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The Cost of Healthy Eating

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Keywords

SNAP Program, Food Stamps Income, Heart Failure Friendly Diet, AAHFN Cookbook

Abstract

Background

Each year in the United States, 15-20% of 1 million visits to the Emergency Department for Acute Heart Failure result in direct home discharge, with patients often experiencing adverse health outcomes within 30 days after discharge. The multi-centered dissemination and implementation study, "Get With the Guidelines in Emergency Department Patients With Heart Failure" (GUIDED-HF), utilized 'Self-Care Coaches' who reach out to participants via telehealth calls to discuss potential improvements in their self-care maintenance after discharge as a strategy to mitigate adverse health outcomes; and offer provisions of resources, including a cookbook, "Don't Pass the Salt!", created by the American Association for Heart Failure Nurses (AAHFN).

During these calls, we observed gaps in self-care for retired older adults (62+), living alone, and receiving food stamps from the federal Supplemental Nutrition Assistance Program (SNAP), who expressed struggles with affording a Heart Failure (HF) friendly diet.

Objective

To investigate if the target population in Portland or Hillsboro can afford an HF-friendly diet on the monthly SNAP income.

Using the cookbook, we created 3 sets of meal plans, using (1) randomly-selected, (2) least-expensive, and (3) most-expensive meals to assess the range of possible options. Utilizing the Fred Meyer website, the cost of ingredients for each meal was collected and aggregated to determine meal plan costs.

Results

The SNAP maximum monthly allotment for a one-person household is \$291. In Portland, the cost of randomly-selected, least-expensive, and most-expensive meal plans was \$1,679.10, \$498.90, and \$3,927.90, respectively. In Hillsboro, the equivalent meal plans cost \$1,676.10, \$495.90, and \$3,924.90, respectively.

Conclusion

We found all meal plans exceeded the SNAP maximum monthly allotment. However, we assumed that full-sized items were purchased, likely overestimating the cost of ingredients. Further investigation is needed to weigh the affordability of healthy eating against economic realities for retired, older adults with HF.