FOOD PANTRY TO FOOD FARMACY
Design of a Multi-faceted Intervention to Improve HbA1C Outcomes for Low-Income Diabetes Patients

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HUNGER VS HEALTH

Health Brigade is a charitable clinic in Richmond, VA. The clinic offers multiple services and has an on-site food pantry for patients experiencing food insecurity. Local community members donate and stock shelf-stable foods that can be safely stored. However, even these healthiest shelf-stable foods are highly processed and can contribute to poor nutrition and chronic disease.

Many patients utilizing the services of Health Brigade experience several barriers to good nutrition:

► Limited access to and cost of healthy foods
► Sensitivity to portion size
► Frustration with health
► Lack of nutrition knowledge
► Easy access to highly processed foods

Approximately 15% of patients at the clinic have been diagnosed with type 1 or type 2 diabetes. The national rate is closer to 9%.

THE BIG QUESTION:

How can the clinic continuously improve access to shelf-stable foods and create a comprehensive intervention program that reduces the barriers to good nutrition?

The program needs to provide access to better quality foods and extra support to overcome barriers to nutrition. It also needs to be sustainable and scalable. The program design intends to shift focus away from passively receiving food from a pantry to empowering patients with the tools and confidence to lead healthier lives.

PROGRAM DESIGN

The quality improvement program aims to determine if a multi-faceted, 12-week nutrition intervention for diabetes patients at the clinic is feasible to implement. Market research and development efforts within the clinic and community general stakeholder support needed to initiate the program.

The intervention is designed to accommodate up to 15 participants. Program elements consist of a weekly prescription of fresh vegetables from a local community farm, hands-on cooking and preparation demonstrations provided by representatives of the farm and local chefs, bi-weekly nutrition education classes in the clinic community room, educational sessions conducted by registered dietitians at local medical centers, and bi-weekly small-group health coaching facilitated by 4 volunteers. Qualitative surveys are conducted and HbA1C is measured at baseline and post-intervention.

Blood pressure and BMI are tracked at weeks 1, 3, 6, and 12.

FOOD FARMACY FEATURES

FOOD PRESCRIPTIONS

Random variety in mid-season menus Fresh farm or wholesale vegetables Whole food pantry items Herbs & Spices

COOKING DEMOS

Heads-on food prep Fast, healthy and affordable recipes Kitchen test giveaways

NUTRITION EDUCATION

Intro to Carbs Portions and Food Labels Sodium and Flavor Alternatives Fats and Cholesterol Fruits and Vegetables Vitamins & Minerals Virtual Cooking Classes Team Cooking Classes Game-style Topic Overview

HEALTH COACHING GROUPS

Surveys to assess behavioral and psychological effects Motivational interviewing to align client-centered goal setting Community support

STEP 1

Source weekly delivery of fresh vegetables from community partners

STEP 2

Update food pantry to include only low-sodium canned vegetables and beans, canned fish, whole grains, dried beans

STEP 3

Tap into expertise of diabetic dietitians to create and present nutrition education lessons

STEP 4

Engage volunteers to facilitate health coaching

STEP 5

Recruit patients with HbA1C ≥ 7.5%, access to reliable transportation and readiness for change

CONCLUSIONS

Two 12-week sessions have been completed, indicating implementation of the Food Farmacy program is possible and feasible. Some challenges with the program design include quality and availability of local produce, recruitment of volunteers, education of participants, and support from primary care providers.

NEXT STEPS

Analysis of objective data (HbA1C, weight, blood pressure) and subjective participant data (surveys, anecdotes) provides evidence to support continued development of the program. Anticipated outcomes for the participants include:

► Overall improved sense of wellness and patient empowerment
► Better blood sugar management

Future cohorts of the program can improve by:

► Modifying the schedule to allow the program to reach more patients, including family members or friends of patients
► Continuing development of the health coaching protocol
► Adding programming to offer continuous fresh produce donations and follow-up support

Gapping requirements for sustainability of the program include patient interest, volunteer participation, funding for food resources and program coordination.

QUESTIONS FOR YOU

We are continuously looking to collaborate and share ideas with other programs. Consider the following:

1. Do you have direct experience with programs like our Food Farmacy?
2. What ideas can help create a sustainable program beyond a few cohorts?
3. What are some best practices to coordinate ongoing food distribution?

ACKNOWLEDGEMENTS

Chef Xavier Berry
Katherine Bicknell, MPH, RD
Ashley Cappel, RD
Laura Fantino, MSW
Nagov Flynn, BS
Sarah Ann Jirgats, BS
Jillian Pashkowitz, BS
Jillian Robinson-Livesey, MSW
Dr. Michael Pinsky, MD
Medley Stores, RD
Jennifer Winkie

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