

Food is Medicine:

Integrating Nutrition into a Ryan White Program

Andrew Moore, LPC & Jussara Madrid, RD, LD/N

University of Oklahoma Health Sciences Center



Disclosures

We have no financial interest to disclose.

This continuing education activity is managed and accredited by Professional Education Services Group in cooperation with HSRA and LRG. PESG, HSRA, LRG and all accrediting organization do not support or endorse any product or service mentioned in this activity.

PESG, HRSA, and LRG staff has no financial interest to disclose.



Learning Objectives

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

1. Define the scope of medical nutrition therapy for persons living with HIV/AIDS.
2. Discuss the importance of internal and external partnership in developing an integrated nutrition program.
3. Describe the effectiveness of nutritional services on HIV-related health outcomes.



Program Overview

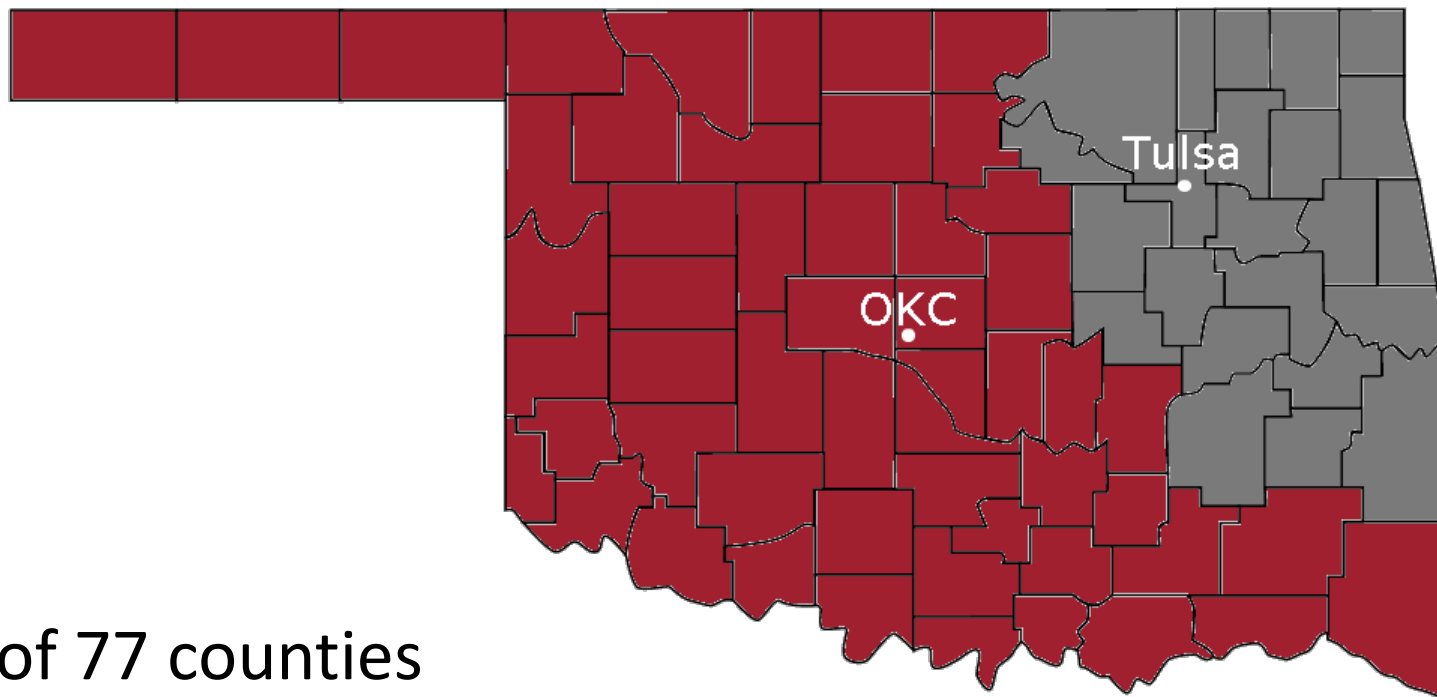
Andy Moore, LPC



- University-based, Ryan White-funded program
 - 20 years of Ryan White services!
 - Outpatient medical clinic
 - Medical Case Management
 - Mental health & substance abuse counseling
 - Nutrition services
 - Direct connection to dental, psychiatric, and other services



Service Area



- 54 of 77 counties
- Approximately 50,000 square miles

Patient demographics: 2015

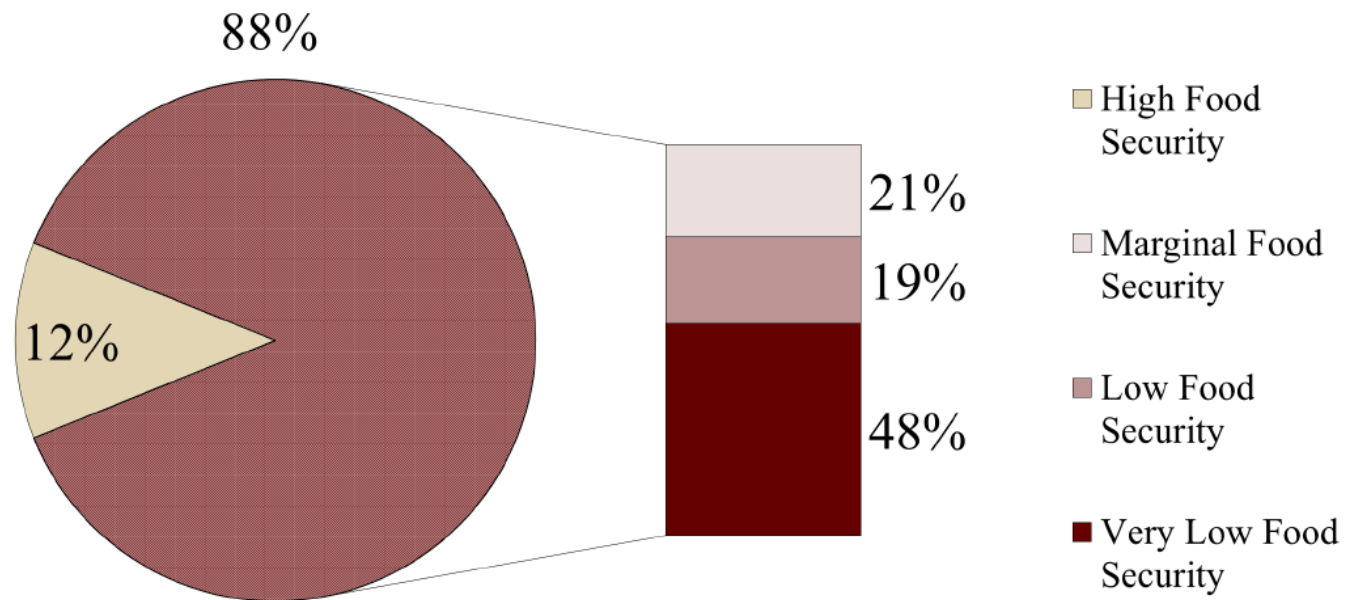
1,446 unduplicated clients (received one or more RW services)

- 79% Male
- 21% Female
- 81% <200% Federal Poverty Level
- 67% White
- 27% Black
- 84% live within 50 miles
- 9% Hispanic
- 62% live within 10 miles
 - Impact of limited public transit
- 6% American Indian
- 3% Asian

Identifying the problem

- **Quantitative** (n=164) and Qualitative (n=31) assessments:
- **Quantitative:** 66-item standardized questionnaire on food security status.
- **Qualitative:** Focus groups held at HIV-exclusive food pantries; transcripts analyzed to identify themes surrounding food insecurity and opportunities for food assistance programs.

The Problem



The (rest of) the problem

- Poor or Fair self-rated physical health = 2.4x odds of being food insecure
- Frequent Mental Distress = 3.5x odds of being food insecure
 - FMD is 14+ “bad days” per month
 - 41% of surveyed clients had FMD
- Medication non-adherence self-report = 4.1x odds of being food insecure

“Getting used to not taking care of your own self—[it’s] probably one of the hardest things, admitting that you don’t have enough food at times. As a man, you are supposed to take care of your family. I can hardly take care of myself, much less my wife. It’s a lot to deal [with], not just physically, but mentally.”

—White male, age 51, very low food security

“People nowadays, when they see you with HIV, they treat you like it’s the black plague—stay away! [stated with emphasis, multiple people agreeing]. . . .Coming here, I see so many people that I know. . . .When you come here [to this pantry for people with HIV] and you see someone that you know, they know what you’re going through. They understand what the struggle is like. You find a best friend in the worst of circumstances.”

—American Indian male, age 20, low food security

Initial response

- Presented data to statewide planning consortia. Result:
- Tulsa CARES funded by Advocacy Capacity Building Project (ACBP)
 - ACBP is funded by MAC AIDS Fund & God's Love We Deliver
- Formation of Oklahoma Nutrition Advocacy Team (ONAT)



Oklahoma Nutrition Advocacy Team

- First statewide coalition of its kind
- Members from all Ryan White-funded organizations

- Administrators
- Board members
- Case managers
- Nutrition experts
- Consumers



- Analyzed current systems of care, identified gaps/needs, planned interventions

The problem that created the problem...

- Lack of awareness (and understanding) of the need
- Incomplete systems: OKC vs Tulsa
- Inadequate existing resources
 - Only 3 HIV-specific food pantries
 - Only 1 HIV agency providing nutrition services
- No one to take the lead

Teamwork makes the dream work

- **Regional Food Bank of Oklahoma**
 - RegionalFoodBank.org
 - FreshRX – mobile farmer's market
 - Urban Harvest – sustainable gardening program
- **RAIN Oklahoma**
 - RAINOklahoma.org
- and then, we hired a dietitian...



Creating a Nutrition Program

Jussara Madrid, RD, LD/N

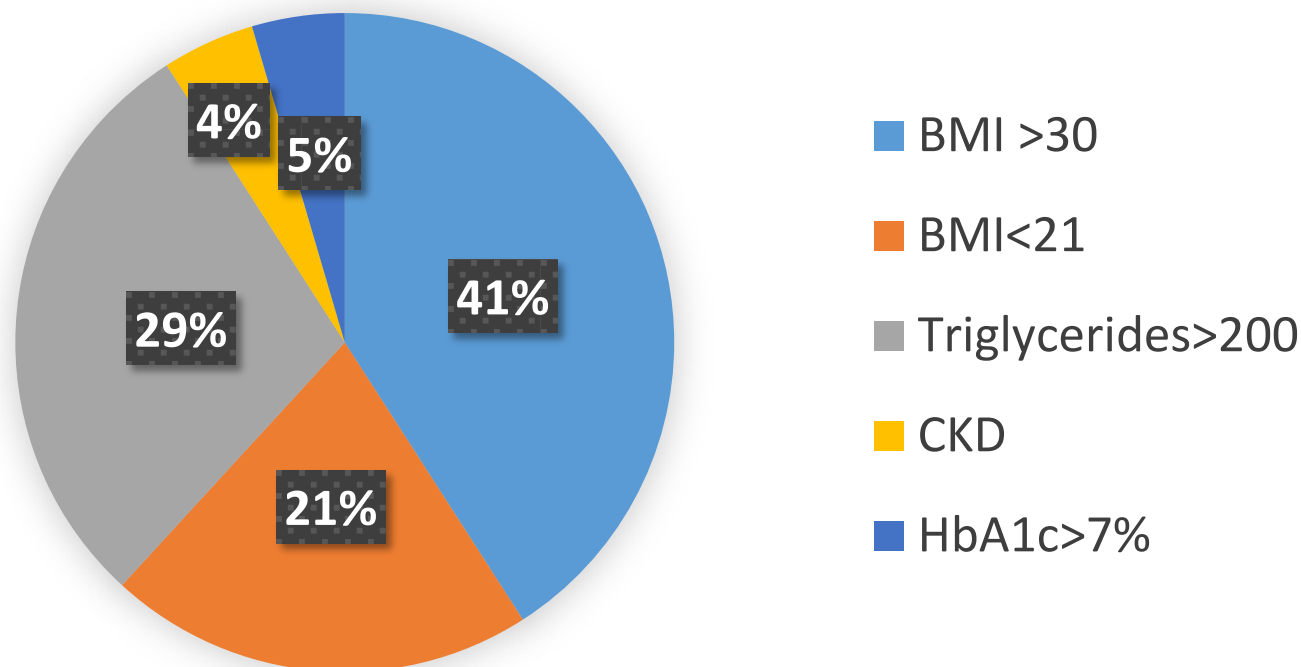


How it all started...

- Who do I focus on?
 - Over 6 months, ~**1295** patients were seen
 - Of those, roughly **60%** met **1** of the following criteria:
 - 1. **Body Mass Index >30**
 - 2. **Body Mass Index <21**
 - 3. **Triglycerides > 200**
 - 4. **CKD**
 - 5. **HbA1c > 7%**

Preliminary Clinic Data

Co-Morbidities





RD Role in the Clinic

GOALS:

- To delay HIV disease progression.
- To prevent and treat malnutrition.
- To assess and evaluate food security.
- To minimize the impact of other comorbidities on the progression of HIV infection, from birth through adulthood.

Medical Nutrition Therapy

- An evidence-based application of the Nutrition Care Process
- The Nutrition Care Process (NCP) includes:
 - Assessment
 - Diagnosis
 - Intervention
 - Monitoring
 - Evaluation



Nutrition-Related Clinical Issues

- The “dual” burden
- Nutrition-focused physical exam (NFPE)
- Food insecurity



Nutrition-Focused Physical Exam

- Oral Cavity
- Muscle
- Fat
- Fluid

Scapular Bone Region



Used with permission from: Veterans Health Administration Employee Education System.

Food Insecurity



According to the Academy of Nutrition and Dietetics

Food insecurity is linked to:



**Poor
Nutrition**



**Poor
Health**



**Increased
Risk for the
Development
of Chronic
Diseases**



**Impaired
Psychological
and Cognitive
Functioning**



**Substandard
Academic
Achievement**

Fighting Food Insecurity in the IDI

1. The food that we bought just didn't last, and we didn't have money to get more.

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true

2. We often couldn't afford to eat balanced meals.

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true





FRESH LIFE FARMERS MARKET

Having enough ^{healthy} food is important.

FreshLife Farmers Market



Fish Tacos with Peach and Mango Salsa

Ingredients

1 cup peaches, diced	4 tilapia fish fillets
1 cup mango, diced	1 TBSP chili powder
1/2 red bell pepper, finely diced	1 pack 6" corn tortillas
1/4 red onion, finely diced	1/4 cup cilantro, finely cut
2 TBSP lemon juice	2 TBSP olive oil
1 jalapeño pepper, finely diced no seeds	

Tips & Facts

- Try using 3 TBSP Mrs. Dash lemon and Pepper seasoning on fish to keep this dish free of added salt.
- For more texture, add Romain lettuce.
- Use a grill for less absorbed fat in the fish.

Directions

Salsa: Stir peaches, mango, bell pepper, onion, lemon juice, and jalapeño in a medium bowl. Cover and refrigerate.

Fish: Heat sauce pan with olive oil on medium heat. Place tilapia on hot pan and sprinkle chili powder on top. Cook 4 minutes and flip. sprinkle chili powder on this side and cook for 3 minutes (or until flaky). Avoid overcooking.

Place cooked fish in a bowl and use a fork to shred. Salt to taste. Serve on corn tortilla topped with salsa and cilantro.



FRESH | A PRESCRIPTION FOR HEALTH.



Case Study #1

Diabetic Male

A1C:8.7%, Triglycerides: 1159, Cholesterol: 252 CD4:613
+food insecurity, \$146/month in SNAP

24 hour recall visit #1 May 2016

1-2 pm: Ramen noodles with tea made with stevia

6-7 pm: fried chicken, fried pickles and Kool-Aid

Midnight: 1 glass of milk

Height: 64 in

Weight: 304 lbs

BMI: 52.18

"I'm tired and always want to sleep."

Case Study #1

24 hr recall visit#2 July 2016

- No breakfast
- Noon: tuna salad sandwich (made with cucumber, tomatoes, “light” mayo) + 16 oz water
- Snack: handful of pita chips + hummus
- 7 pm: white bean soup with vegetables + ham (~2 cups) + tea made with stevia (~16 oz)

Weight: 296 lbs

BMI: 50.8

“I have more energy now and I enjoy looking up recipes for the food I receive from the farmers market.”

Client Feedback

- *“I eat breakfast now because I have eggs!”*
- *“I’d never cooked eggplant before and it was AMAZING!”*
- Patients starting to plan their budgets around the farmers market (i.e. buying more fruits/veggies w/ SNAP early in month.)
 - Highlight benefit of SNAP at some local farmers markets



Lessons Learned

- Verify scheduled delivery times ahead of time
- Having a farmer's market list handy allows RD to check-in with the patient
- Have an inclement weather plan
- Location should be near a bus stop
- Where we are now

Looking ahead

- Adding additional location(s) for farmers market in underserved areas
- Securing additional funding

Contact info & Questions

University of Oklahoma Health Sciences Center

Infectious Diseases Institute

<http://id.ouhsc.edu>

Twitter: @IDIClinic

Andy Moore, LPC

(405) 271-8001 x38207

andrew-moore@ouhsc.edu

Jussara Madrid, RD, LD/N

(405) 271-8001 x38214

jussara-madrid@ouhsc.edu

