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Mid-Ohio Pharmacy: Improving health and reducing costs for food-insecure Ohioans

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In addition to the stress of not having reliable access to affordable, nutritious food, food insecurity is associated with poor chronic disease management (for example, of diabetes and high blood pressure) and increased healthcare costs. Mid-Ohio Pharmacy, an innovative partnership between healthcare providers and community food pantries, provides one avenue for improving health by increasing access to nutritious food.

What is Mid-Ohio Pharmacy?

Mid-Ohio Pharmacy is a partnership between the Mid-Ohio Food Collective and local healthcare providers that seeks to improve health through better food access.¹ Patients referred to the Pharmacy program can come once per week to a participating food pantry in central Ohio to pick up fresh produce for themselves and those in their household. No appointment necessary; no cost to the consumer.

Who are the participants?

Providers can refer food-insecure patients whose income is no more than 200% of the federal poverty level.² Our evaluators reviewed clinic data for 656 patients who visited a PrimaryOne Health clinic at least three times in the year before referral, and at least three times in the year after. Food insecurity is a risk factor for obesity; 64% of program participants in this evaluation had weight in the obese range at the time of referral.³

Access to healthy food improves health and lowers costs.

Our evaluators assessed success of the program, specifically, 1) whether or not those who were referred and visited a pantry lost weight, and 2) whether or not those who were referred and visited a pantry had decreased healthcare costs.⁴ The results are promising.

¹ Lowrey, J., Chandrasekran, A., Headings, A., Hyder, A. (2020). *The impact of coupling clinical and non-clinical services in partnership models of care on quality-cost outcomes: Insights from a field experiment*. Manuscript submitted for publication.

² About \$51,000 per year for a family of four (Federal Registrar, 2020)

³ Obese is defined as having a body mass index (BMI) of at least 30

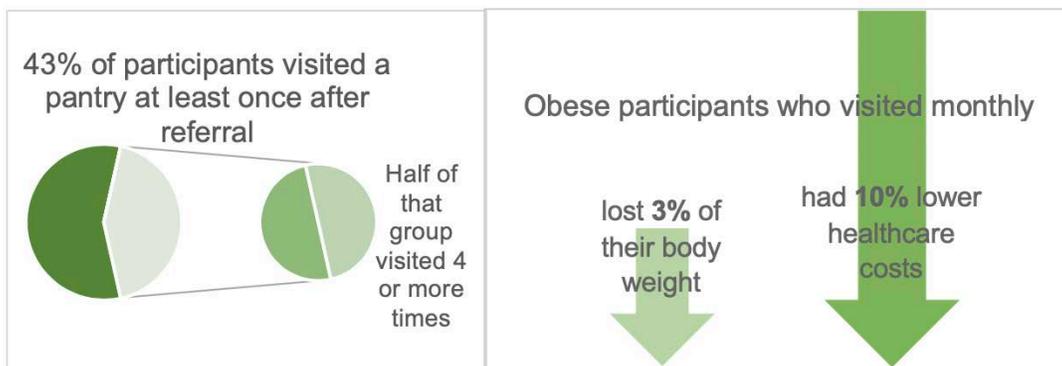
⁴ Costs are estimated from the perspective of the provider based on Medicaid reimbursement rates

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Participants whose weight was in the obese range upon referral and visited a pantry at least once per month saw the greatest benefit of the program: a 3% decrease in body weight or about seven pounds on average.⁵ Weight loss is associated with lowered risk of type II diabetes and improvement in blood pressure.

All participants, regardless of whether or not they visited a participating food pantry, had lower healthcare costs post-referral. However, those who visited a pantry at least once had a greater reduction in costs. Participants whose weight was in the obese range upon referral and visited a pantry at least once per month – the same group that saw the greatest gains in weight loss – had a 10% reduction in costs to the primary care clinic, representing significant cost-savings.



Based on analyses by Lowery, Chandrasekaran, and Hyder (2020)

Broader Benefits & Policy Recommendations

This evaluation suggests that Farmacy-referred patients have improvements in both body weight and direct primary care costs within a clinical setting. However, it does not capture downstream benefits, such as indirect healthcare savings and improved overall health. We recommend the following to support broader, population-level benefits.

- **Make healthy food referral a reimbursable service.** Making referrals for healthy food reimbursable through Ohio Medicaid is a tangible way to scale up the Mid-Ohio Farmacy program's model by widening the network of healthcare providers.
- **Expand and facilitate access to healthy food vendors.** Provider referral is only part of the equation. Close proximity to a participating pantry increases frequency of use among patients. Increasing the number and density of participating locations is essential to health and cost improvements.

Learn more at www.midohiofarmacy.com

⁵ This group visited a food pantry at least 11 times in the year post-referral.