

Healthy Food Interventions

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- About Gleaners Community Food Bank and the Emergency Food Network
- Food Insecurity in our Community
- Food Insecurity and Chronic Disease
- Strategies and Interventions





A vital link between available food and those who need it most

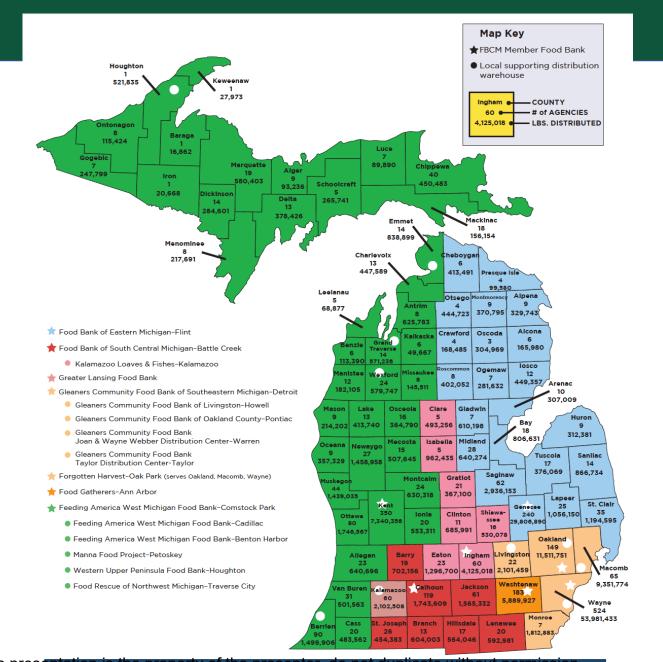


Efficient, proven methods for distributing food to those in need



Maximizes partnerships to achieve community goals

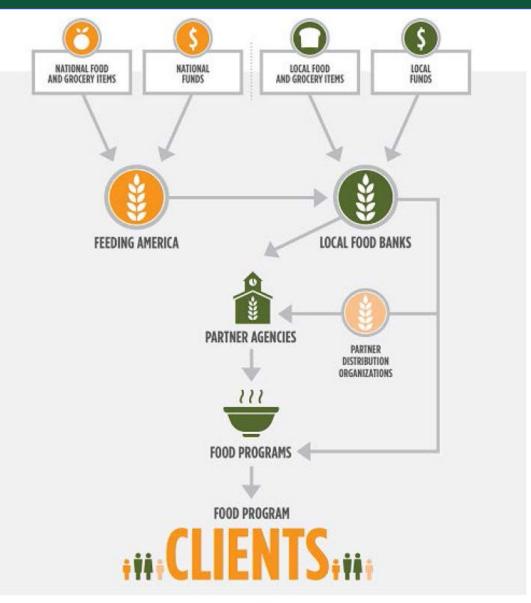






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How Food Is Distributed







- The U.S. Department of Agriculture (USDA) <u>defines</u> food insecurity as a lack of consistent access to enough food for an active, healthy life.
 - Hunger and food insecurity, are NOT the same.





High Food Security

Households had no problems, or anxiety about, consistently accessing adequate food

Marginal Food Security

Households had problems or anxiety at times about accessing adequate food, but the quality, variety, and quantity of their food were not substantially reduced

Low Food Security

Households reduced the quality, variety, and desirability of their diets, but the quantity of food Intake and normal eating patterns were not substantially disrupted

Very Low Food Security

At times during the year, eating patterns of one or more household members were disrupted and food intake reduced because the household lacked money or other resources for food.

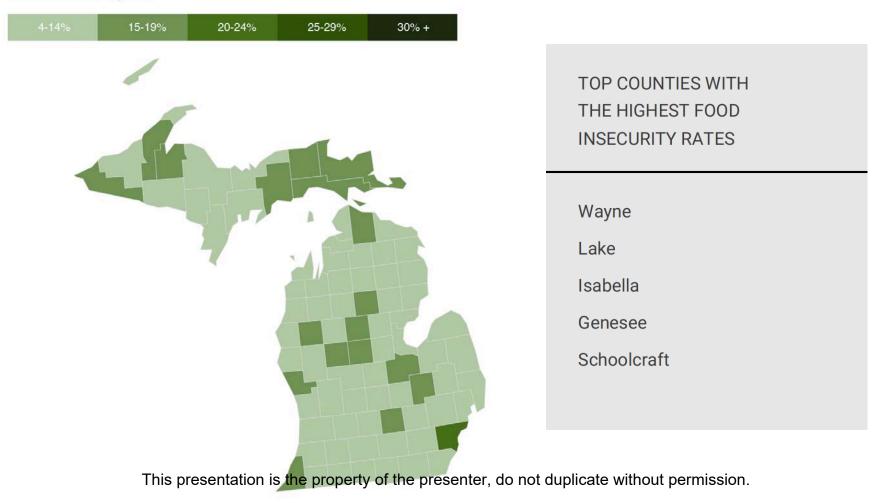
Source: Adapted from the USDA Economic Research Service.



🍎 Food Insecurity- Michigan

- Nationwide, the average county level food insecurity rate is 12.9%
- ► The average county-level food insecurity rate in Michigan is 14.2%

Overall Food Insecurity Rates



CLOSING THE GAP: WHO NEEDS GLEANERS?

Nearly 700,000 people are food insecure in the 5-county region: we reach 430,000 each year



47% of the households in need have an employed adult

Food Insecurity is a Complex Problem



Primary Drivers of Food Insecurity

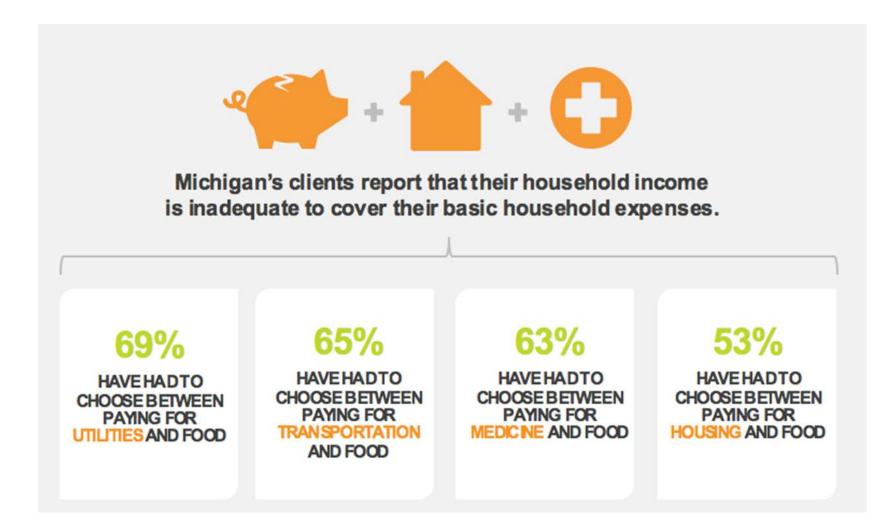
Needs don't exist in isolation and families are making tough tradeoffs to meet basic needs



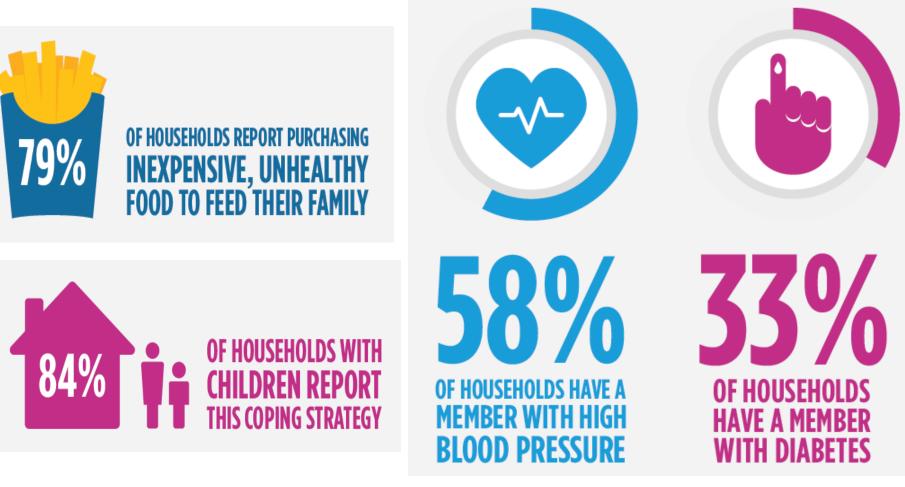


The Health Effects of Food Insecurity



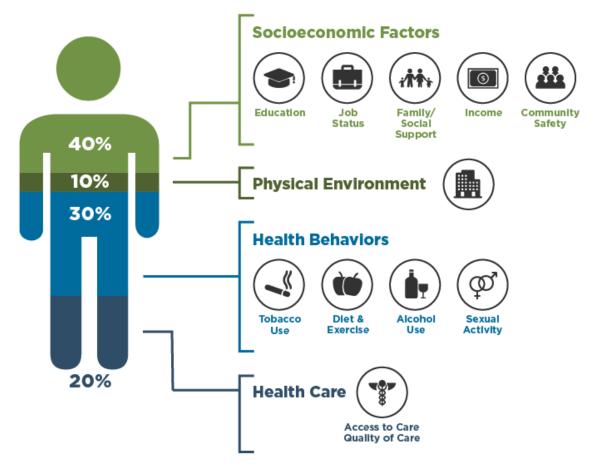








What Goes Into Your Health?



People who are food insecure are more likely to develop chronic disease

Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

Adapted from The Bridgespan Group

Food Insecurity Directly Impacts Health: Disease Risk & Management

Food Insecure individuals have increased Risk for Chronic Disease:

- Cardiovascular disease (hypertension ≈ 25% more common)
- Diabetes (Type 2 Diabetes Mellitus rates ≈ 25% higher)
- Kidney disease (≈ 50% higher)
- Osteoporosis (4x ↑ risk)

Without adequate access to healthy food, **management of chronic disease** is also more challenging

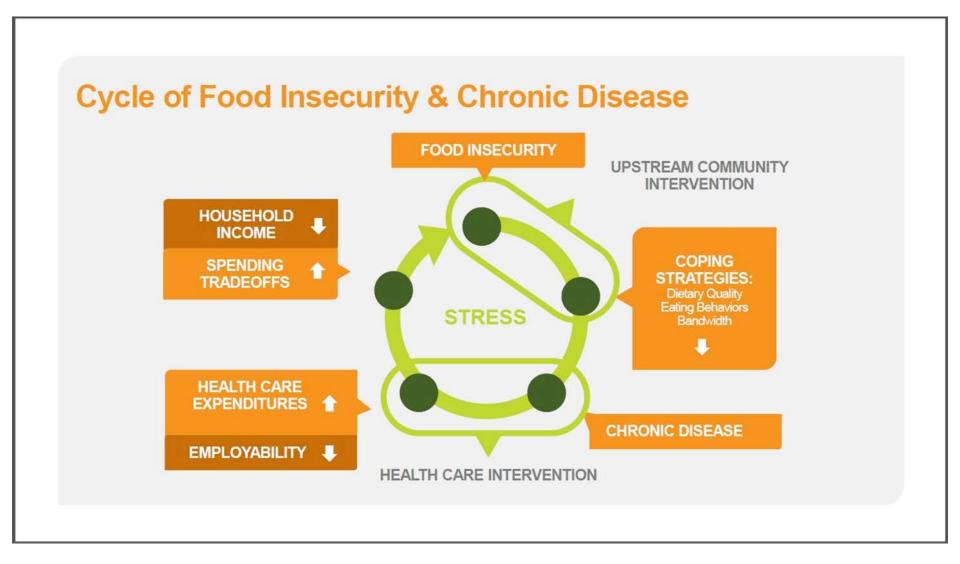
- Food Insecurity in Diabetes leads to:
 - Increases Medication Non-adherence
 - More food-medicine-medical supplies tradeoffs
 - Poorer diabetes distress and diabetes self-efficacy
 - Worse glycemic control
- Self-management challenges with food insecurity & other diseases
 - HTN
 - HIV
 - Cancer



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STRATEGIES AND INTERVENTIONS

Č The Role of the Food Bank Network

- Targeted food purchases
- Dairy programs
- Education
- Healthcare partnerships
- SNAP Outreach
- Mobile Markets
- School food mobiles
- Backpack programs
- Other federal programs

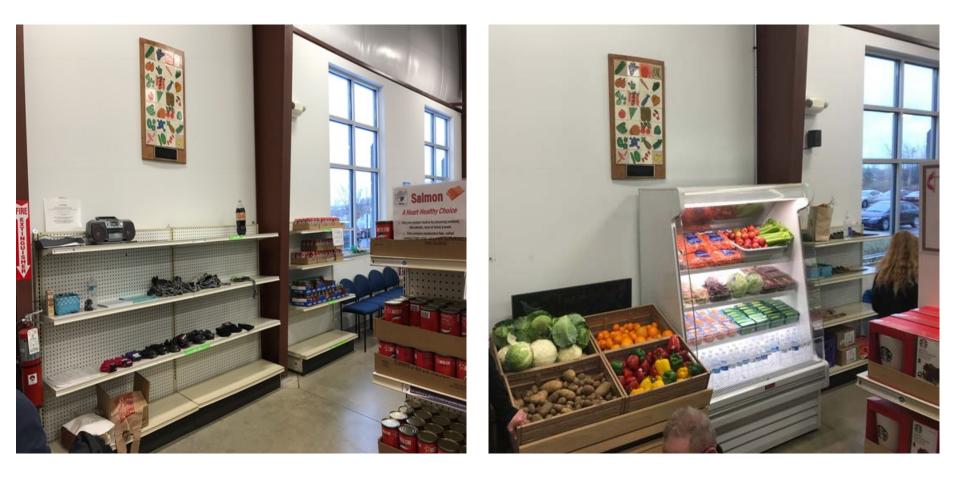




- Factors such as signage, colors, packaging and product placement can influence choices as a consumer.
- Nudge Strategies in pantry settings are easy, cost effective methods of promoting healthy foods and increasing access.



Healthy Pantry Initiative











FAITH DM



Randomized, controlled trial design, 2015 – 2017

- Hypothesis: adults with poorly controlled T2DM who participate in a food bank intervention (food distributions, diabetes education, glycemic monitoring, and healthcare referrals) would experience significant improvements in HbA1c over a 6-month timeframe.
- Secondary outcomes: food security, fruit and vegetable intake, diabetes distress, severe hypoglycemic events, depressive symptoms, medication adherence, tradeoffs (food vs medication/supplies), and food stability
 - 6- and 12-month follow-up for primary and secondary outcomes
- Intervention: food distributions, formal and informal DSME, referrals, HCUA communication

(Seligman, et al., 2018)







- Did improve food security and dietary intake for participants; HbA1c was not significantly improved
 - however...
- Food bank intervention alone was not enough. Coordination with health care partners to reach highly vulnerable populations and coordinate interventions with clinical care is essential.
- For participants who most were most highly engaged, demonstrated A1C improvements
 - Within the Intervention Group, fully engaged participants improved more than less engaged participants in the group [8.67% vs. 9.23%, p=0.04]







Intervention group reported very high levels of satisfaction with the project

- How would you say you and your family like the diabetes food box compared to the regular food box?
 - 80.4% answered "my family and I like the diabetes food box better" or "I like the diabetes food box better but my family likes the regular food box better"
- Helpfulness of diabetes-appropriate food

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- 97.9% answered "very helpful" or "somewhat helpful"
- Overall, how much better do you think you can control your diabetes as a result of this program?
 - 95.4% answered "a lot better" or "a little better"



Healthcare Initiatives – Henry's Groceries



A partnership with Henry Ford Health System.

Identifying 300 food insecure, highly vulnerable patients and connecting them with home delivered food boxes.

*Not Specifically Diabetes diagnosis

Boxes delivered 2x/month for 1 year

HFHS is looking at any improvements in biometrics and healthcare utilization for these patients







- Informal feedback from patients indicate they are trying new, healthy foods and making fewer tradeoffs while on participating in the program.
- Food security improved for many patients
- Patients expressed a great deal of satisfaction with the personal interaction during home deliveries and phone calls.

"It was a really good program because they give you this food where you could cut down your grocery bill," she says, adding, that it "was helping me way before I got my food assistance. So when I had no food, I could just throw something together with the food from Henry's Groceries and say, oh I got a meal right here."



Healthcare Initiatives – The Healthy Table

Collaboration with CHASS in SW Detroit

Providing healthy food boxes to patients with uncontrolled Diabetes

- Twice per month for 6 months, delivery or pick up
- Majority of household food needs
- Choice Menus; Cultural considerations

HECHASS YO BOX 1 INCLUDES:		Items subject to change based on availabilit, *Doubled for family size box BOX 2 INCLUDES:	
Onion*	Shredded Cheddar Jack *	Onion*	1Gallon Milk*
Sweet Potato*	Brown Rice	Avocados*	Shredded Mozzarella*
Poblano Peppers*	Chicken Broth	Tomato*	Tomato Sauce
Mushrooms*	Corn	Limes*	Mandarin Oranges
Frozen Veggies*	Diced Tomatoes	Potatoes*	Chicken Broth
Chicken Drumsticks*	Peaches	Apples*	Brown Rice
Corn Tortillas*	Dry Pinto Beans	Bananas*	Peanut Butter
Plain Yogurt*	Oats	Chicken Breast*	Oats



Tortilla Casserole, Stir Fry, Roasted Sweet Potatoes and Mushrooms, Yogurt Parfaits, This presentationaisotheaproperty of the presenter, do roadupplicate without permission.

Healthcare Initiatives – The Diabetes Prevention Program

- Collaboration with the National Kidney Foundation of Michigan
- DPP is a nationally recognized program which has demonstrated impact in reducing diabetes risk
- Providing healthy food to participants in DPP program, to support behavior change
- Measuring program outcomes as compared to similar participant groups who do not

National Kidney Foundation®

of Michigan





Funded Bv:

Community Foundati

receive food boxes. This presentation is the property of the presenter, do not duplicate without perfiles for the presentation.

🍎 Other Food Bank Interventions in Michigan

- Food Bank of Eastern Michigan and Hurley Medical Center
 - Food FARMacy onsite for patients in need of food assistance
 - RD coordinates pantry and provides education support
 - Client choice model with nudges
- Food Gatherers
 - Involved in county wide SDoH screening and referral project.
 - Positive food insecurity screens are referred to Food Gatherer pantries.
 - Working on developing a feedback loop
 - Also working with some clinics hosting onsite pantries
 - Involved in extensive "nudge" work with partner pantries



Linking access and skills education



FAMILIES AT RISK OF HUNGER

VOLUNTEER-LED, SKILLS-BASED EDUCATION



How to Make HEALTHIER CHOICES



How to Prepare NUTRITIOUS MEALS

How to Maximize
FOOD RESOURCES

FAMILIES EMPOWERED with skills, knowledge, and confidence to make healthy, affordable meals



Č Cooking Matters

Hands On Cooking And Nutrition Education

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IDENTIFYING & ADDRESSING FOOD INSECURITY AT A HEALTHCARE SITE





The Hunger Vital Sign[™] identifies individuals and families as being at risk for food insecurity if they answer that either or both of the following two statements is 'often true' or 'sometimes true' (vs. 'never true'):

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

"Within the past 12 months the food we bought just didn't last and we didn't have money to get more."

(Hager, et al., 2010)



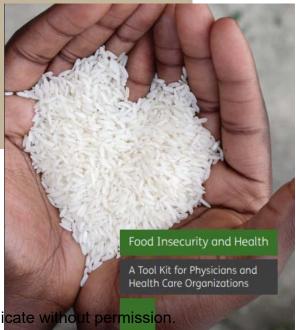
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Refer: Short-Term

- 211
- Food Pantry
- www.pantrynet.org
- Direct Distribution at hospital or clinic

Connect: Long-Term

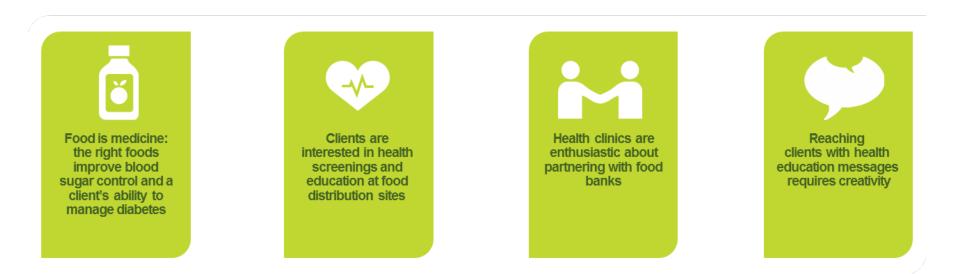
- SNAP
- WIC
- Other healthcare partnership program
 - i.e Fresh Prescription



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♦ Resources for more information

www.mapthemealgap.org

• More information about food insecurity in your community

www.hungerandhealth.org

 More information and resources on the connection between food insecurity and health, and how to address it in a healthcare setting.

www.cookingmattersmi.org

- Information about cooking and nutrition classes in SE MI <u>www.gcfb.org</u>
- Information about Gleaners Community Food Bank programs <u>www.fbcmich.org</u>
- Information about the food bank network in Michigan







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Questions?