

Addressing Food Insecurity in Patients with Chronic Diseases

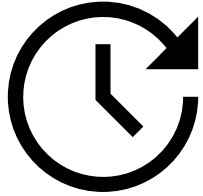
Collaborators



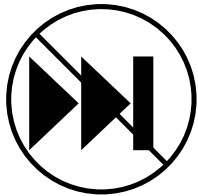


More resources available at:
<https://dchealth.dc.gov/dcrx>

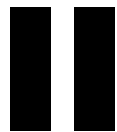
Important Information



The video will progress at its own pace.



Do not attempt to speed up the video.



The video can be paused and resumed later.

Course Overview

- Provides information and tools to Address Food Insecurity in Patients with Chronic Diseases
 - Instructor presentations
 - Panel discussion
 - Knowledge checks
- Requires that you receive a passing score on the knowledge checks and complete the evaluation to receive completion credit
- Will be approximately 1.5 hours in length for viewing and completion of the evaluation
- Approved for 1.5 hours of CME

Instructors

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Washington, DC
- **Carrie Stoltzfus, MPH**
Executive Director
Food & Friends
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- **Kristy McCarron, MPH**
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Moderator & Course Advisor

Moderator

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Innovation Horizons

Course Advisor

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Culinary Medicine Specialist Board

Conflict of Interest

- The instructors have no conflicts of interest to declare.

Anti-discrimination Policy

- The **instructors and advisor** have agreed to our anti-discrimination policy that prohibits the inclusion of discriminatory language, graphics, or references on the basis of race, gender identity, age, color, national origin, physical or mental disability, or religion.

Introduction

Community Care Programs on Nutrition

- ▶ The United States has put together a series of programs surrounding nutrition that act as a safety net which are often funded by the United States government
- ▶ The agency that confronts these issues head on is the Food and Nutrition Service, subsidiary of the United States Department of Agriculture

Programs

- ▶ National School Lunch Program
- ▶ The Women, Infants and Children Program
- ▶ Summer Food Service Program for Children
- ▶ School Breakfast Program
- ▶ Food Stamp Program
- ▶ Special Milk Program

Access to reliable and healthy food products

- ▶ **In Washington, DC the city's most disadvantaged region (Ward 8) has the least amount of grocery stores and farmers markets.**
- ▶ In addition, stores in lower income neighborhoods stock fewer healthy varieties of food and feature fresh produce of much lower quality.
- ▶ Low-income geographic regions = worst health outcomes.
- ▶ What is a food desert?

Average Household Income for Ward 8

\$44,665

Average Household Income for other wards

\$115,016

Southeast DC

The region in DC with the highest rate of food inequality

1/3

Of the residents in the DC area are food insecure

A Local DC Lens

Some local organizations addressing food insecurity:

- ▶ Capital Area Food Bank
- ▶ DC Greens
- ▶ Food & Friends
- ▶ YMCA of Metropolitan Area

Learning Objectives

- ▶ Describe food insecurity and broad strategies to effectively identify and address it through novel partnerships and collaborations
- ▶ Identify how healthcare providers can incorporate prescription food programs in their patient care practices
- ▶ Describe evidence-based chronic disease management programming focused on nutrition and wellness, and their integration with primary care

Food Insecurity: Background & Management

Addressing Food Insecurity in Patients with Chronic Diseases

Kofi Essel, MD, MPH, FAAP

Assistant Professor of Pediatrics

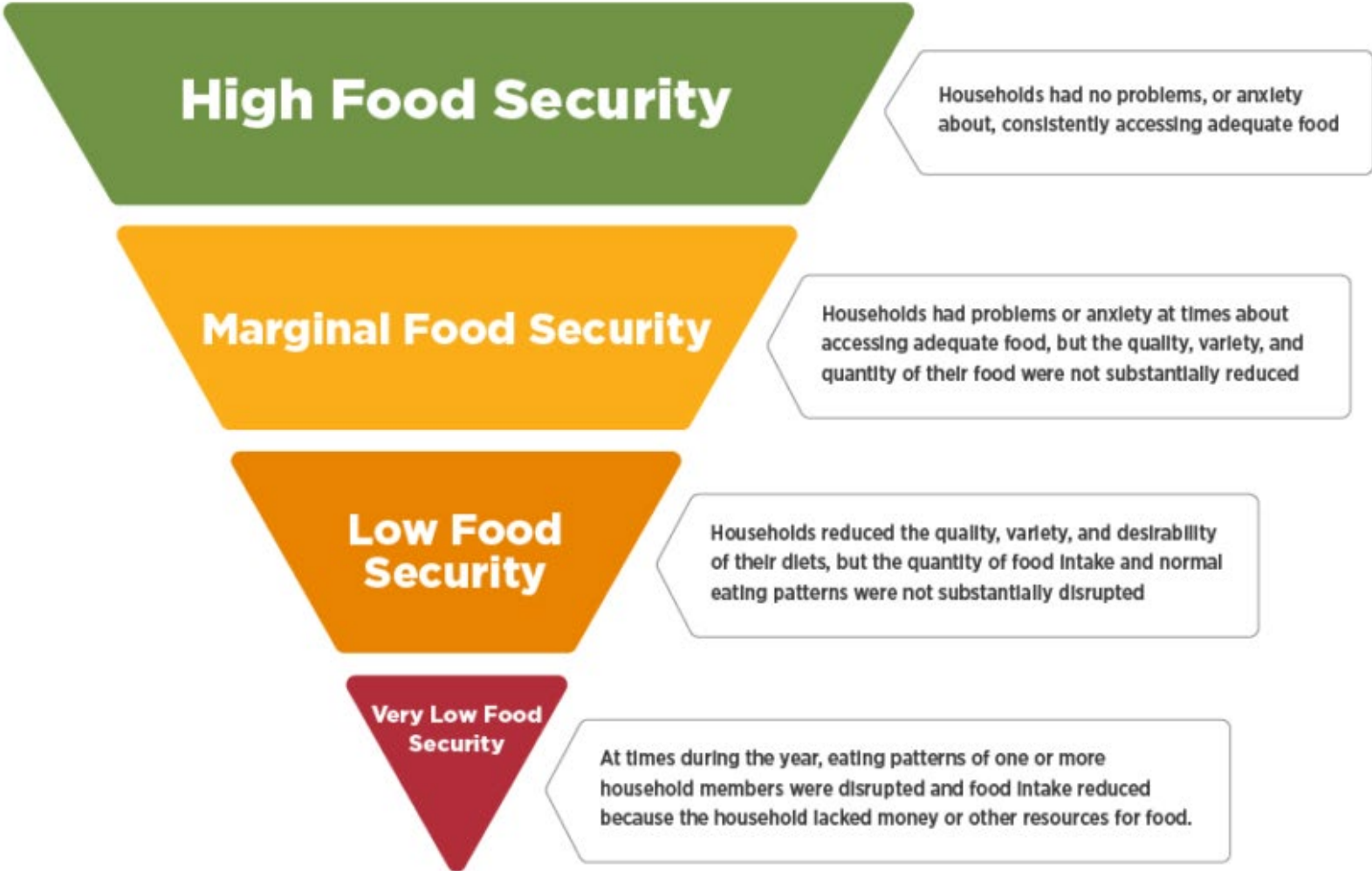
Children's National Hospital

The George Washington University School of Medicine & Health Sciences

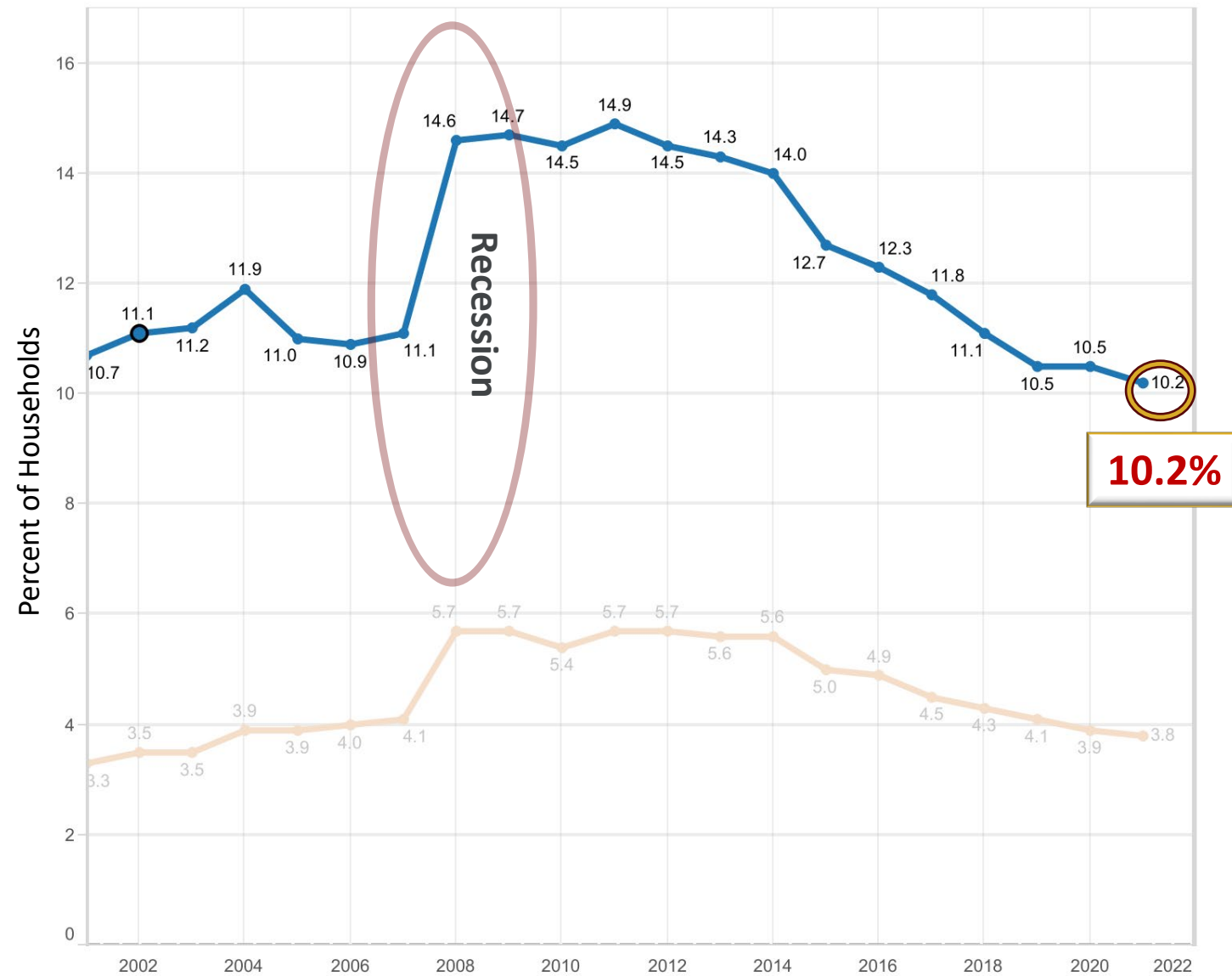
Washington, DC



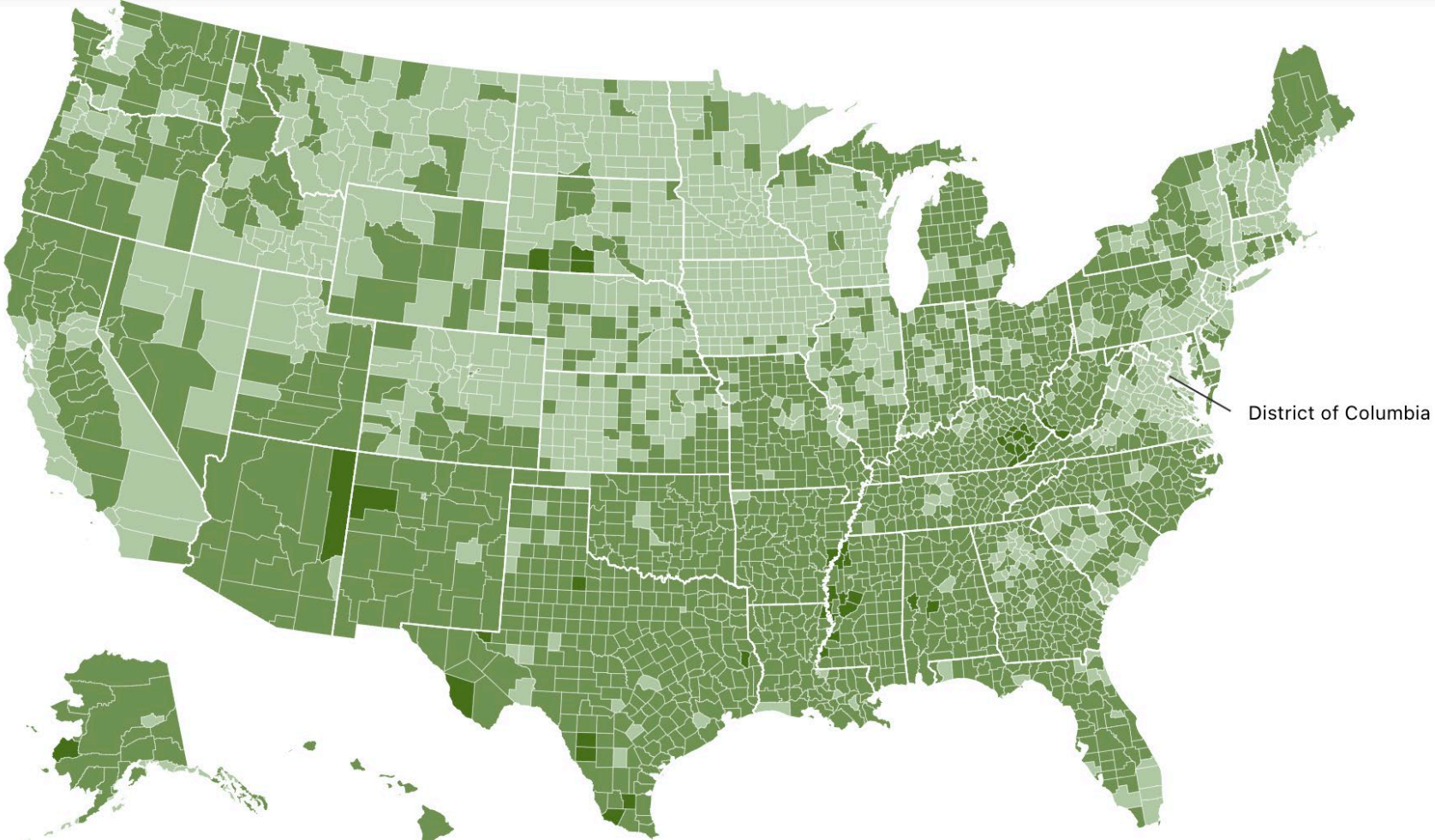
Food Insecurity Definitions



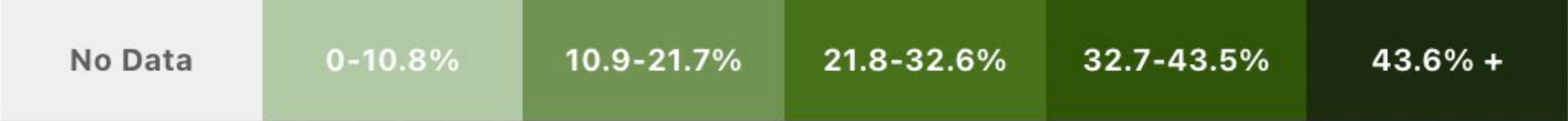
2021 US Food Security Prevalence



Food Insecurity Rates



Food Insecurity Rates i



Source: Feeding America, [Map the Gap](#), 2020

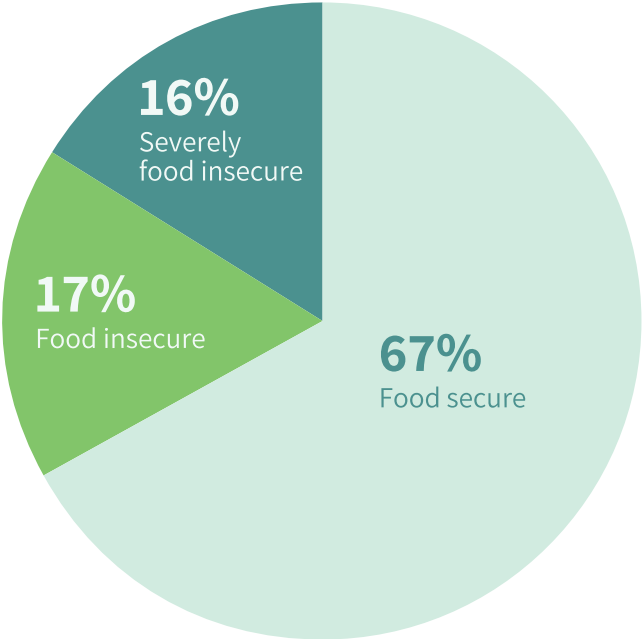
2022 Capital Area Food Bank (CAFB) Hunger Report

- Interviews conducted: February 4, 2022 – March 2, 2022
- 3,769 Adults (>18yo)
- DC Metropolitan Area



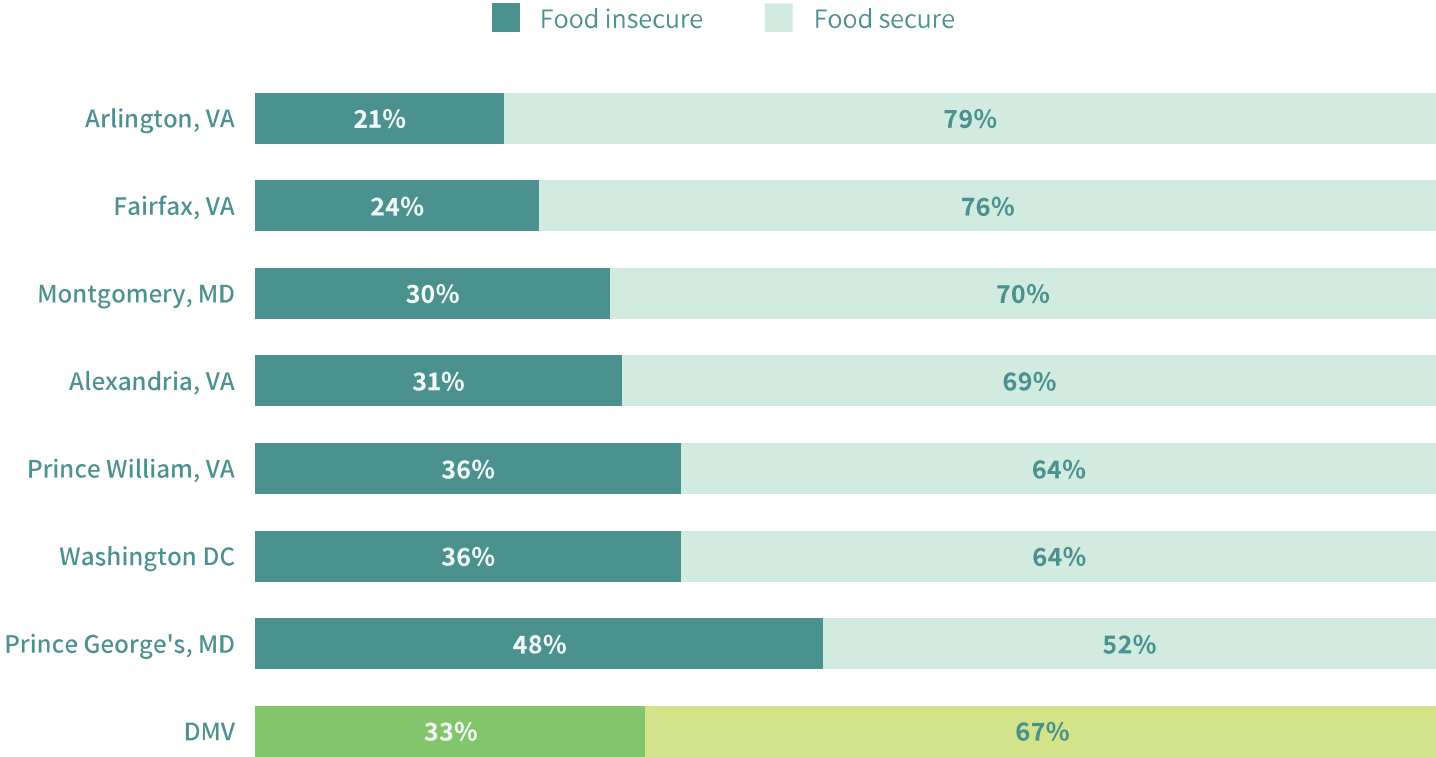
CAFB Hunger Report

Prevalence of food insecurity in DMV in 2021



33%

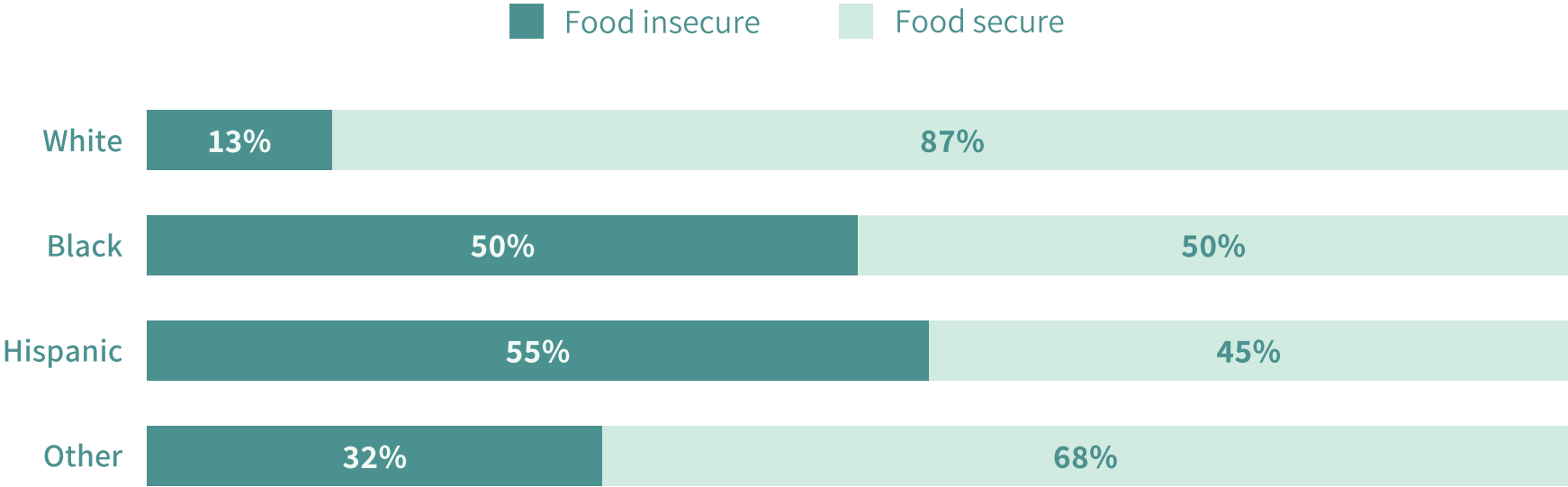
Prevalence of food insecurity in DMV in 2021



Question: USDA six-item screener for food insecurity

CAFB Hunger Report

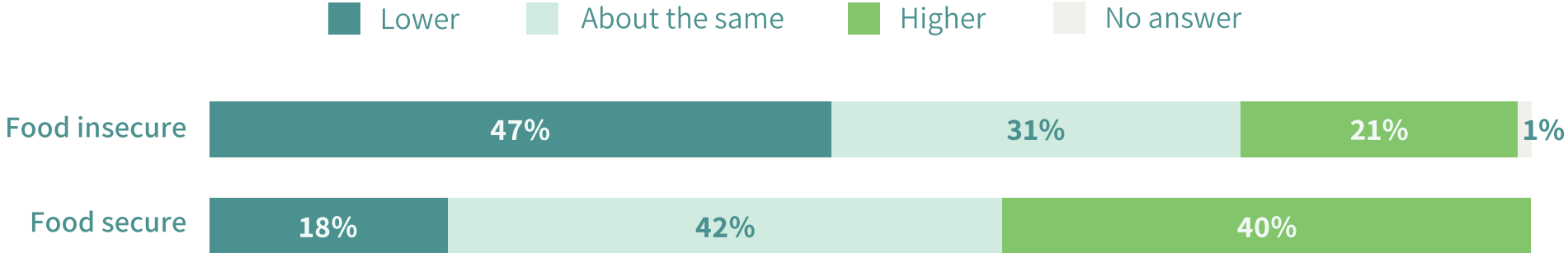
Prevalence of food insecurity in DMV by race



Question: USDA six-item screener for food insecurity

CAFB Hunger Report

Change in household income since March 2020



Question: Is your current household income higher, lower, or about the same as it was on March 1, 2020?

Lived Experiences of Families Experiencing Food Insecurity



Chronic Diseases, Health Conditions, and Health Behaviors Associated with Food Insecurity in ADULTS

Arthritis	Diabetes	Less Physical Activity
Asthma	Functional Limitations	Mental Distress
Cancer	Hepatitis	Obesity
Chronic Kidney Disease	Higher Levels of C-reactive Protein	Poor Dietary Intake
COPD	Hyperlipidemia	Poor or Fair Health Status
Cigarette Smoking	Dyslipidemia	Pregnancy Complications
Coronary Heart Disease	Hypertension	Stroke
Depression (+Maternal Depression)	Insufficient Sleep or Poor Sleep Outcomes	Suicidal Ideation

Food Insecurity Detrimental Effects on Children

↓ Overall Health

↓ Mental Health

↑ Developmental Delays

↓ Educational Outcomes

↑ Hospitalizations

↑ ↓ Obesity

↑ Iron Deficiency

↑ Asthma

↑ Birth Defects

and many more associations

Food Insecurity Screening

- There are a number of easy-to-use screeners to assess food insecurity
- Some tools available in more **comprehensive screeners** that assess other social determinants
- Consider using the **Hunger Vital Sign™** 2 question screener due to ease of use, general acceptability, validity, and translation into multiple languages

Hunger Vital Sign

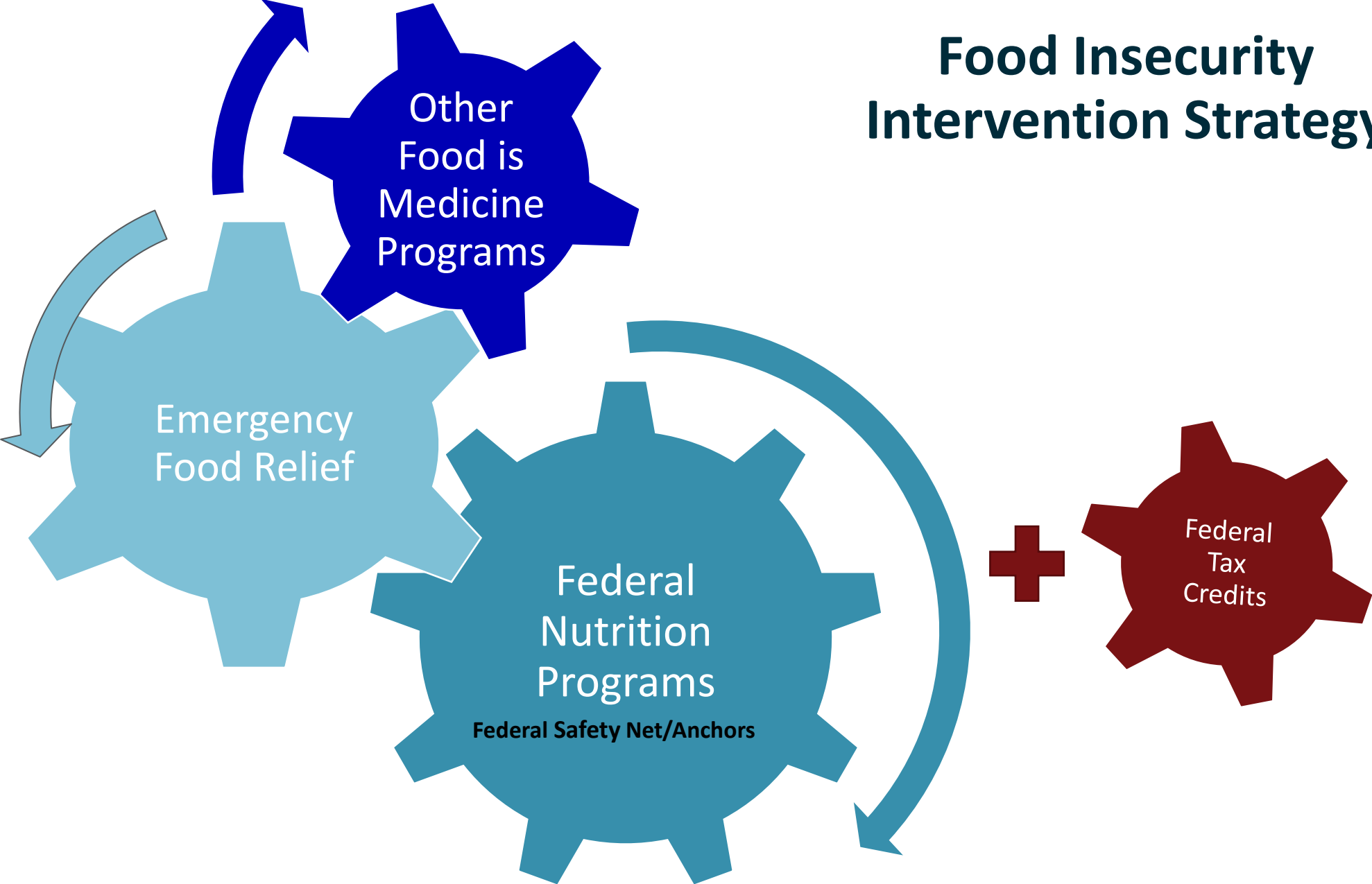
1. “Within the past 12 months, we worried whether our food would run out before we got money to buy more.”

2. “Within the past 12 months, the food that we bought just didn’t last and we didn’t have money to get more.”

- **Yes or No in the last 12 months.**
- **Recommended: Often True, Sometimes True, or Never True, Don’t Know/Refuse to Answer for you in the last 12 mo.**

If at least 1 question is positive, the screener is positive, and family is “at risk” for food insecurity

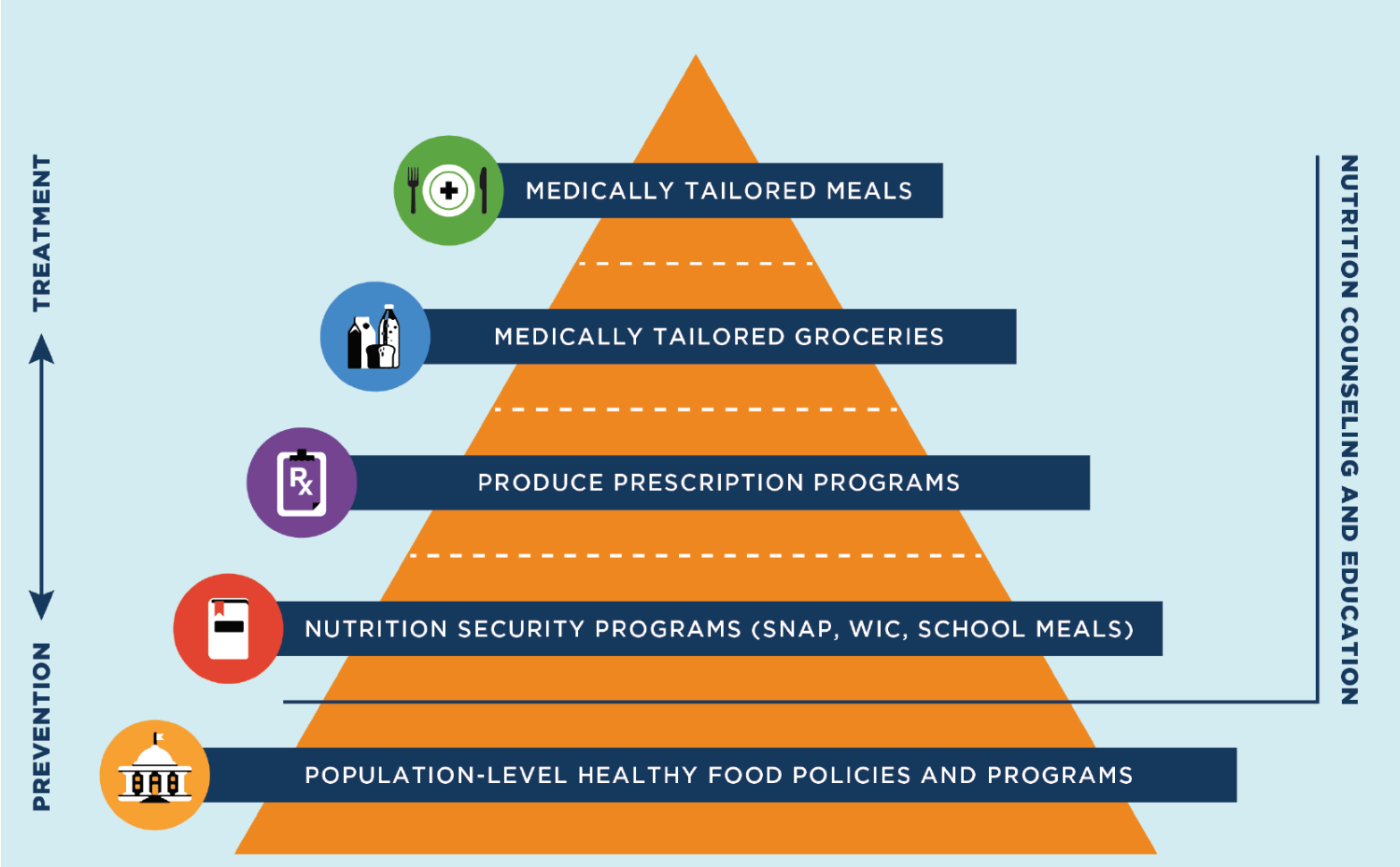
Food Insecurity Intervention Strategy



Other “Food is Medicine” Programs

Food is Medicine: Achieving Food and Nutrition Security from Health Care to Population Health

The Food is Medicine pyramid describes an evolving framework of programs and interventions in healthcare and population health that integrate food-based nutrition interventions at multiple levels for specific needs of different focus populations.



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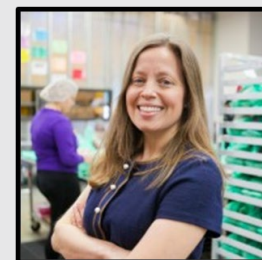


Delivering hope, one meal at a time®

The Case for Medically Tailored Meals and Medical Nutrition Therapy

Addressing Food Insecurity in Patients with Chronic Diseases

Carrie Stoltzfus, MPH
Executive Director, Food & Friends
Washington, DC

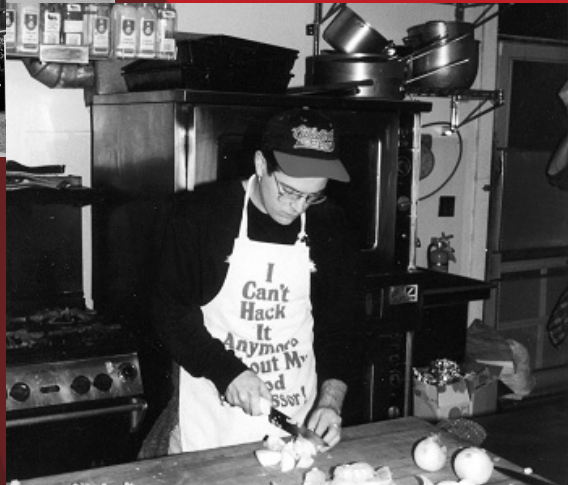


Agenda

- ▶ Who we are and what we do
- ▶ Why and how this works
- ▶ How we support health care providers



Introduction to Food & Friends



- Founded in 1988 to serve DC residents living with HIV/AIDS
- Expansion to other illnesses including cancer, diabetes, heart failure, kidney failure, COPD, and cystic fibrosis
- We improve the lives and health of those with a serious illness by providing:
 - specialized meals designed to meet their medical and dietary needs
 - nutrition counseling
 - a sense of community through relationships with staff and volunteers

Definition of Medically Tailored Meals

A Medically Tailored Meal (MTM) is much more than a healthy meal

- Targeted to someone with a serious illness
- Referral from health provider or health plan
- Meal plans are overseen by a registered dietitian; can be layered (ex. Diabetic: heart healthy, soft)
- Meals are paired with nutrition counseling



Evidence base for medically-tailored meals

- Fewer inpatient admissions
- Fewer skilled nursing admissions
- Lower cost of care

(Berkowitz et al., [JAMA](#), 2019)

- Higher healthy eating index scores
- Fewer instances of hypoglycemia
- Improved mental health

(Berkowitz et al., [Health Affairs](#), 2018)

- Increased adherence to antiretroviral therapy
- Improved diabetes self-management
- Decreased depressive symptoms
- Reduced instances of sacrificing food for health care or prescriptions or vice versa

(Palar et al., [Journal of Urban Health](#), 2017)

- Reduced cost of care
- More likely to be discharged to home than to inpatient care

(Gurvey et al., [Journal of Primary Care & Community Health](#), 2013)

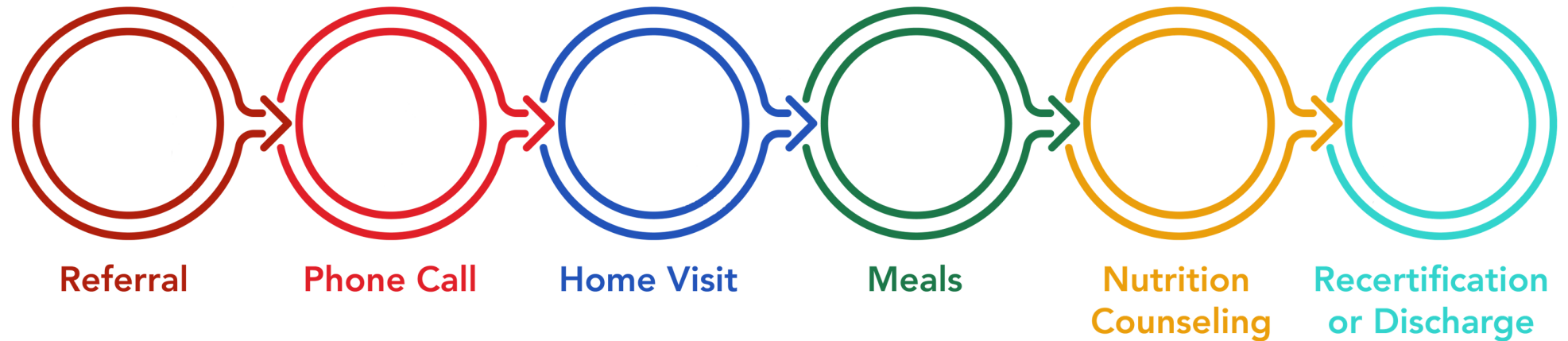


Eligibility for Food & Friends

- Serious or chronic illness
- Nutritionally compromised -ex. weight loss, nausea, fatigue
- Need assistance with some activity of daily living

No income or age requirement

The Food & Friends Client Experience



Case Study Example: COPD

Healthcare Professionals

- 70 year-old gentleman, illness progressing for 10 years
- Oxygen tank, physical limitations
- Discussion of texture modifications, smaller frequent meals, calories, protein



We support health care providers

- ▶ Food designed to meet the nutritional needs of those with serious illnesses
- ▶ Dietitians take the time to speak with clients about medications, symptoms, side effects
- ▶ **We're intervening on nutrition in the setting where people make their nutrition decisions—in the home**
- ▶ Referrals are easy: multiple formats for referral, any staff at provider site can refer

References and Resources

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Integrating Healthcare into Community-based Settings

Addressing Food Insecurity in Patients with Chronic Diseases

Kristy McCarron, MPH
Vice President, Community Health and Wellness
YMCA of Metropolitan Washington
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Agenda

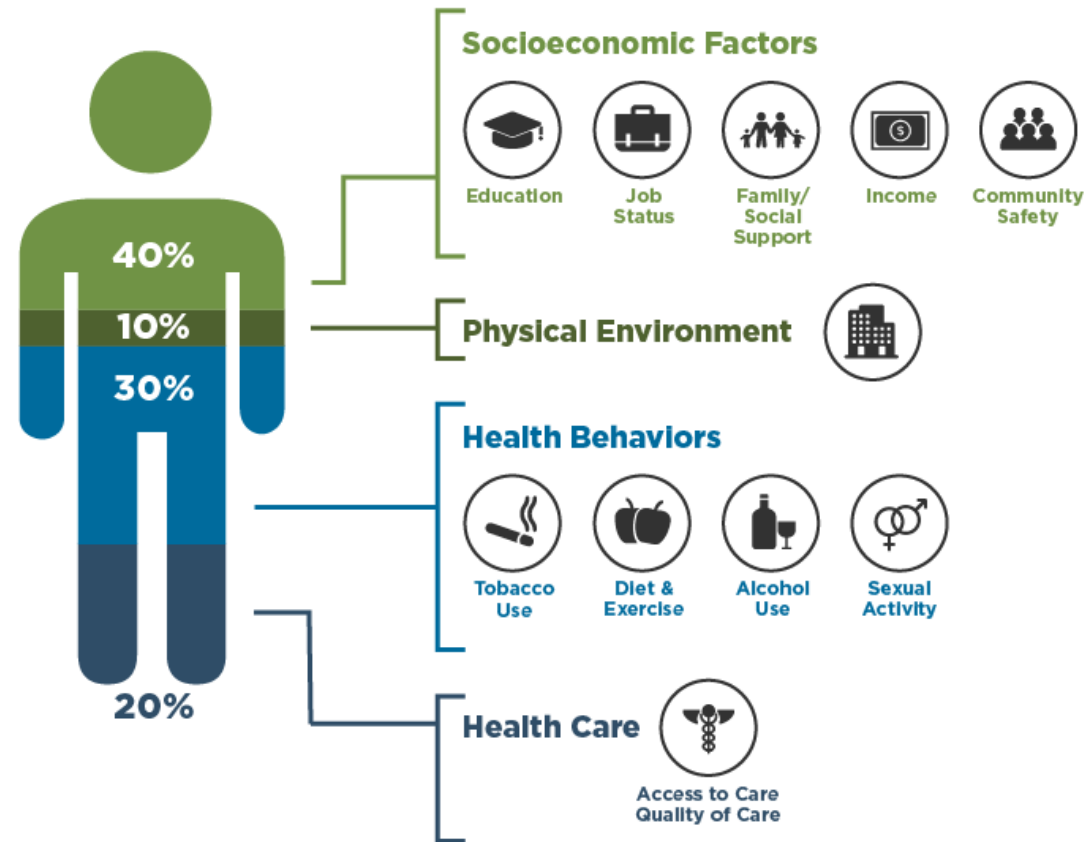
Healthcare-Community Integration:

- Why integrate with community-based organizations
- How to integrate with community-based organizations
 - Establishing partnerships between community-based organizations and healthcare organizations
 - Establishing workflows between community-based organizations and healthcare organizations

Healthcare-Community Integration: The Why

The changing landscape of healthcare promotes a shift toward population health, value-based care, and a focus on the factors that influence health outside of clinical walls.

An individual's health is mostly determined by their community



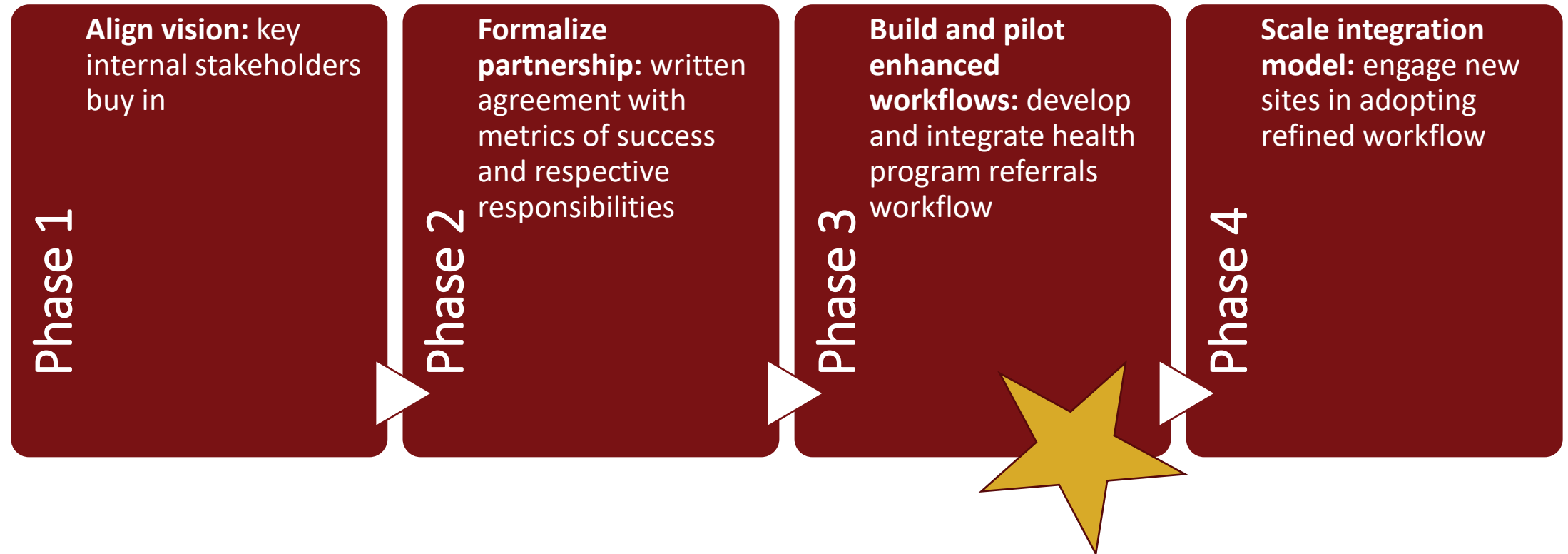
Community-based organizations (CBOs) play an important role in enhancing health outcomes

- Trusted resources
- History of providing social services
- Community navigation
- Evidence-based chronic disease *prevention and management* programs:
 - The Diabetes Prevention Program
 - Medically Tailored Meals
 - SNAP-Education
 - Diabetes Self-Management

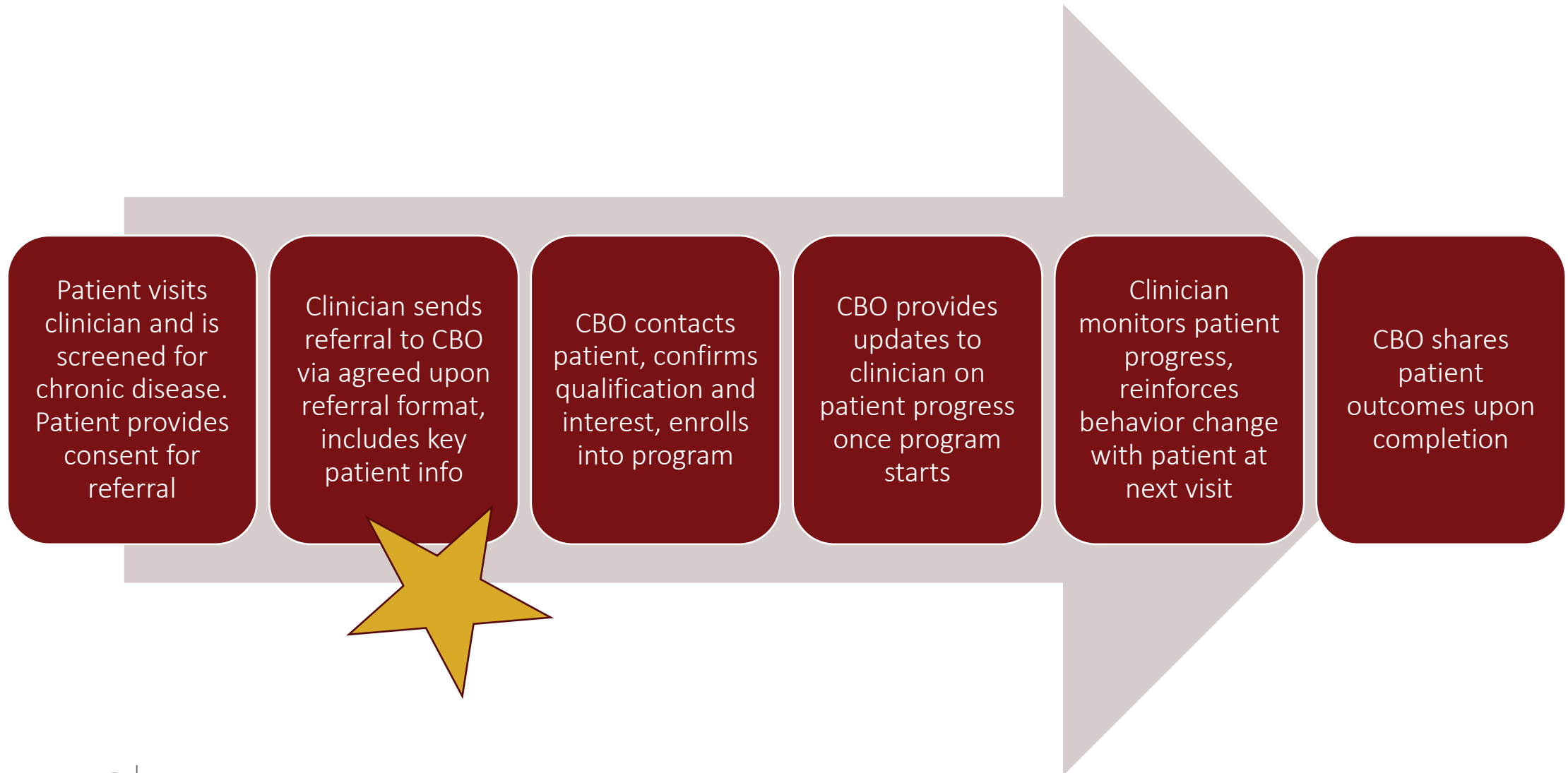
Healthcare-Community Integration: The How

Formalizing partnerships between CBOs and healthcare organizations

Four Phases of Partnership Development as seen by YMCA of the USA

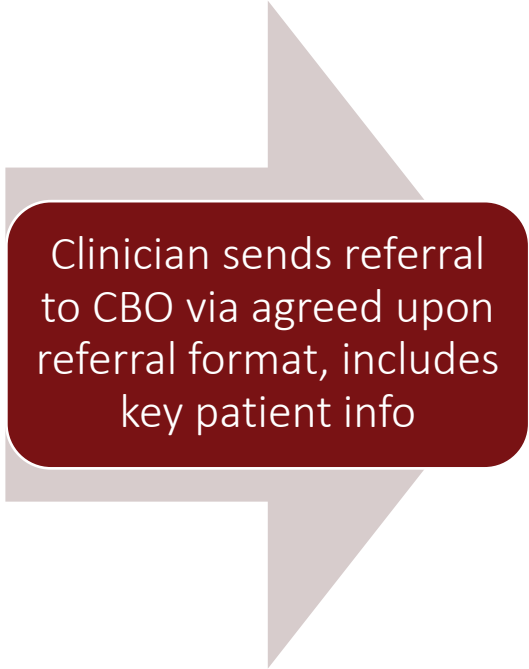


Building workflows between CBOs and clinicians



Who receives the referral?

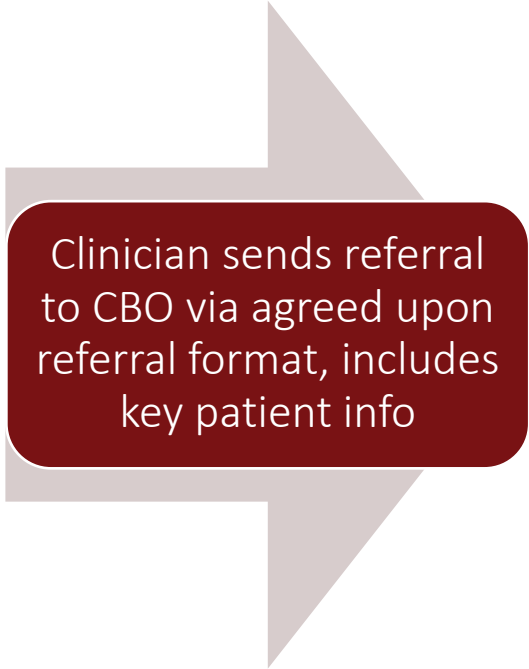
- A referral is sent to the CBO, who then reaches out to patient
- A referral is given to the patient who is then responsible for reaching out to the CBO



Clinician sends referral to CBO via agreed upon referral format, includes key patient info

How does the referral get to the CBO?

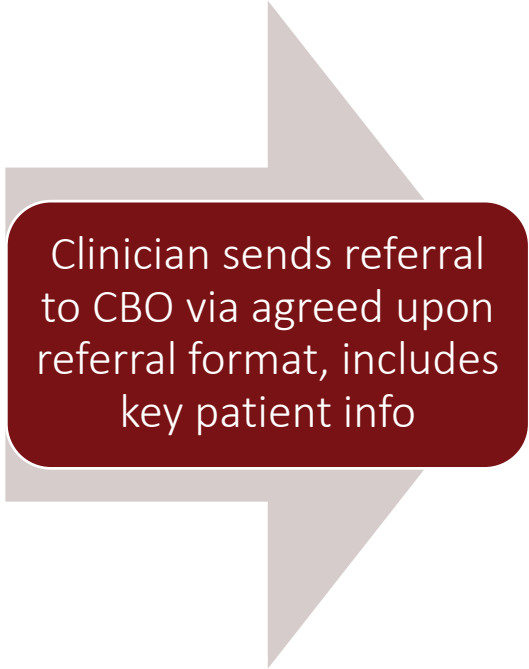
- Secure E-Fax to the CBO's referral number or email
- Local Health Information Exchanges (HIE), such as CRISP DC
- Local referral systems, such as findhelp.org (formerly known as Aunt Bertha) or UniteUs
- Direct messaging via Secure HISP emails



Clinician sends referral to CBO via agreed upon referral format, includes key patient info

What information is included in a referral to the CBO?

- Patient name and contact info
- Patient demographics
- Preferred language
- Preferred communication
- Practice/provider name and contact info
- Relevant patient clinical information (varies based on program, such as BMI, BP reading, A1c, etc.)
- Preferred CBO service location



Clinician sends referral to CBO via agreed upon referral format, includes key patient info

What information is shared back with the clinician?

- Patient identifier
- Practice/provider identifier
- CBO service location
- Patient program outcomes (varies based on program)



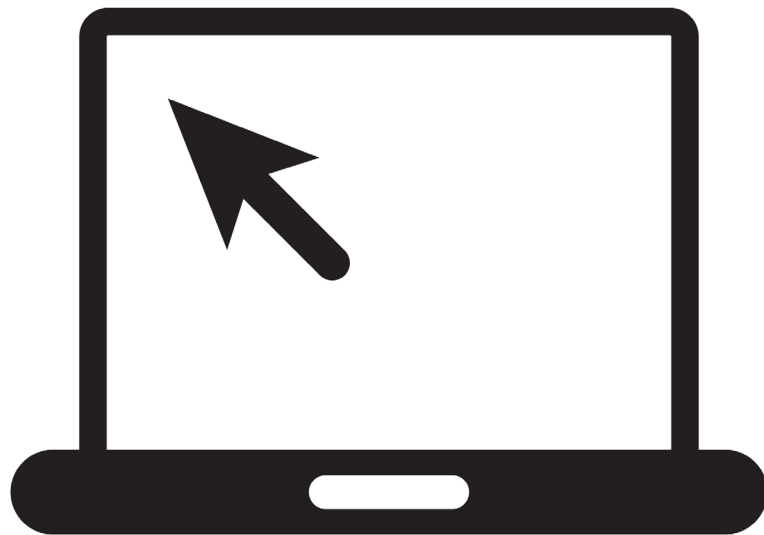
CBO shares
patient
outcomes upon
completion

Patient screening for prediabetes



Photo courtesy of YMCA of the USA

Provider refers patient to local CBO



**DIABETES
PREVENTION
PROGRAM**



Patient enrolls and participates in program

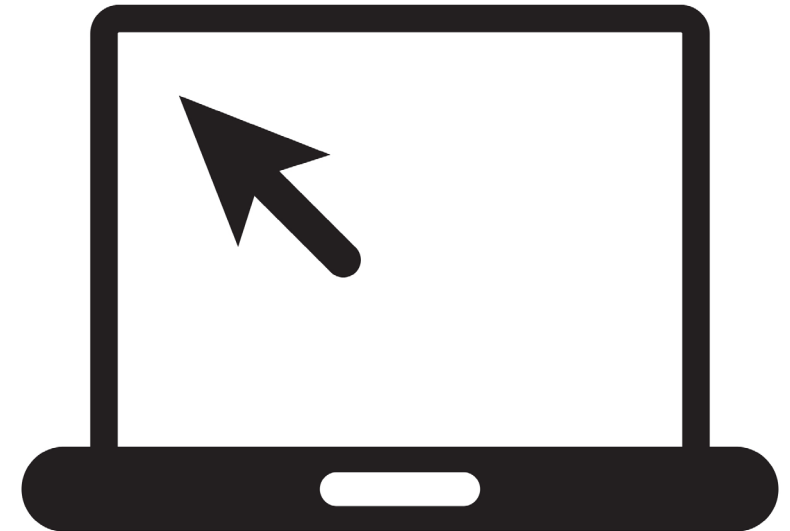


Photo courtesy of YMCA of the USA

The CBO shares information back with the provider



**DIABETES
PREVENTION
PROGRAM**

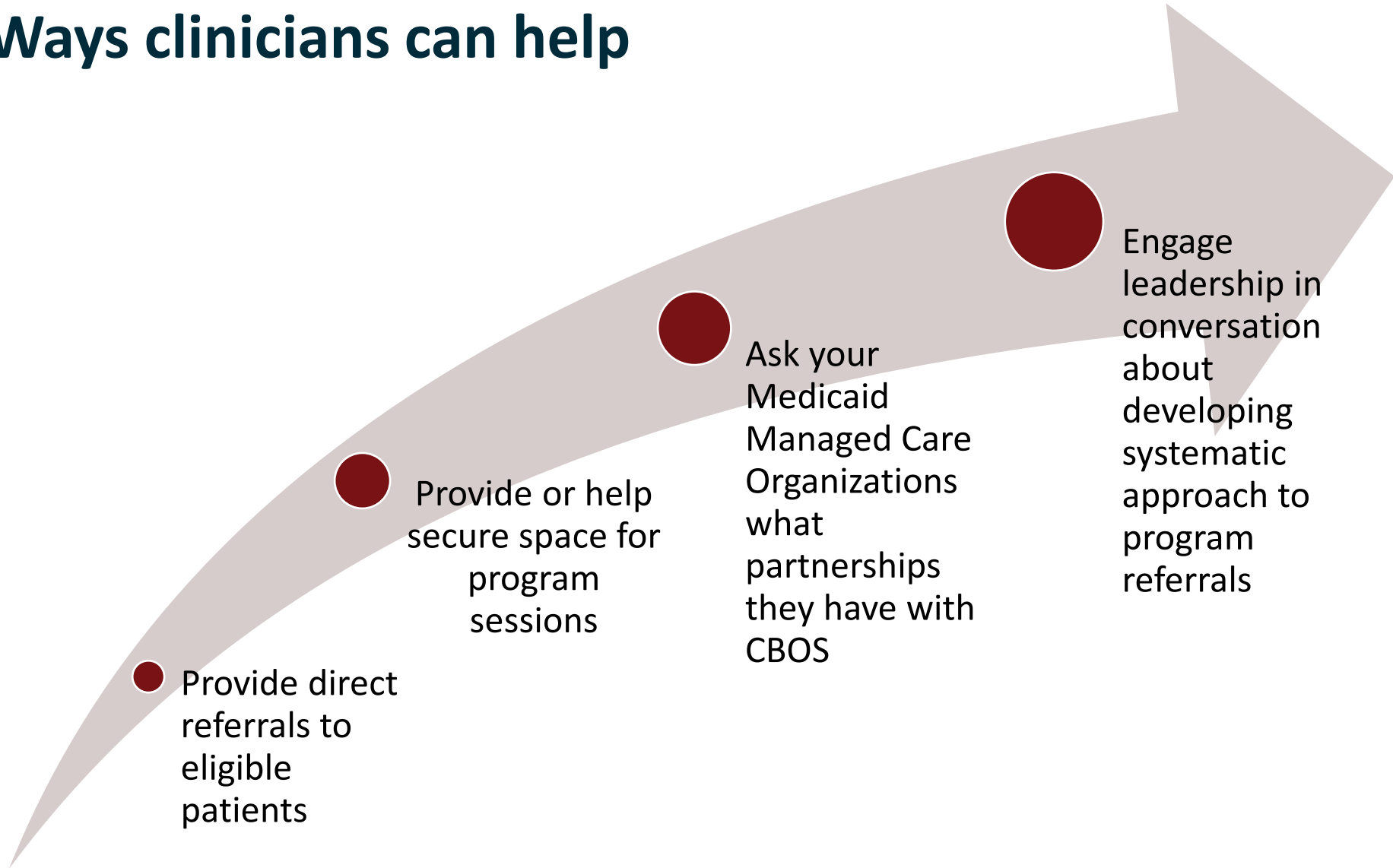


Provider monitors progress



Photo courtesy of YMCA of the USA

Ways clinicians can help



In Summary

- Leveraging the strengths of healthcare organizations, clinicians and community-based organizations can enhance population health.
- Such partnerships should include clear metrics of success and continuous quality improvement.
- Clinicians can work with community-based organizations to establish bi-directional referral pathways.

Panel Discussion



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Knowledge Check Questions

Knowledge Check

What step typically occurs last in families experiencing food insecurity?

- A. Food anxiety
- B. Quality of foods reduces
- C. Quantity of foods reduces
- D. Variety of foods decreases

Knowledge Check

What is the overall prevalence of food insecurity in households in the United States of America?

- A. 5%
- B. 10%
- C. 25%
- D. 35%
- E. 45%

Knowledge Check

A medically-tailored meal is designed for:

- A. Someone at risk of illness
- B. Someone diagnosed with a serious illness
- C. Someone experiencing food insecurity
- D. Seniors with limited income

Knowledge Check

One of the nutrition issues that may affect a person with COPD is shortness of breath?

- A. True
- B. False

Knowledge Check

What are the greatest contributors to an individual's health outcomes?

- A. Socioeconomic factors
- B. Physical Environment
- C. Health Behaviors
- D. Health care

Knowledge Check

What are ways that clinicians can enhance a partnership with a community-based organization (CBO)?

- A. Provide direct referrals to a CBO
- B. Inquire with public and private insurance companies about the CBO programs that they may already provide or pay for
- C. Engage leadership in providing a systematic approach to program referrals
- D. All of the above

Knowledge Check

What step happens first in the community-based organization (CBO) referral process?

- A. Clinician sends referral using agreed-upon system
- B. CBO provides updates to clinician
- C. Patient provides consent for referral
- D. CBO shares patient outcomes

DC | HEALTH

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