

Food is Medicine: Weaving Together Research, Policy and Innovative Practice

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Disclosures

Presenters have no financial interest to disclose.

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Learning Objectives

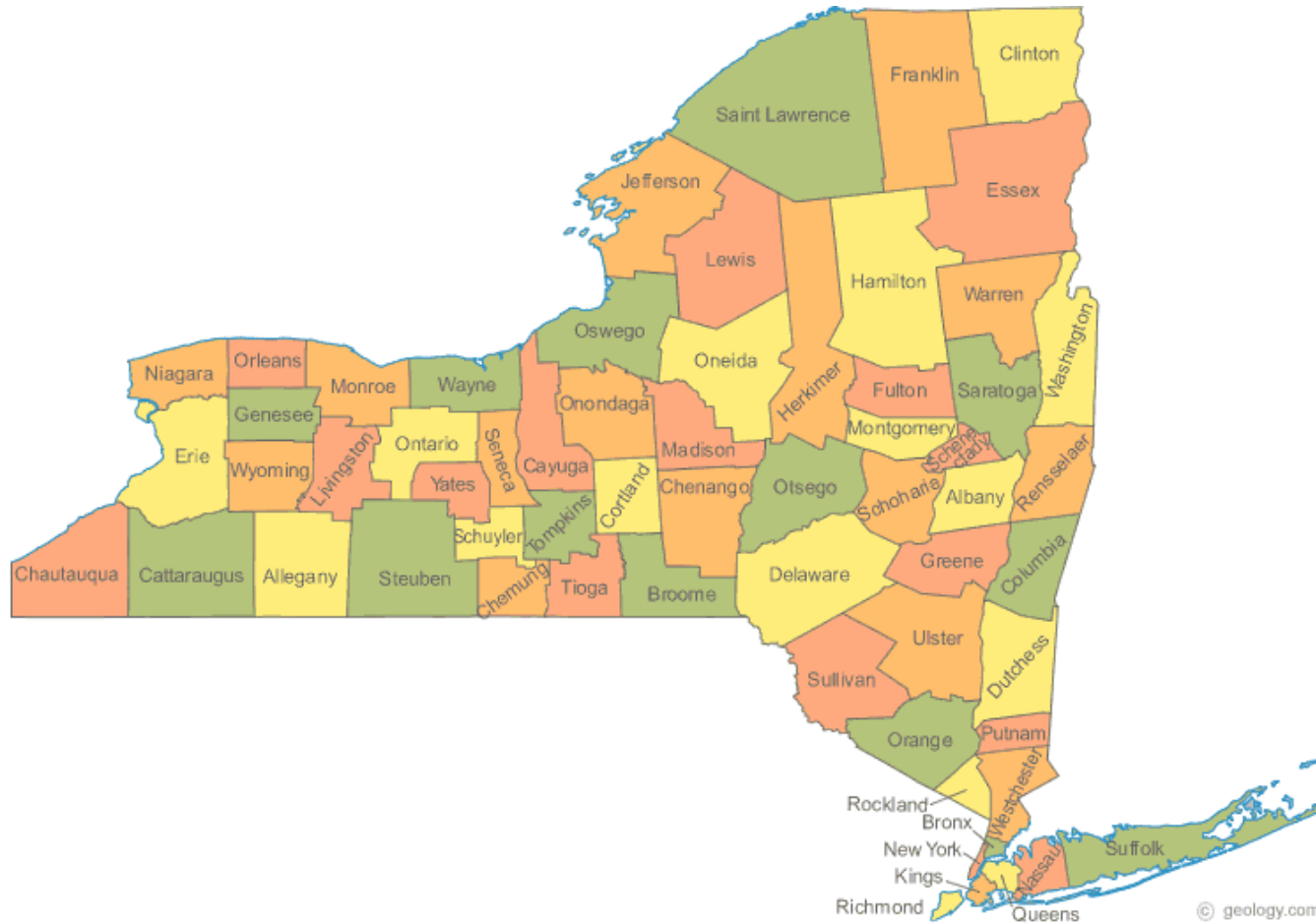
At the conclusion of this activity, the participant will be able to:

1. Describe the evaluation being done in the field at various levels to demonstrate the efficacy of food and nutrition services for people living with HIV.
2. Identify several different models for delivering food and nutrition services for people living with HIV and the opportunities and challenges associated with each.
3. Analyze the Ryan White Food and Nutrition Services Program, in policy and practice, and discuss how this initiative can serve as a model for meeting the needs of other populations facing food insecurity and/or chronic health conditions.

Stony Brook University

Katelin Thomas, Maureen Simone and Eileen Bryant

Map of New York State counties



Suffolk County, NY – notable facts

- Suffolk County population 1.5 million
- Over 3,000 people living with HIV/AIDS (PLWHA) in Suffolk
- HIV disproportionately impacting communities of color
- Cost of living among highest in the country
- One of the most segregated counties in the United States
- Minimal public transportation complicates service delivery
- Food insecurity prevalent among PLWHA

Stony Brook University – Suffolk County, NY



Stony Brook University

- Stony Brook University's HIV program is funded by Ryan White Part A, Part B, Part D, Part F (AIDS Education and Training Center); New York State Department of Health AIDS Institute; and clinical research grants
- Stony Brook provides medical care to approximately 850 people living with HIV/AIDS
- Stony Brook's Ryan White Part D program serves approximately 375 women, children and youth in Suffolk County

Food insecurity in Suffolk County

- Grocery stores/supermarkets disproportionately located in wealthier neighborhoods and are often inaccessible to those without a car
- Many people living with HIV in Suffolk rely on public transportation
- Convenience stores/gas station mini-marts/bodegas are often the only local places to purchase food in low-income communities
- Many of our clients lack appropriate food storage and preparation areas
- Clients are often unable to maximize cost effective food shopping techniques due to limited financial resources
- Food pantries/soup kitchens have limited hours of operation so they are often inaccessible to clients who work or do not have a car
- Public buses restrict the number of bags a passenger can bring onboard to what will fit on their lap or under their seat

How our program model developed

- Recognizing lack of food as barrier to care
- Grocery store gift cards
- Adding a Nutritionist to Part D program staff
- Nutritional assessments and education
- Grocery delivery to support nutrition goals
- Classes on topics including shopping on a budget, food preparation and safety, and mindful eating
- Provision of basic cooking supplies for clients when needed
- Enhanced nutritional services including regular grocery delivery for some clients

Program outcomes

- Accomplishment of individual nutritional goals for clients who received regular grocery delivery for a period of time was compared to clients who received occasional grocery delivery
- Individual nutritional goals vary based on co-morbidities and included management of weight, blood pressure, lipids and blood glucose
- Goals also included increasing consumption of fresh fruits, vegetables and whole grains, as well as decreasing consumption of processed foods

Program outcomes – food choices

Nutritional goals	Regular grocery delivery recipients	Occasional grocery delivery recipients
Increase orders for fresh/frozen vegetables	60% showed improvement	56% showed improvement
Increase orders for fresh fruits	78% showed improvement	34% showed improvement
Increase orders for whole grains	70% showed improvement	30% showed improvement
Decrease orders for sugar-sweetened beverages	33% showed improvement	10% showed improvement
Increase orders for non-dairy milk	50% showed improvement	5% showed improvement
Decrease orders for processed foods	60% showed improvement	20% showed improvement

Program outcomes - clinical

Nutritional goals	Regular grocery delivery recipients	Occasional grocery delivery recipients
Weight management (loss or gain)	60% met goal	30% met goal
Hemoglobin A 1C (stable or decrease – for those with elevated level)	60% met goal	40% met goal
Triglycerides (stable or decrease)	50% met goal	20% met goal
LDL (stable or decrease)	60% met goal	20% met goal
Cholesterol (stable or decrease)	70% met goal	40% met goal
Blood pressure (stable or decrease – for those with elevated blood pressure)	25% met goal	40% met goal

Program outcomes – quality of life

Quality of life measures	Regular grocery delivery recipients	Occasional grocery delivery recipients
Report greater level of food security	100% of respondents	25% of respondents
Report improvement in quality of foods consumed	63% of respondents	10% of respondents
Report making better food choices	100% of respondents	25% of respondents

Client feedback

- “I have been able to try more recipes/prepare meals that I would not have in the past as I can add the ingredients to my Peapod list.”
- “I tried foods that I thought I hated.”
- “It really helps. I’m never hungry any longer.”
- “Mom showed me a coupon for Frosted Flakes and asked if I had any use for it. Dad said, I don’t think Maureen would appreciate us eating Frosted Flakes!”

Client feedback - continued

- “Going to the grocery store to shop is too stressful when I’m not feeling well.”
- “I eat more vegetables and learned how to use fresh seasonings.”
- “I can honestly say that this program has changed my life for the better. I’m able to purchase quality food, healthy options and fresh fruits and veggies. I’m able to try new options and food choices.”
- “I think healthy eating is essential; and stretching a food budget to make healthy food choices an art.”

Client feedback - additional

- “I am able to show my kids that I used to be able to cook good foods.”
- “I feel like it’s my birthday when the food arrives. So many bags!”
- “The dinner menu suggestions have been great especially when I’m able to receive the food to try to eat healthier.”
- “I’m able to eat with my family since I have more fresh foods, [I used to be] embarrassed to eat when they visit.”

Lessons learned

- Changing eating habits is difficult and complex
- Eating is about much more than physical hunger and food availability
- Maintaining healthy eating habits requires ongoing education and support
- When working with clients who have experienced food insecurity, expect that provision of food may initially result in worsening of health markers
- Regardless of experience with food insecurity, many people have never learned to shop for or prepare healthy food
- Setting up a grocery delivery program, placing and tracking orders, resolving problems and managing billing takes way more staff time than you might think
- Not all grocery delivery services use refrigerated trucks so it is important to ask
- Food recall may be influenced by nutrition education received so reports may become less accurate over time

Lessons learned - continued

- While HIV is managed with anti-retroviral therapies, the co-morbidities that many people living with HIV experience (diabetes, obesity, hypertension, hyperlipidemia, etc.) can often be managed by diet, exercise and other lifestyle changes
- Despite the challenges, incorporating nutritional assessments, education and provision of food into a Ryan White program can improve clients health, quality of life and level of satisfaction with the program

Haitian proverb

Giving medicine without food is like washing your hands and drying them in the dirt.

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Mission Neighborhood Health Center

Sally Zumwalt

MNHC – HIV Services

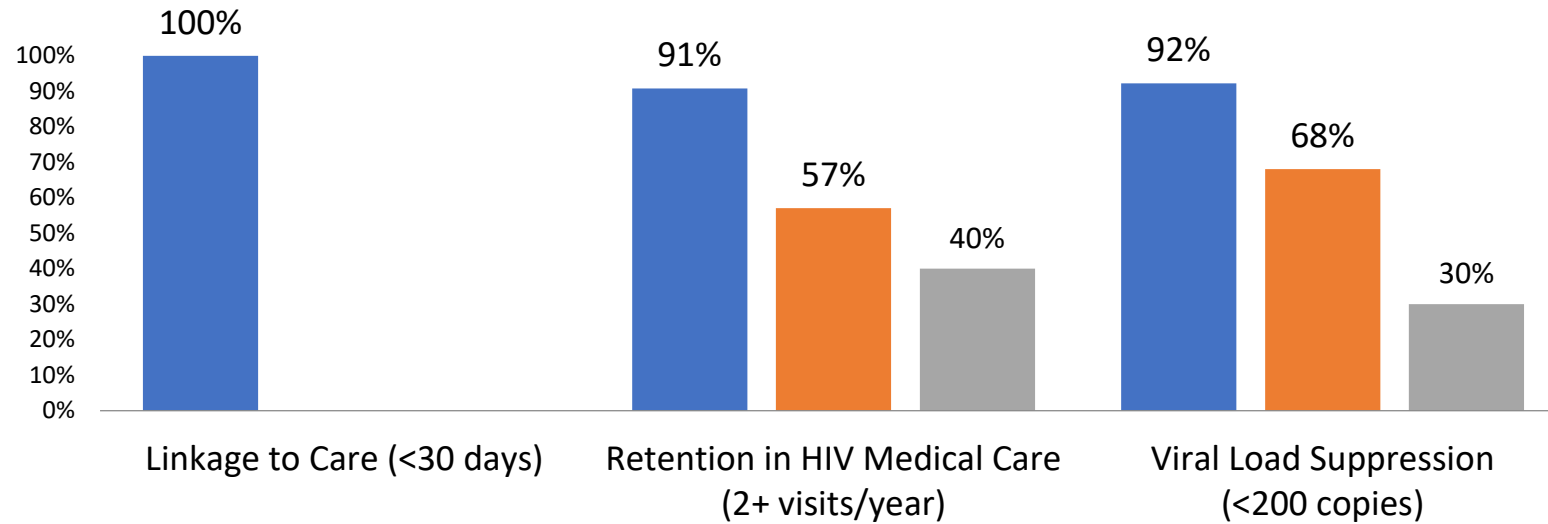
- Mission Neighborhood Health Center, FQHC established 1967 in San Francisco
- Clínica Esperanza, HIV Services opened in 1989
 - Sub-recipient of Ryan White Part A and Part C
 - Integrated model of care:
 - Primary care
 - Nursing
 - Case Management
 - ADAP/insurance enrollment
 - Nutrition
 - Health Education
 - Medication adherence

MNHC – HIV Services - Demographics

Our patients 400 unduplicated patients a year

- **87% Male; 7% Women; 6% Transgender**
- **80% Below 138% of the Federal Poverty Level**
- **24% unstably housed**
- **75% Latino**
- **74% Gay**

HIV Care Continuum



■ MNHC 2017

■ San Francisco 2016
2017 SFDPH Epidemiology Report

■ United States 2014

CDC Fact Sheet: HIV in the United States: The Stages of Care

In 2017, the HIV Services program at MNHC achieved:

- 100% linkage to care for all new patients
- 91% retention in HIV medical care, as compared to 57% in San Francisco in 2016 and 40% Nationally in 2014
- 92% viral load suppression rate, as compared to 68% in San Francisco 2016 and 30% Nationally in 2014

Nutrition Services

As part of the interdisciplinary team and in alignment with the PCP

- Initial evaluation to all new patients
- Follow up as needed
 - Food safety
 - Mindful eating
 - Nutrition and exercise counseling
 - Food benefits navigation
 - Monitor and support of individuals with chronic conditions

Vouchers, context

Provided by San Francisco Department of Public Health – HIV Health Services Branch (Ryan White Recipient)

- Safeway (groceries)
- Burger King
- McDonalds
- Bus tokens
- Subway (new)
- Farmers market tokens (new)

Food Vouchers

Guidelines

- HIV Positive
- Engaged in care
- Low income individuals
- Temporary assistance to access food
- Distributed by CM, Dietitian, Nurse, or Health Educator

Challenges

- Managing distribution
 - Equity (real or perceived)
 - Splitting
 - Clients selling cards
 - Trust relationship
- No meaningful engagement in care
 - Carrot and stick

Food Vouchers 2.0

Clinical Quality Management Program PDSA (Plan, Do, Study, Act) project:
Shopping Trips with the Registered Dietitian

- Launched January 2016
- Meal planning – 20 minutes with RD prior to initial shopping
- Maximum 6 patients per trip
- Patients are signed up for discount card
- \$40.00 maximum allowed per patient per trip
- GOAL: educate and engage clients in nutrition and health services
- PDSA iterative process allowed for improvements

Participants

- Total of 37 UDC have participated up to 5 times each

Comorbidities

- 19% Diabetes Mellitus Type II
- 38% Depression
- 25% Hypertension
- 22% Hyperlipidemia
- 13% Gastroesophageal Reflux Disease
- 9% Anemia
- 6% Chronic Renal Disease

Outcomes

2018 patient satisfaction survey results

- 38% (5/13) improvement in understanding food labels
- 77% (10/13) better at comparing food prices
- 77% identifying higher quality foods
- 77% improving my diet
- “What a drag to go grocery shopping with a health food nut”
- “Food purchased to strengthen my system”

Lessons learned

- Successful strategy: Proven to increase engagement in nutritional services; patients learn shopping tips
- Logistics: Developing relationships with store managers helps
- Staffing: At least two staff for optimal support to patients (RD and outreach worker)
- Managing patients with multiple needs: Higher acuity patients benefit from 1:1 trips
- BONUS: patients enjoy meeting one another, creating bonds, sharing cooking tips and recipes, social activity

Moving Forward

Challenges

- Small number of participants due to:
 - HIV stigma
 - DM stigma
 - Logistics (time)
- Safeway is not the cheapest!

Opportunities

- NEW: Farmers Market tokens
 - Different day/location
 - Fresh produce
 - Buying cooked meals
- We want to engage pre-diabetics



Food Is Medicine

Practice Research Policy

Alissa Wassung,
Director of Policy & Planning

Practice



GOD'S LOVE WE DELIVER®

Our Mission in Action:

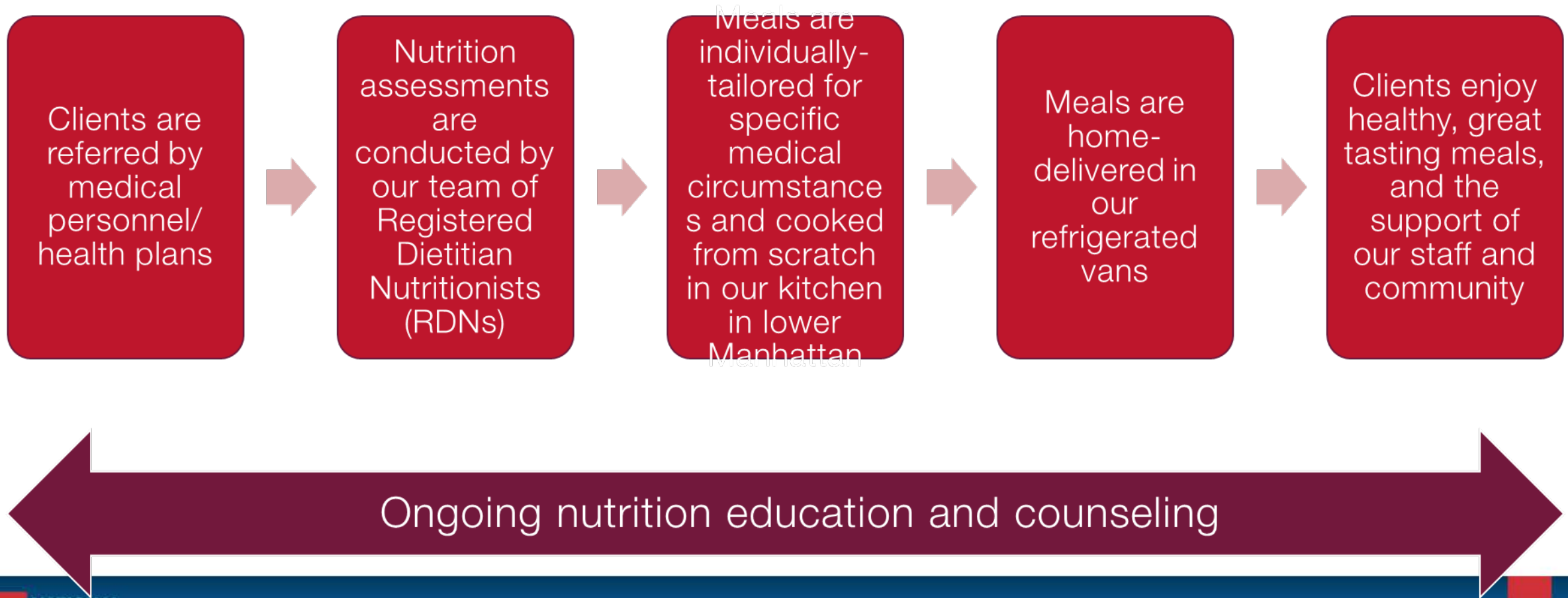
Food is Medicine | Food is Love

- 1.8 million meals
- 7,000 clients, their children and senior caregivers
- 200+ diagnoses
- 13,000 volunteers
- Serving the NY Metro region



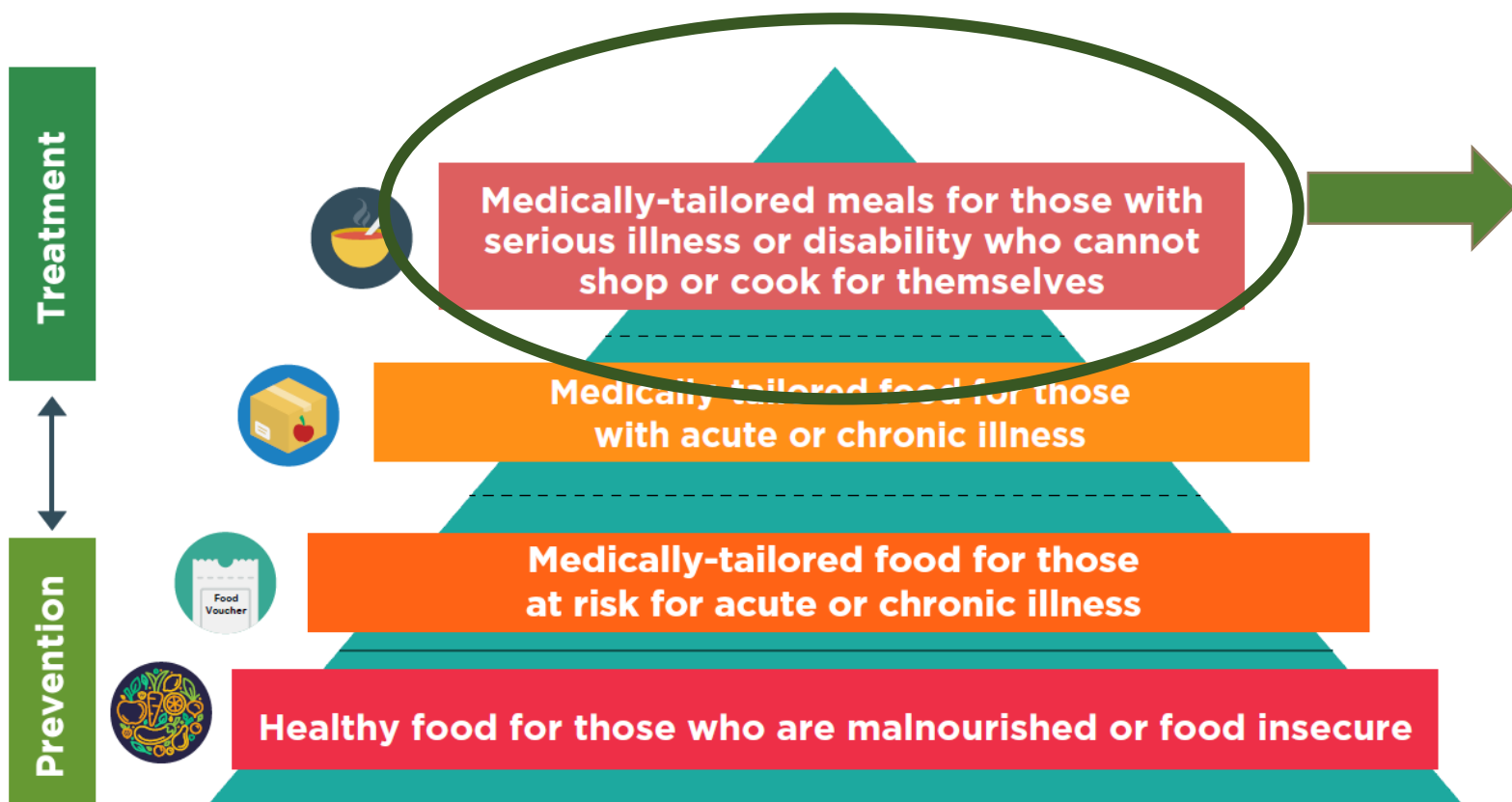
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Medically Tailored Meal Intervention



All are low sodium

FOOD IS MEDICINE



- Meal
- Modifications
 - High Fiber/Low Cholesterol
 - (Heart Disease)
 - Renal
 - (Kidney Disease)
 - Low Sugar
 - (Diabetic)
 - Vegetarian
 - Acid/Bland
 - (Digestive)
 - Soft
 - Minced
 - Pureed
 - (Cancer/ Dementia)
 - No Shellfish/ No Nuts etc.
 - (Allergies)

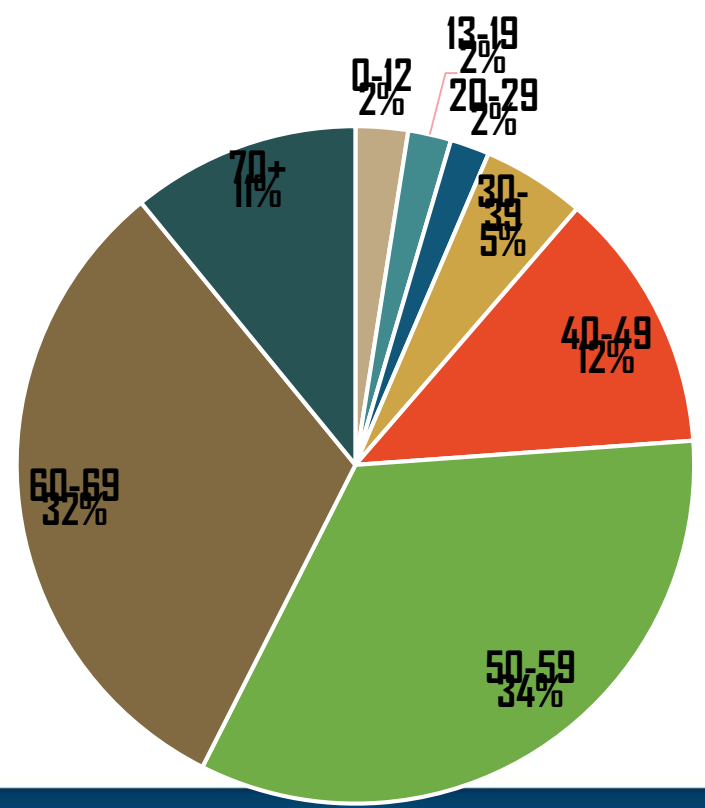
Client Demographics

Gender: 67% male; 32% female; 1% transgender

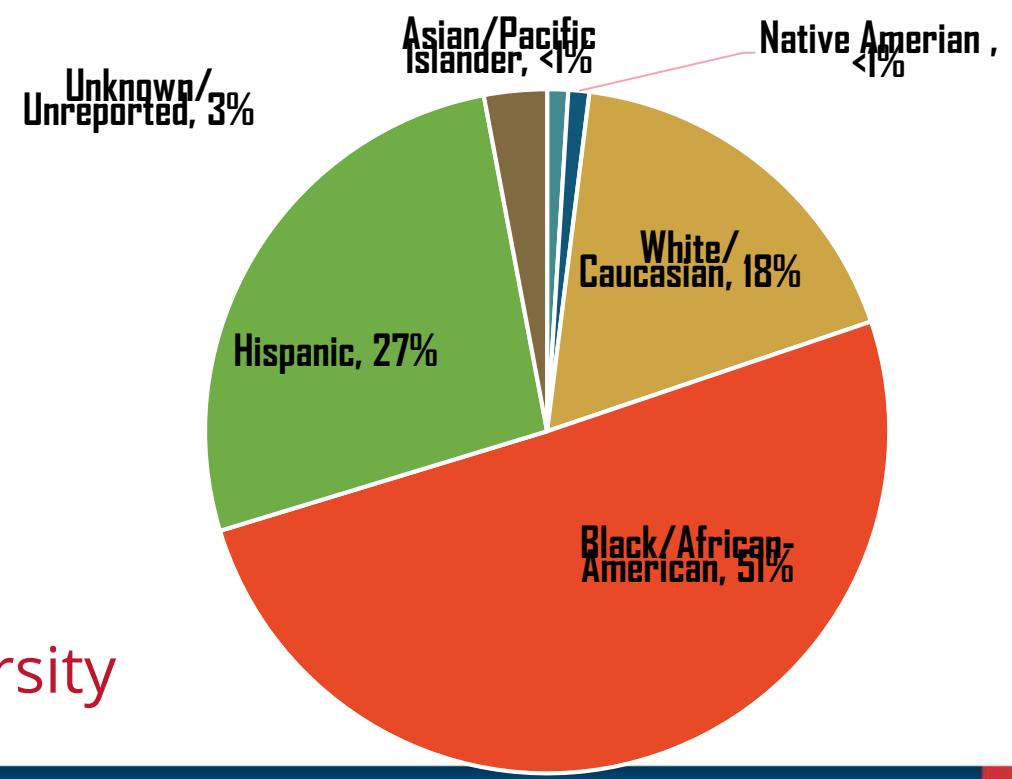
Federal Poverty Level: 90% live at or below

Comorbidities

Age



Diversity



Practice Goal



Improve the health and well-being of people living with severe and chronic illness and lower health care costs by providing the highest quality medically tailored meal intervention (individually tailored meals with medical nutrition therapy)



MTM

are a low-cost/high-impact intervention



better health outcomes



lower cost of care



improved patient satisfaction

Client Engagement

- Outreach in the hardest to reach communities
- Client and Community Advisory Board
- Client Satisfaction Survey
- Client Advocacy: Speak to issues and concerns presented by clients
- Engagement in Care:
 - Support clients in gaining access to medical and social service supports
 - 180+ affiliation agreements to connect to other services



Research



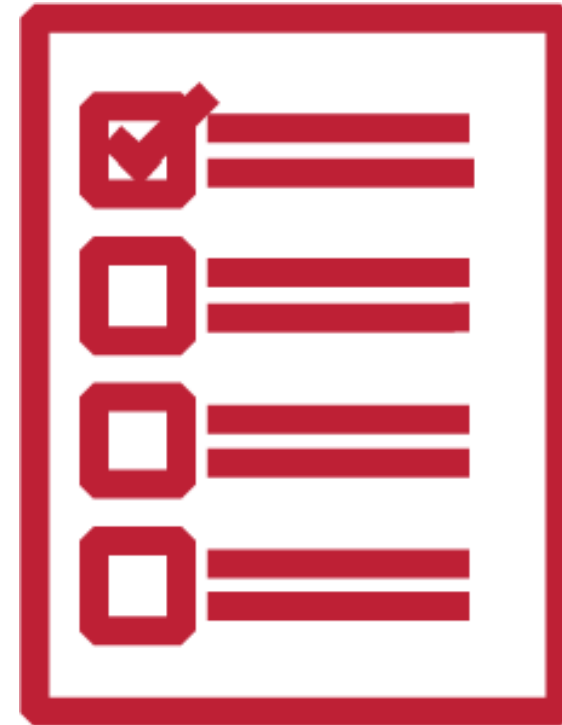
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Research Goal

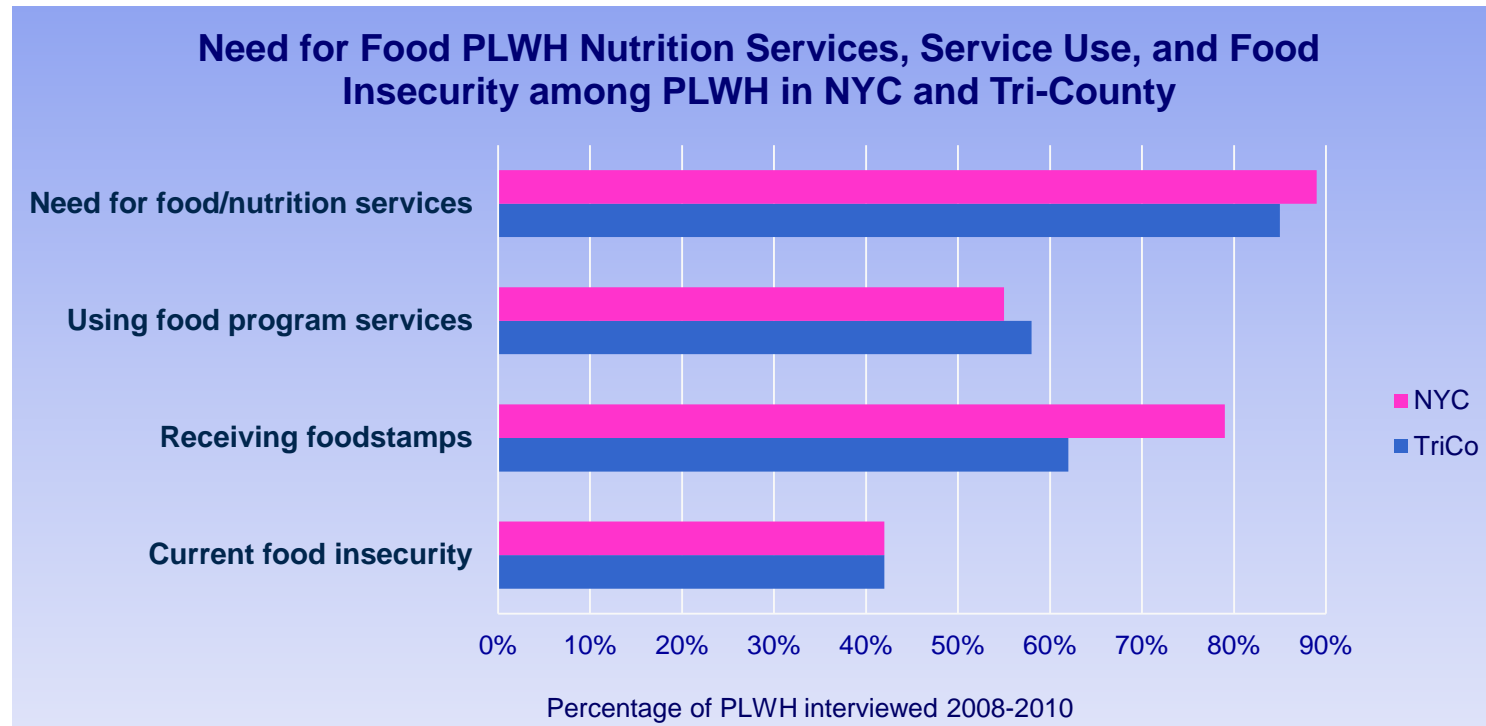
Demonstrate the efficacy of the medically tailored meal intervention and create the evidence-base for systems change



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Need for FNS is Almost Universal



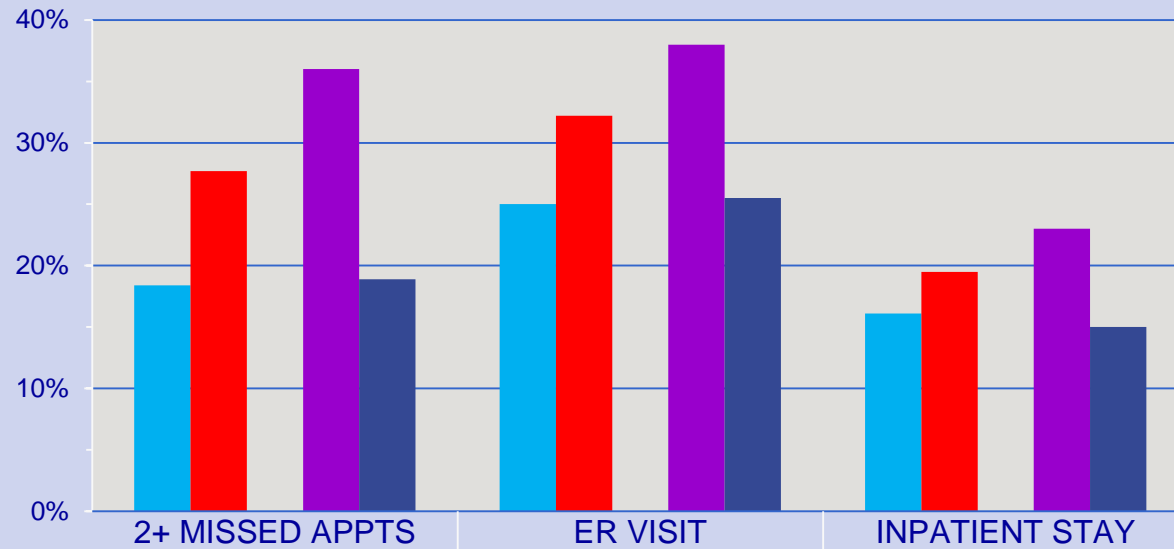
Effective FNS Improve Health Outcomes



Columbia University
MAILMAN SCHOOL
OF PUBLIC HEALTH



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■ NOT Food Insecure Time 1

■ Food Insecure at Time 1

■ Continued Food Insecurity Time 2

■ Received FN Services NOT insecure
T2

More Likely:

Medication adherence

Viral suppression

Better health
functioning

Less Likely:

Miss appointments

Have ER visits

Inpatient/nursing
home stay

Next Step:
Cost/Benefit
Analysis

Project Open Hand Studies



Project Open Hand
meals with love

UCSF CHeFS Pilot 2017

- HIV medication adherence 50%
- Hospitalizations 63%
- Depression 22%

Palar, Napoles, Weiser, (2017) J Urban Health

CHeFS RCT 2018

- Hospitalizations (odds) 89%
- Depression (odds) 68%
- Engagement 82%
- Dosage 45%

Funded by Kaiser Community Benefit, PIs Palar & Weiser

Policy

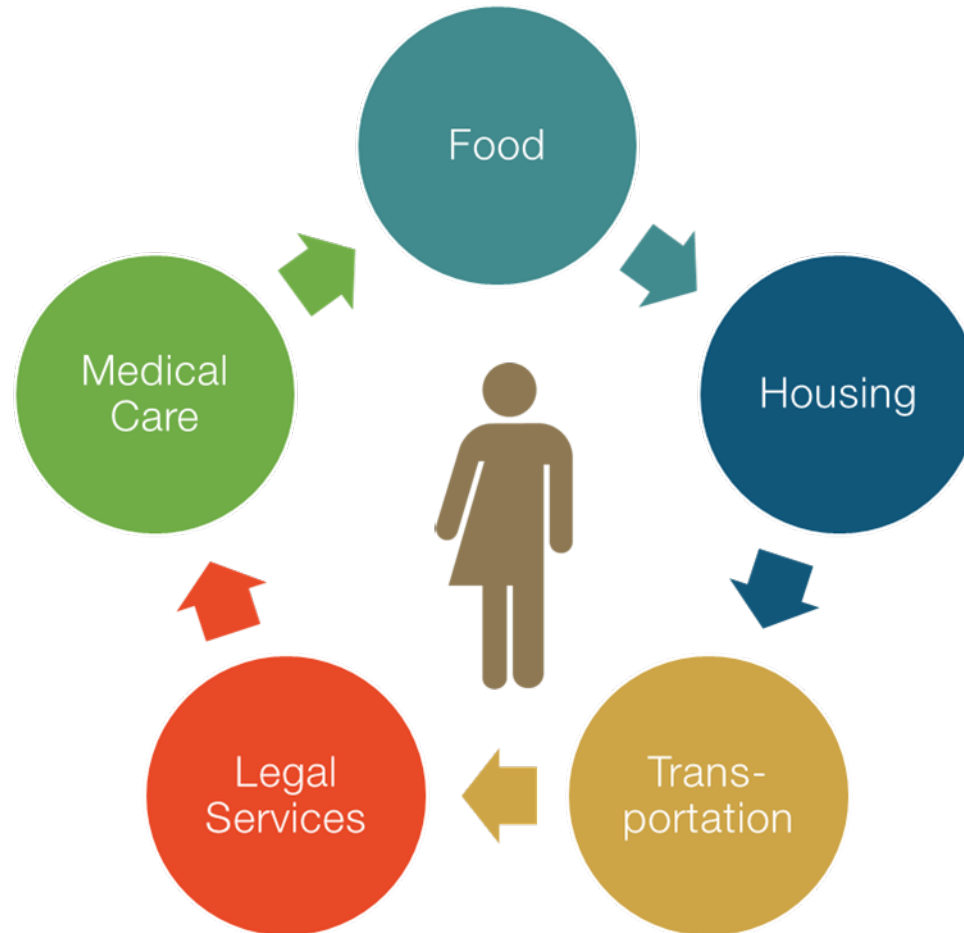


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The Ryan White FNS Category

Core Services 75%

Outpatient and Ambulatory Medical Care
ADAP
Oral Health Services
Early Intervention Services
Home Health Care
Mental Health Services
Medical Case Management
Substance Abuse Treatment – Outpatient
Medical Nutrition Therapy



**MTM can be both
a Core Medical and a
Support Service**

Support Services 25%

Food Bank/Home Delivered Meals/
Vouchers/Congregate
Housing Services
Legal Services
Medical Transportation Services
Psychosocial Support Services

Gap in Coverage of FNS for PWH

RYAN WHITE FNS PROGRAM: major gaps and waiting lists

NO COVERAGE OF MTM/MTFNS: Medicaid/Medicare/Hunger Programs

RESULT

State



by state



by state



etc.

INNOVATION

Policy Goal

Systems change to ensure that the medically tailored meal intervention is part of the continuum of care, that it is broadly accessible to those who need it, and of the highest quality



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Local Policy:

Ryan White Programs in NYC

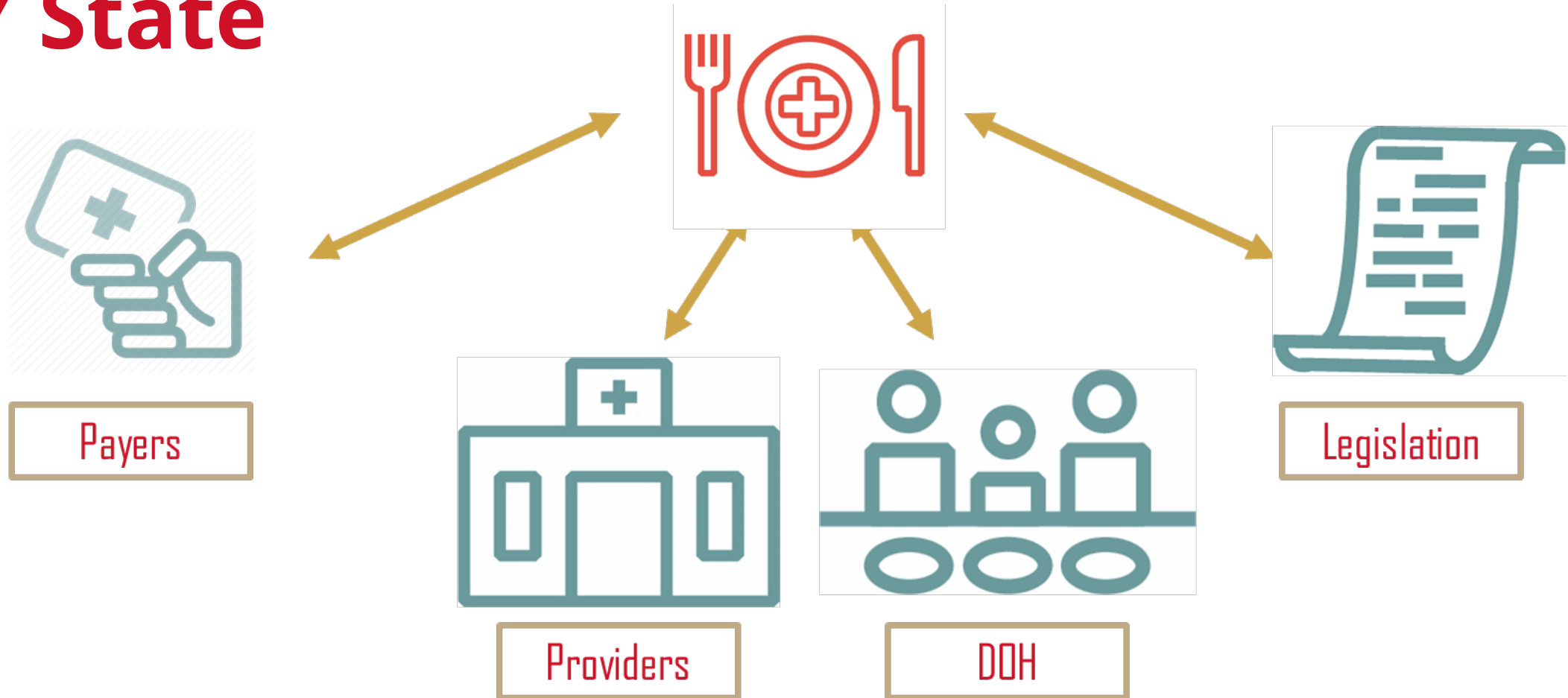
- HIV Health & Human Services Planning Council of New York
 - Changed Food and Nutrition Services Category Directive in response to consumer feedback about quality of food they receive
 - Improves nutritional guidelines by requiring Heart Healthy FNS as determined by the Food is Medicine Coalition nutrition standards
- Serve as voice with funders for reducing barriers to care, including decreasing paperwork, numbers of required labs, etc.



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State Policy:

NY State



Federal Policy



FOOD IS MEDICINE™
— COALITION —

Federal Policy



MTMs are not available in every community or for all who need them.

The most effective way to bring life-saving meals to the sickest in our communities is by changing federal policy.

ESTABLISH	ESTABLISH	PROMOTE	PROTECT
Coverage for MTMs in Medicaid	Coverage for MTMs in Medicare	Research on MTMs	Investments in Ryan White

Accomplishments



- Ryan White change to allow MTM as a core medical service
- Two Congressional Briefings
- Food Is Medicine Working Group – House Hunger Caucus
- Proposed MTM pilot in the Farm Bill
- Appropriations bill report language
- FIMC agencies participate in 21 health care innovation projects and receive reimbursement for Medicaid, Medicare and Duals populations
- 11 research studies in process

Ending the Epidemic

Community Input



ACT NOW: END AIDS



- Medically tailored meals as the standard of care
- **Funding Food and Nutrition Services:** Expand federal resources to provide access to medically-informed food that sustains treatment and prevention goals and promotes health for PWH
- **Food and Nutrition Research and Data:** Support HIV/AIDS research, especially related to food and nutrition services and their role as a cost-effective means of HIV prevention, treatment, and care
- **Training and Technical Assistance:** Invest in dedicated capacity building and technical assistance (TA) on food and nutrition services

National Symposium Agenda 2018

- National Policy Briefing and the State of the Field of Food is Medicine
- National HIV Policy and Practice Briefing
- Medicare Contracting – New Opportunities
- Research Strategy Session
- Hill Visits

Get Involved

Join the **Food Is Medicine Coalition** Listserv



Join the **Structural Interventions Working Group** (SIWG) of the Federal AIDS Policy Partnership (FAPP)



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<http://ryanwhite.cds.pesgce.com>