



# VALLEY UNITED FOOD SECURITY INITIATIVE



**FOOD DISTRIBUTION MEDIA KIT**

CONNECTICUT BASEMENT SYSTEMS  
FEBRUARY 24, 2020 8:45 AM



# 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*



# THE FINANCIAL PROBLEM

**1**

**USDA REVEALS THAT  
37.2 MILLION PEOPLE  
LIVE IN FOOD  
INSECURE  
HOUSEHOLDS**

**2**

**VALLEY COMMUNITIES  
HAVE FAMILIES  
STRUGGLING TO  
PROVIDE BASIC NEEDS**

**3**

**IN ANSONIA AND  
DERBY, THE PERCENT  
OF HOUSEHOLDS  
BELOW THE FPL AND  
ALICE THRESHOLD ARE  
60% AND 52%  
RESPECTIVELY**

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.<sup>1</sup> 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.

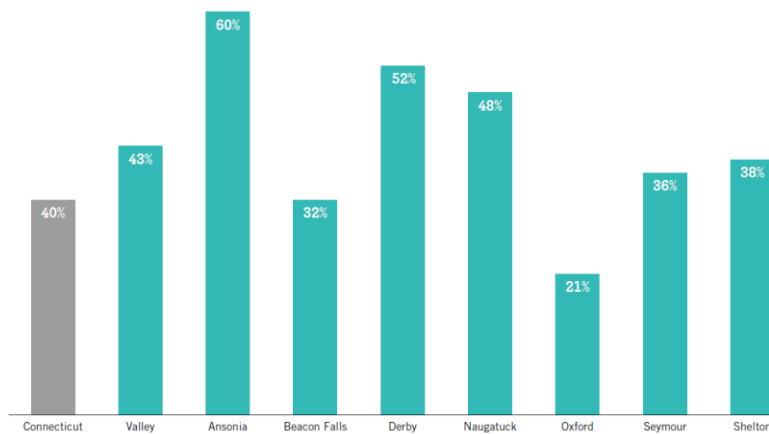
The data revealed in the ALICE report for Valley towns is sobering. In Ansonia and Derby – the Valley’s two most economically challenged cities – the percent of households below the FPL and ALICE threshold are 60% and 52%, respectively.<sup>2</sup>

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.

<sup>1</sup> <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/key-statistics-graphics.aspx>

<sup>2</sup> [https://alice.ctunitedway.org/meet\\_alice/vuw/](https://alice.ctunitedway.org/meet_alice/vuw/)

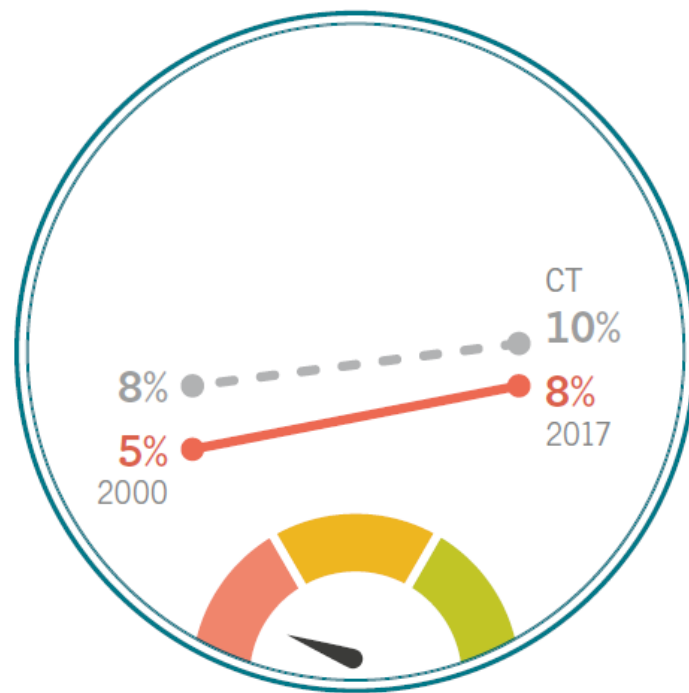
## Share of Households under ALICE Threshold



Source: CT United Way: 2016 ALICE Report



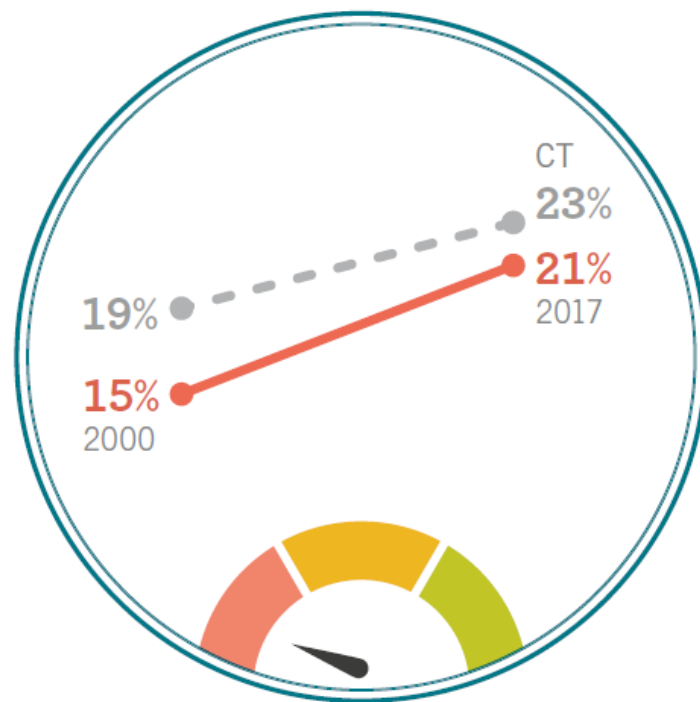
## The Poverty Rate in the Valley Has Increased



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

**1** 22% OF MEDICARE AND MEDICAID PATIENTS WHO CAME TO THE EMERGENCY ROOM (AND WERE SCREENED) REPORTED FOOD INSECURITY ISSUES

**2** 20% OF A PERSON'S HEALTH AND WELL-BEING IS RELATED TO ACCESS TO CARE AND QUALITY OF SERVICE

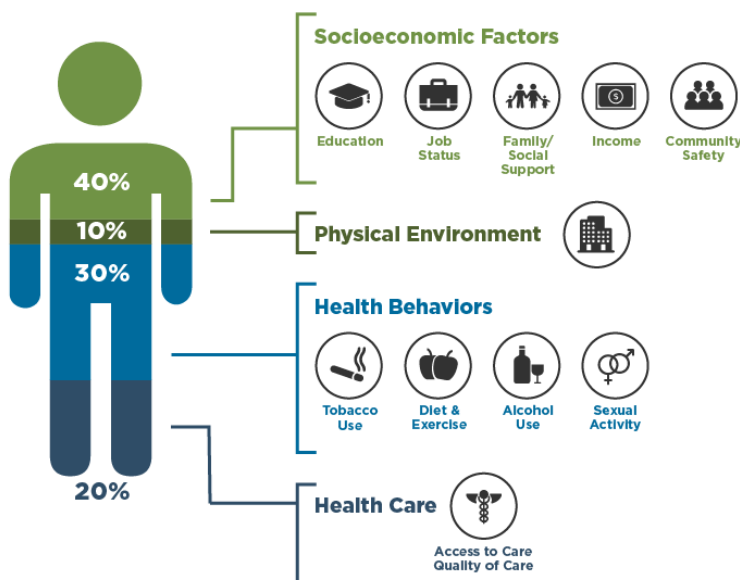
**3** 80% OF HEALTH OUTCOMES ARE DRIVEN BY THE PHYSICAL ENVIRONMENT, SOCIAL DETERMINANTS AND BEHAVIORAL FACTORS

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.**

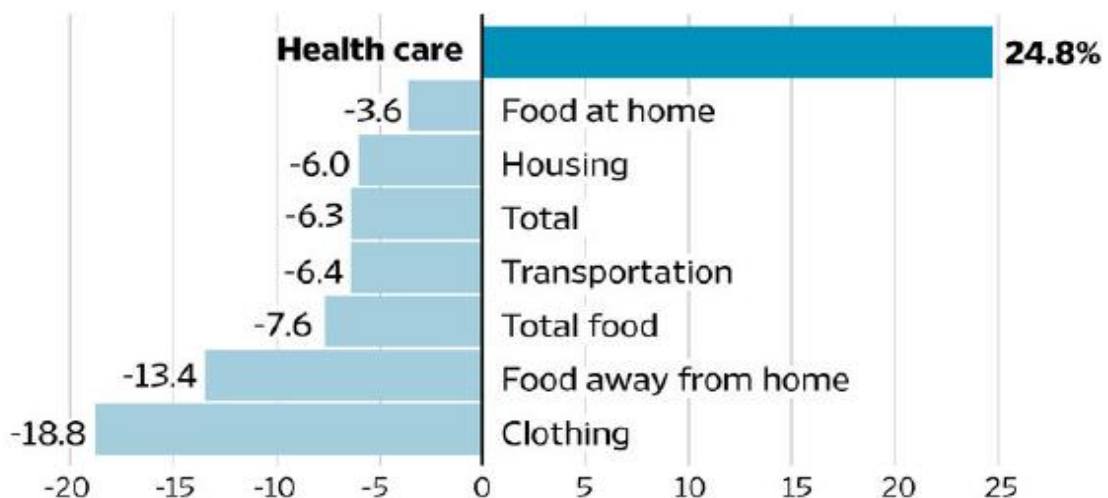
People who lack the resources to pay for food, stable housing, and other basic needs are forced to make difficult choices every day. Oftentimes, this results in people delaying or foregoing necessary healthcare services such as filling prescriptions, having preventative screenings exams, and seeing their primary care physician.

## What Goes Into Your Health?





## Percent Change in Middle Income Households' Spending on Basic Needs (2007-2014)



Sources: Brookings Institution analysis of Consumer Expenditure Survey, Labor Department  
 THE WALL STREET JOURNAL.



## 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<sup>7</sup>
- Preventive and primary care
- Decreased adherence to medications
- Increased rates of uncontrolled hypertension and hypercholesterolemia

Source: The Effects of Premiums and Cost Sharing on Low-Income Populations: Updated Review of Research Findings, Kaiser Family Foundation, 2017



## What are Consumers Telling Us About Healthcare Affordability?

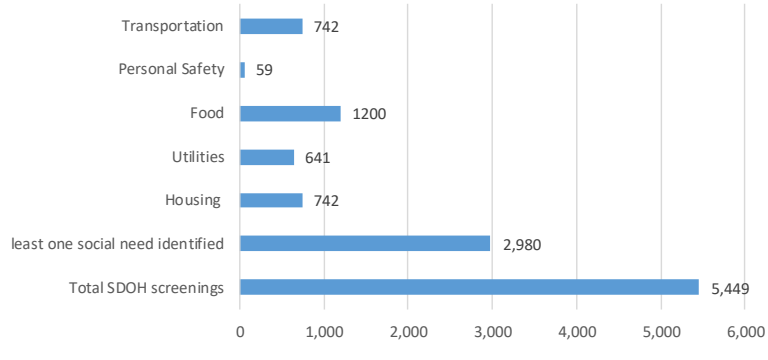
- 33% - Delayed going to the doctor/having a procedure done**
- 24% - Avoided going to doctor/having procedure done**
- 22% - Skipped recommended medical test or treatment**
- 15% - Did not fill a prescription**
- 13% - Cut pills in half/skipped doses of medicine**
- 11% - Had problems getting mental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

*Source:* 2018 Poll of Connecticut adults, ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey (CHESS)



# Food Identified as the Number One Social Need

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



Source: Griffin Health SDOH Screenings through AHC Grant, Griffin ED and Primary Care locations



# WHAT'S BEING DONE

## Valley Council Food Security Task Force Nutrition Guidelines

### Nutrition Statement/Mission:

The Valley Council Food Security Task Force (FSTF) is a coalition of food pantries and other non-profit providers, organizations, and community residents committed to working together to address food hardship, and its impact on health and well-being in the Lower Naugatuck Valley region. The Food Security Task Force recognizes that those faced with food insecurity have limited resources to buy the nutritious foods critical to good health, and that food insecurity is linked to increased risk for developing many chronic diseases. The FSTF seeks not only to end hunger in our community, but to also address our client's health needs – by providing health promoting food and resources, on-site health screenings, and referrals to other service agencies as needed. The following nutrition guidelines will serve to promote healthy food and nutrition practices for our participating food pantries.

### Nutrition Guidelines:

The foundation of a healthy lifestyle includes a diet based on nutrient rich foods and beverages in moderation, and physical activity. The FSTF strives to reduce food insecurity and to provide foods that promote health. The purpose of these guidelines is to support and guide food purchasing, procurement and distribution to reach that goal, and to promote nutrition education among staff, volunteers, clients and donors.

These guidelines apply to all acquired food items – both purchased and donated.

The FSTF members will consider the nutritional value of all donated food and beverage items in the context of these guidelines and the CT Food Bank Consumption Guidelines (attached). Donations that are accepted but cannot be distributed according to these guidelines will be recycled, composted, or redirected to preapproved organizations (i.e. local farms) for repurposing.

In accordance with the Dietary Guidelines for Americans, the FSTF emphasizes foods that promote healthy living and decrease diet related conditions/diseases. As such, the FSTF will emphasize the purchasing, acquisition/donation, and distribution of the following food and beverage types:

### Encouragement of Healthy Foods:

1. Fresh fruits and vegetables
2. Frozen and canned fruits – packed in its own fruit juice or in water
3. Frozen and canned vegetables – no salt added or low-sodium
4. Whole grains
5. Dairy and milk products (no-fat or low-fat), including low-fat or reduced-fat cheese
6. Milk substitutes (unsweetened) (almond milk or soy milk)
7. Poultry, Seafood, and extra/lean meat (Lean meat: contain less than 10 grams of total fat, less than 4.5 grams of saturated fat, and less than 95 milligrams of cholesterol.

Extra lean: contains less than 5 grams of total fat, less than 2 grams of saturated fat, and less than 95 milligrams of cholesterol)

8. Plant-based protein - beans (no salt added or low-sodium), lentils, seeds, legumes, soy products such as tempeh, tofu, chia, quinoa, nuts
9. Plain water
10. 100 % juice
11. Food to promote whole cooking (oils, spices, flours, etc.) Healthy oils such as extra virgin olive oil, canola oil

### Less Healthy Foods to Avoid:

1. Candy
2. Beverages sweetened with sugar (i.e., soda, energy drinks, fruit drinks, etc.)
3. Heavily processed foods with high sugar content and low fiber, such as baked goods, cakes, cookies, donuts, pop tarts, pies, white bread, certain cereals, etc.
4. Sweet desserts (ice cream, etc.)
5. Calorically dense/low nutritional value snack foods such as chips and crackers
6. Foods made with refined grains, solid fats, , excess sugar , added sugars (i.e. high fructose corn syrup)
7. Processed and high fat meats – deli meats, bacon, etc.

The FSTF members are committed to eliminating foods that are high in calories and low in nutrient density from our donated food stream. Specifically candy, soda, and energy drinks have been targeted for their exceptionally high sugar content and role in displacing nutrient dense food. These foods contribute no substantive nutrition and do not promote the nature of our work as over consumption of these particular items contributes to diet-related health issues.

The FSTF is not implying that there is no room for these items in a well-balanced diet, rather it seems that there is plenty of available access to less healthy foods by our client base. Therefore, we will focus our efforts on procuring products that contribute greater nutritional value and that are more difficult to access.

### Additionally, the FSTF will:

- Take into consideration the cultural preferences and special dietary needs of our clients
- Provide nutrition information, recipes, cooking demos, tasting, and other resources to help clients prepare healthy, nutritious and delicious meals.

Further, to demonstrate our commitment to providing healthy food, the FSTF has adopted the *Guidelines for Offering Healthy Foods at Meetings, Seminars & Catered Events* developed by The School of Public Health at the University of Minnesota (attached) and will use those guidelines to inform food choices/offerings at FSTF-sponsored meetings and events.

Final 1.10.20/ Yale-Griffin Prevention Research Center

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 commercial 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.

### 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 interest and commitments from local businesses to participate in this model is taking hold, both in terms of financial contributions and providing employees to help with the activities associated with distributing food.**

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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.