



Addressing Food Insecurity in the HIV Community through Nutrition Assistance, Education and Collaboration

Molly Westbrook MS RDN LDN

Dietitian-Nutritionist

Pittsburgh AIDS Center for Treatment

UPMC Center for Care of Infectious Diseases

westbrookmm@upmc.edu

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Objectives

- 1. Identify barriers patients face that prevent safe and secure access to healthful food
- 2. Examine the effects lack of access to food has on health outcomes
- 3. Leverage community resources through collaborations with food banks



PACT at CCID

- Multidisciplinary outpatient clinic (Ryan White Parts B, C, D)
- Provides comprehensive HIV primary care
- Currently serve ~1700 patients





Identifying a Need

- Almost half patients served fall below 130% FPL
 - 806/1678 = 48%
 - SNAP Guidelines = at or below 130% FPL
- Patients verbalize not having enough food
 - Inquire about food banks/pantries/resources
 - Rationale for weight loss
 - "I let my kids eat before me"



HIV and Food Insecurity

Lack of access to appropriate food and nutrition can further exacerbate complications of HIV/AIDS...

- malnutrition/ wasting
- compromised immunity
- nutrient deficiencies
- increased vulnerability to infectious diseases



HIV and Food Insecurity





Insufficient diet

Insufficient diet



Malnutrition Weight loss Weakened immunity



ART and Nutrition

- Some ARVs require minimum calorie intake for absorption
 - Odefsey (RPV/TAF/FTC)= 390 cals
 - Complera (RPV/TDF/FTC) = 390 cals







Food Assistance

Program



About

- Launch date: August 2017
- Currently ~95 participants
 - Always growing
 - 100 = program capacity





About

- Program to provide additional food assistance in conjunction with other food assistance programs such as SNAP, food banks/pantries
- Provide assistance via gift cards to local discount grocery store





Referral

- Patients are assessed for eligibility by referral
- Referrals per...
 - Physicians
 - Social Workers
 - Psychologist
 - Nursing staff
 - Peer Advocates





Who Qualifies

1. Income

- At or below
 130% FPL
- SNAP guidelines

Household Size	Gross monthly income (130 percent of poverty)	Net monthly income (100 percent of poverty)
1	\$1,307	\$ 1,005
2	\$1,760	\$1,354
3	\$2,213	\$1,702
4	\$2,665	\$2,050
5	\$3,118	\$2,399
6	\$3,571	\$2,747
7	\$4,024	\$3,095
8	\$4,477	\$3,444
Each additional member	+\$453	+\$349



Who Qualifies

- 2. Screening Tool
- Adopted from U.S. Adult Food Security Survey Module

The first statement is "(I/We) worried whether (my/our) food would run out before (I/we) got money to buy more." Was that <u>often</u> true, <u>sometimes</u> true, or <u>never</u> true for (you/your household) in the last 12 months?

- [] Often true
- [] Sometimes true
- [] Never true
- [] DK or Refused

"The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more." Was that <u>often</u>, <u>sometimes</u>, or <u>never</u> true for (you/your household) in the last 12 months?

- [] Often true
-] Sometimes true
- [] Never true
- [] DK or Refused



Who Qualifies

- 3. SNAP Requirement
 - Patients must have signed up for SNAP benefits in order to participate in our program





Additional Data Collected

- Other food resources utilized
- Diet history
 - Diet recall
 - Food preferences
 - Food frequency
- Recent weight loss (if any)
- Nutritional deficiencies
 - Ex: Ca, Vit D, iron, B12, folic acid, thiamine



Food Assistance

- Households 1-2 persons = \$25 / month
- Households 3+ persons = \$50 / month





Food Assistance

Utilize Discount Retail Grocery Chain

- Does not sell alcohol or tobacco products
- Sells fresh fruits/vegetables/meats
- Several locations in the Pittsburgh area







Guidelines

- Receipts must be returned in order to receive next gift card
- Gift card must be used to purchase HEALTHFUL/NUTRITIOUS food
 - No soda, candy, chips, fried food, pet food, etc





Food Assistance Follow-ups

- Monthly
 - Patient's responsibility to schedule follow-up apts
- Receipts reviewed
 - Procedure for unhealthful items purchased
 - Insight to patient's diet
 - Arguably more reliable than diet recall
- Loss of receipt procedure



Food Assistance Follow-ups (cont)

- Required formal nutrition visit/assessment at least every 6 months
 - Additional nutrition visits required per discretion of dietitian in consideration of nutrition-related comorbidities
 - Ex: DM A1C >7.0
- Must have seen MD within the past 6 months to receive next gift card





Retention in Care

- Important mission
- Patients are required to see physician AT LEAST once every 6 months to receive next gift card
- "Piggy back appointments"
 - Multiple appointments on same day
 - Reminders/encourage pts to schedule MD apt



Addressing/ managing malnutrition and weight loss

- Patient: JK
 - Lost 5#/2.5% in 1 month; 11#/5.2% over 2 months
 - Receives ~\$200 in SNAP for household of 4 people
 - Per pt, they go hungry when they run out of food stamps
 - Limited cookware/ resources
 - Has DM, learning deficit
 - Able to closely monitor DM (A1C stable at 6.0 on 1/2018)
 - prevent further weight loss
 - provide Glucerna for additional nutrients
 - discussion on stretching food dollars



Diabetes Management

- Patient : FH
 - Per pt, could not afford fresh vegetables
 - Felt he could only afford high processed CHO items (rice, pasta)
 - DM education, food assistance, addition food resources, discussion on stretching food dollars
 - A1C hx: 7.9 (6/2017), 6.3 (9/2017), 6.4 (12/2017), 7.7 (6/2018), 7.3 (11/2018)



Weight Management

- Patient LK
 - Struggling to lose weight
 - Motivation, portion sizing, snacking habits, sedentary lifestyle
 - Nutrition counseling monthly
 - Alongside food assistance follow-ups
 - Review receipts for improvements
 - Follow-up on goals
 - Weigh-ins
 - Weight hx: 229# (4/18/18), 224# (7/18/18), 214# (9/26/18)
 - Overall 15# weight loss over past 5-6 months



Prevention

- See patients on a MONTHLY basis!
- Allows very close monitoring of nutrition related lab values and nutrition/exercise goals
- Patient: MA
 - A1C 5.9 10/2017, 6.1 12/2017, 6.0 3/2018
- Patient: GW
 - A1C 6.1 4/2018, 5.3 10/2018



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Show your LunchboxLove! Visit ALDI throughout July and August to save on back to school essentials. Whether you're looking for backpacks cr on-the-go snacks, find what you red at prices that make the grade.



Building rapport

- Discussing nutrition can be intimidating!!
- Program helps develop rapport/trust that nutrition discussions are meant to be helpful, not judgmental!





Outreach to Address Food Insecurity

community food bank

Medically Tailored Food Boxes: About

- Collaboration w/ Greater Pittsburgh Community Food Bank
- Trialing w/ PACT patients
- Greater Pittsburgh Food Bank = Food Boxes
- PACT at CCID = Shipping costs





Outreach to Address Food Insecurity

Medically Tailored Food Boxes: Outcomes

- Helps deliver food to patients facing adverse conditions/barriers to access to groceries/nutrition
 - Agoraphobia / Mental health concerns
 - Transportation concerns/ difficulty
 - Child care concerns



Outreach to Address Food Insecurity

PACT Cooking Class

- Launch date: October 29, 2018
- Healthy, tasty, affordable, easy meals on a budget
- Utilize common food pantry items in simple recipes
- Food demos/ participation
- Take home bag of food with recipes





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Challenges

1. Transportation

How this was/is being addressed...

- Bus tickets provided
- Mailed gift cards
- Case workers/ family members can pick up





Challenges

2. Lost receipts



How this was/is being addressed...

- Receipts can be mailed (we provide return envelope) or emailed
- Case workers can deliver/fax receipts



Challenges

- 3. Misuse of gift cards
 - Purchasing unhealthful food items
 - Purchasing non-food items
 - Purchasing food for pets

How this was/is being addressed...

- Opens up discussion for nutrition education/counseling
- Referral to hygiene closet
- Referral to Animal Rescue Center for free pet food





Suggestions

- Use comprehensive screening tool to reduce bias
- Don't be afraid to hold people accountable for their dietary choices
 - Engage them in discussion!
- Have additional community resources to refer pts to
 - Food resources
 - Resources for personal hygiene items
 - Resources for cookware/utilities
 - Pet food



Limitations

- Right now, we don't have the resources to assist all of our patients
 - Funding
 - Staffing
- Suspect that many patients are left unidentified
- Moving forward with our program, we hope to find a way to address all patients in need



References

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*Greater Pittsburgh Community Food Bank

