**

A disabled single adult who recently had surgery was in a desperate situation that was having an impact on her wellbeing and her outlook on life. She received Section 8 Housing Assistance, however her housing costs left her with about $450/month toward all other living expenses (food, healthcare, transportation, utilities, taxes, phone, etc.). Due to her income she is on the verge of losing eligibility for support such as SNAP (Food Stamps; 150% FPL). She relied on the food pantries for most of her meals.
While food pantries were purchasing some of their food through the Connecticut Food Bank, other food items were being purchased at retail prices. Griffin Health and TEAM wanted their limited resources to go as far as possible and contacted Bozzuto’s, a regional food distributor located in Connecticut that serviced many of the TopCo supermarket members, to gauge their willingness for Griffin and TEAM to purchase food at wholesale prices for distribution to local food pantries. After hearing about the initiative and the vision of meeting the food needs of Lower Naugatuck Valley, Bozzuto’s leadership very quickly helped work out the logistics to enable the arrangement, and offered high quality fresh food at a wholesale price – approximately 25% less than consumer retail.

Griffin Health made a commitment to help TEAM facilitate and finance the monthly purchase of fresh, nutritious foods for the local food pantries. Griffin President and CEO Patrick Charmel has also engaged other members of the Greater Valley Chamber of Commerce about transforming this initiative into a model supported by business community. Griffin’s vision is that all interested organizations can donate financial resources to help finance the food purchases, as well as provide an opportunity for their employees to participate in receiving food deliveries from Bozzuto’s at a central warehouse and loading the food items allocated for each food pantry into vehicles.

The model has already demonstrated success. Griffin Health and TEAM had the first food delivery and distribution event on December 7, 2019 and have a second event scheduled on Monday, February 24, 2020. The interest and commitments from local businesses to participate in this model is also taking hold, both in terms of financial contributions and in providing employees to help with the activities associated with distributing food. What’s being done locally in the Valley can be a model that could be replicated in communities across Connecticut and around the country.