



CHAMPION PROVIDER FELLOWSHIP

A Powerful Approach to Healthier Communities

Building Healthier More Equitable Communities Through PSE: Role of Physicians and Dentists as Change Agents

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Senior Medical Advisor, Feeding America

Funded, in part, by USDA SNAP-Ed, an equal opportunity provider and employer.



UCSF

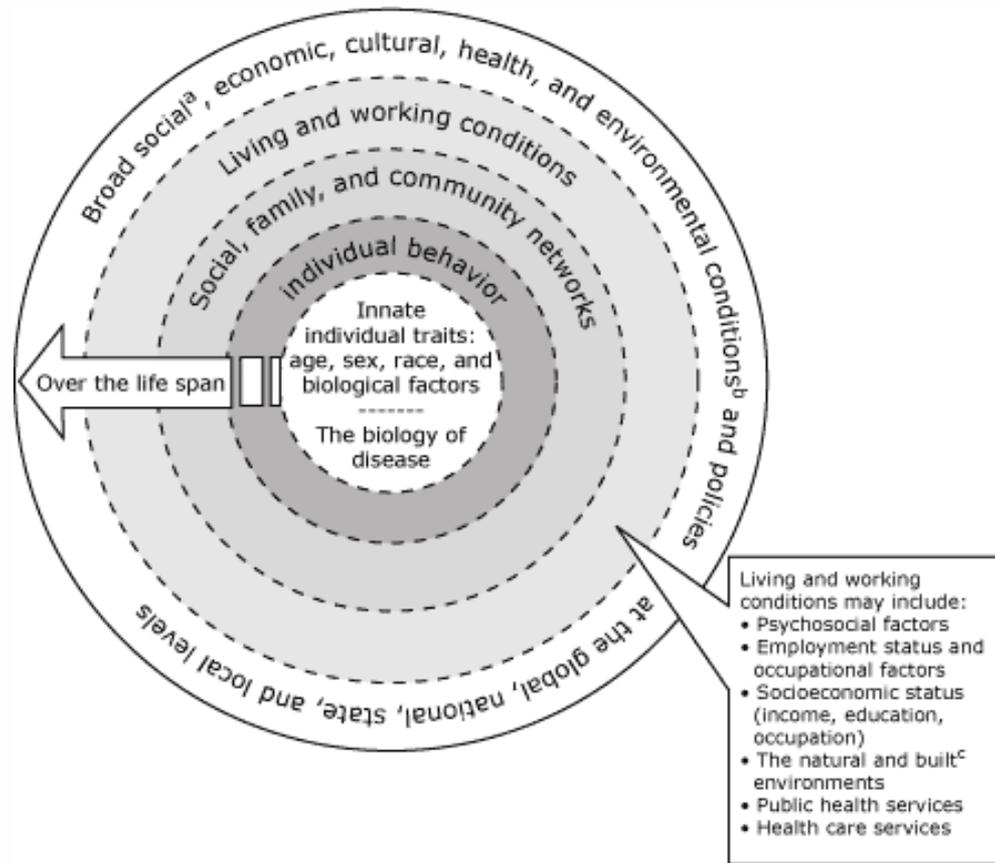
Disclosures: I have no commercial conflicts of interest to disclose.

Opinions expressed in this presentation are my own and do not necessarily reflect the opinions of any of my funders, including Feeding America, CDC, USDA and NIH.

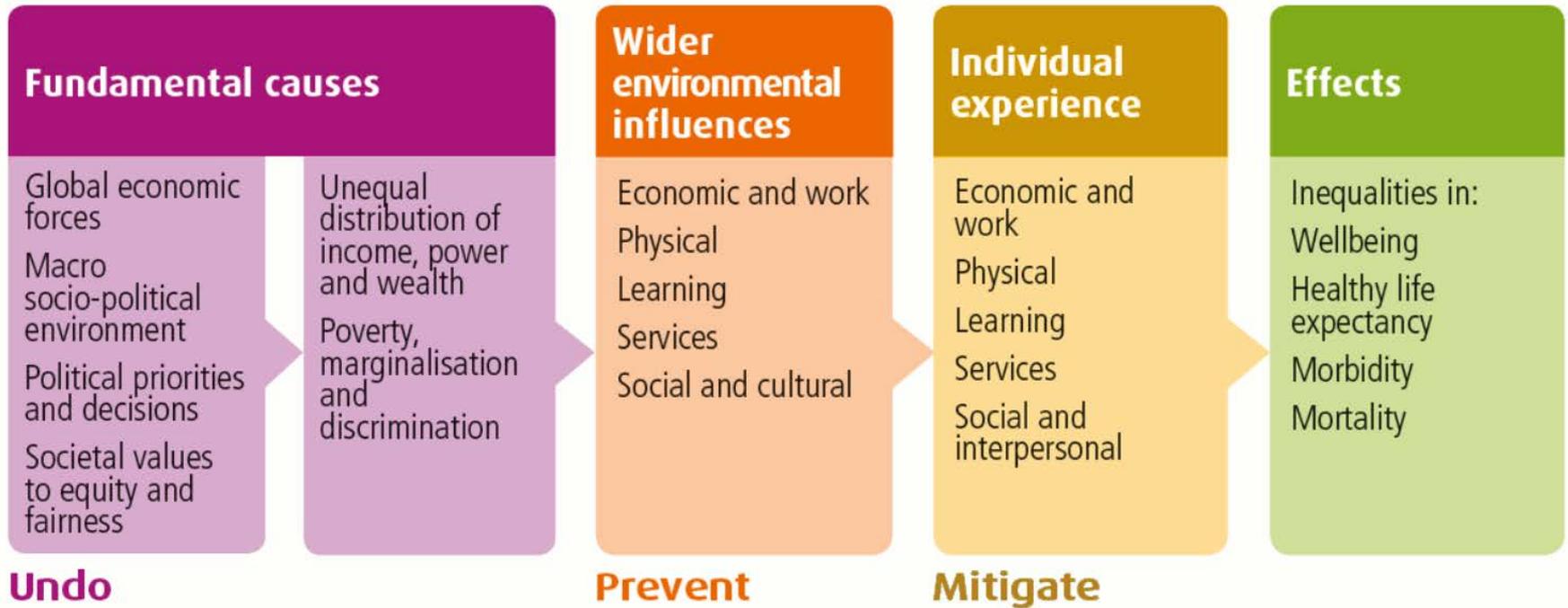
Learning Objectives

- Highlight the importance of a PSE approach
- Describe one example of taking a PSE approach to a SDH: food insecurity
- Define two models of community engagement
- Lessons learned from working in community settings

Social-Ecological Model



Fundamental Causes



Where do we intervene?

Deterioration in diet quality due to food insufficiency



Poor financial choice
Inadequate food budgeting skills

Accumulation of risk due to:
Poor access to education
Limited employment opportunities
Systemic racism
etc.

Where do we intervene?

Deterioration in diet quality due to food insufficiency

Individual Intervention

Poor financial choice
Inadequate food budgeting skills

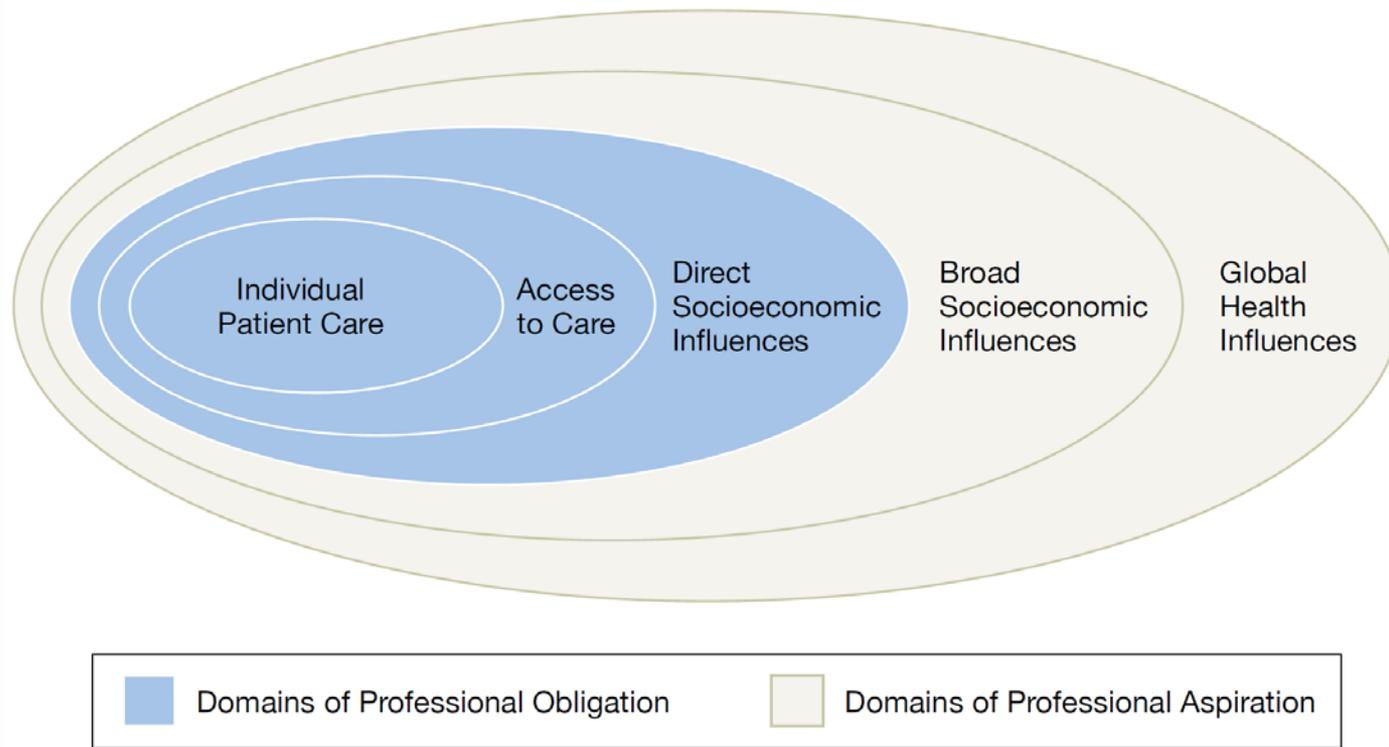


PSE Intervention

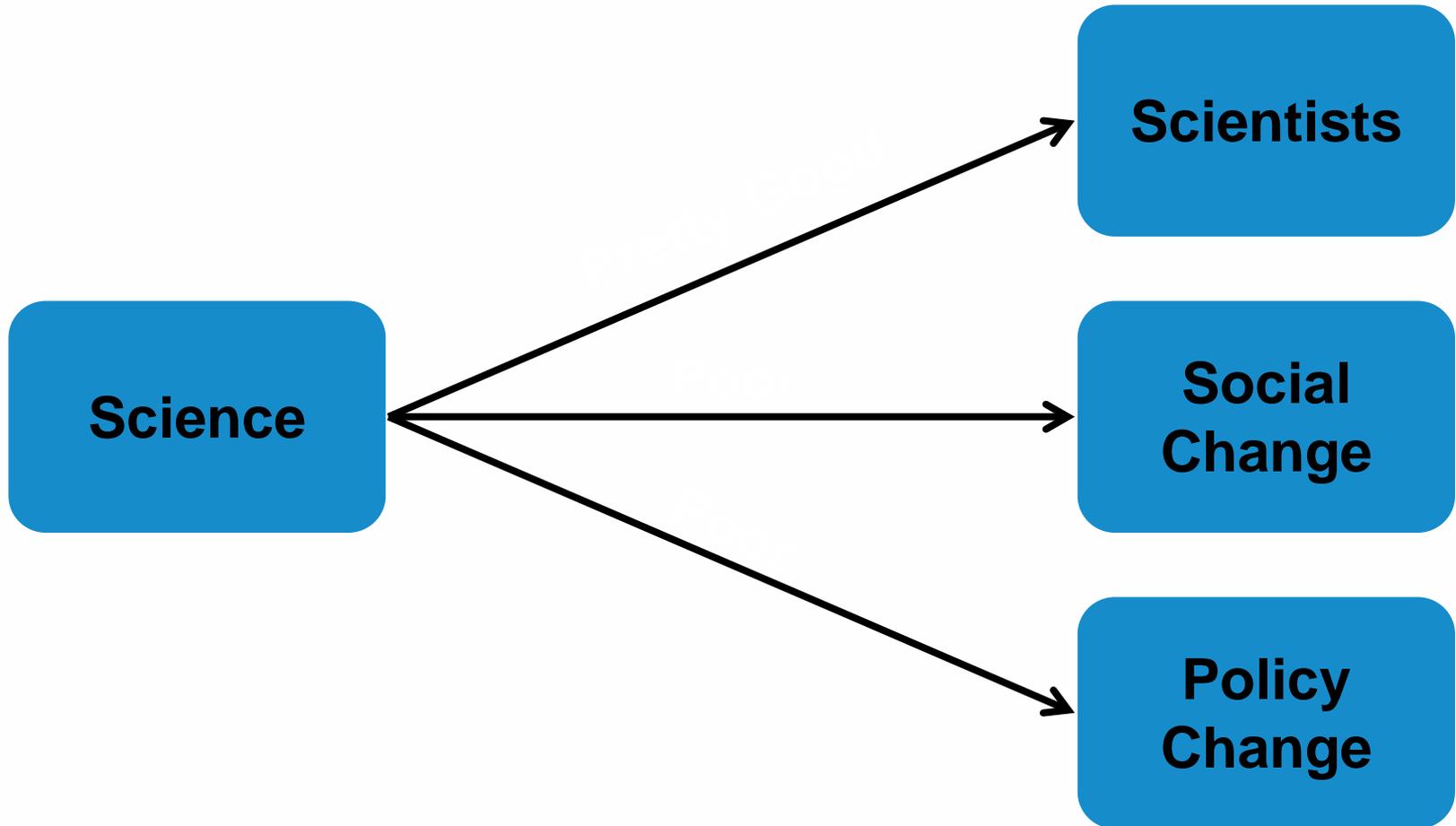
Accumulation of risk due to:
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Systemic racism
etc.

What is our professional obligation?

Figure. Model of Physician Responsibility in Relation to Influences on Health

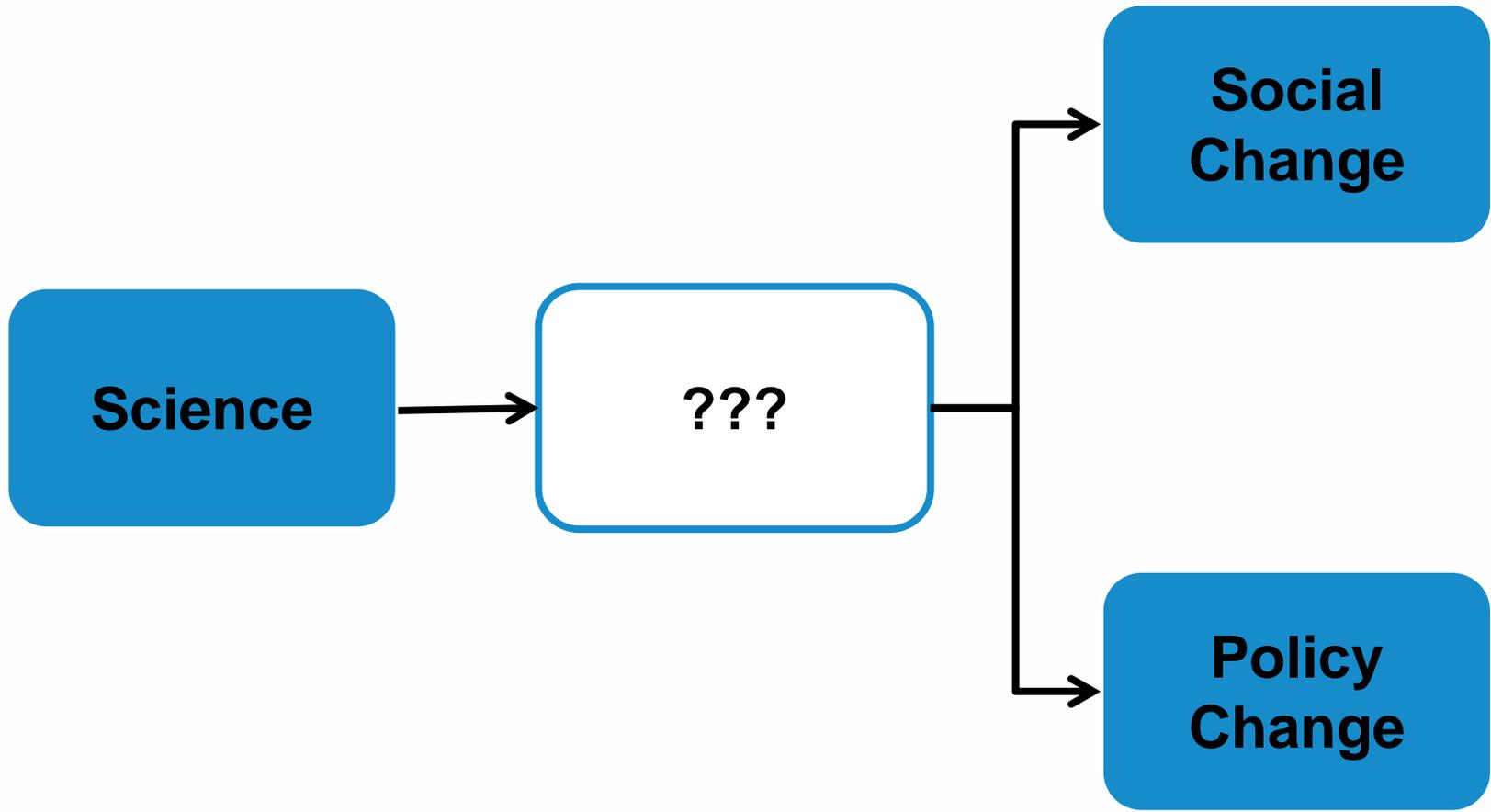


What is Science Trying to Achieve

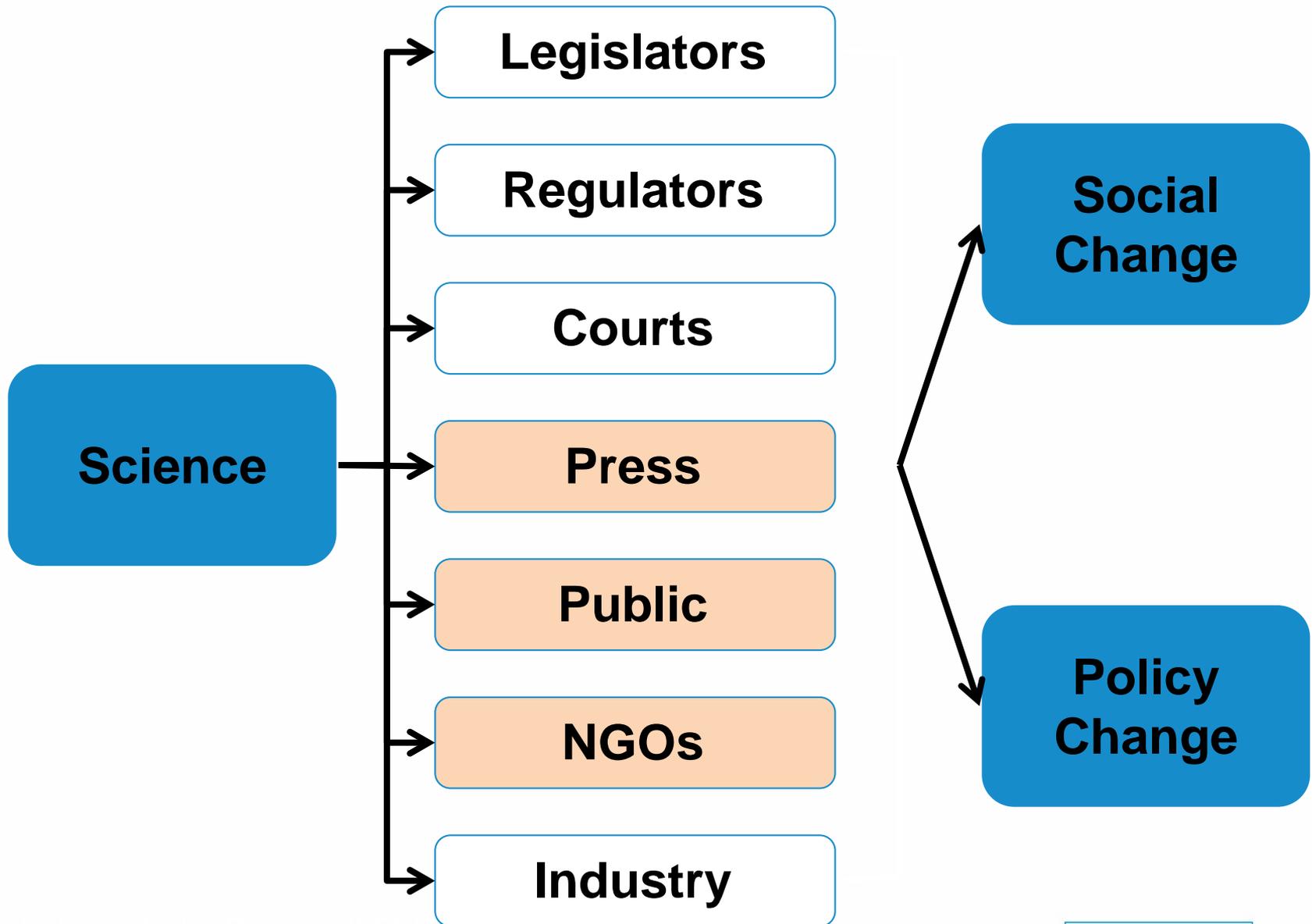


Slide acknowledgment: Kelly Brownell

Making Our Work Matter

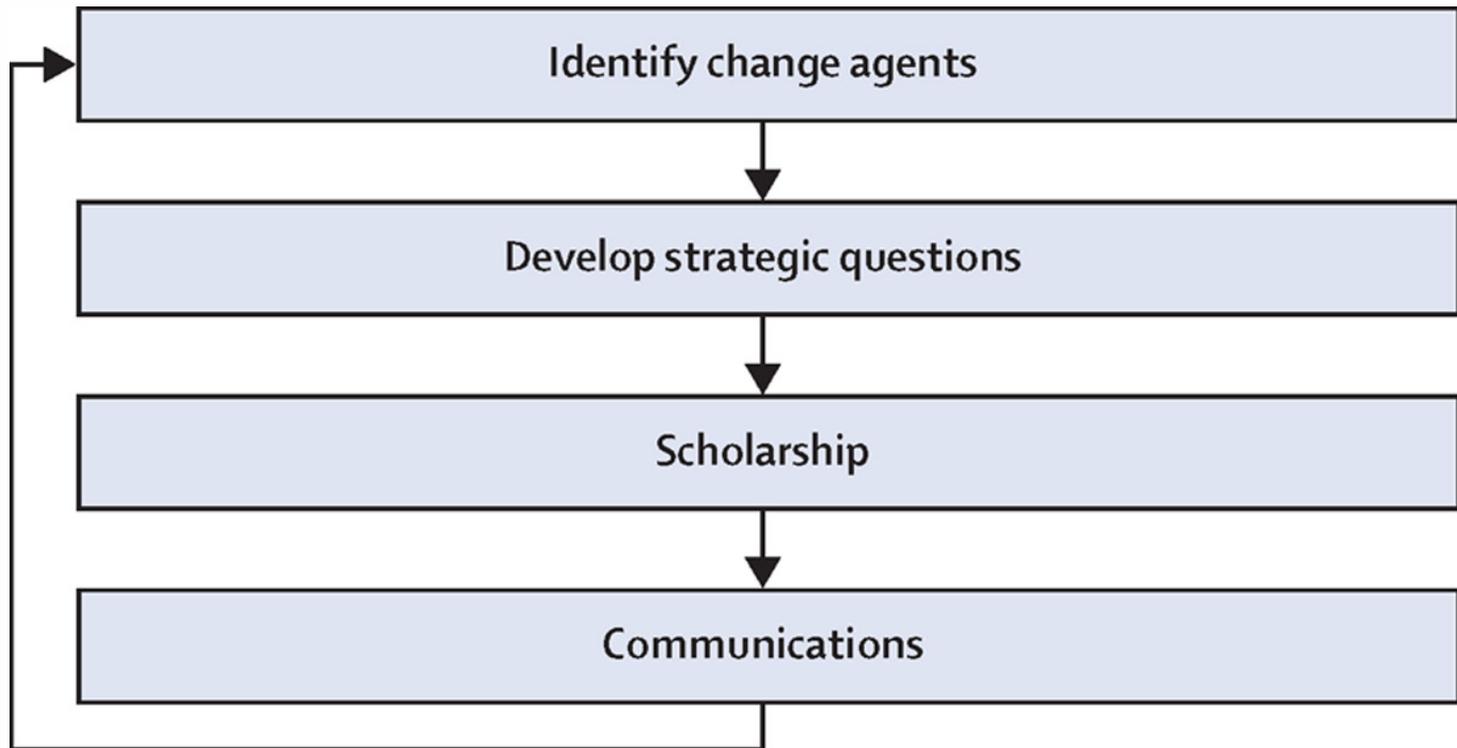


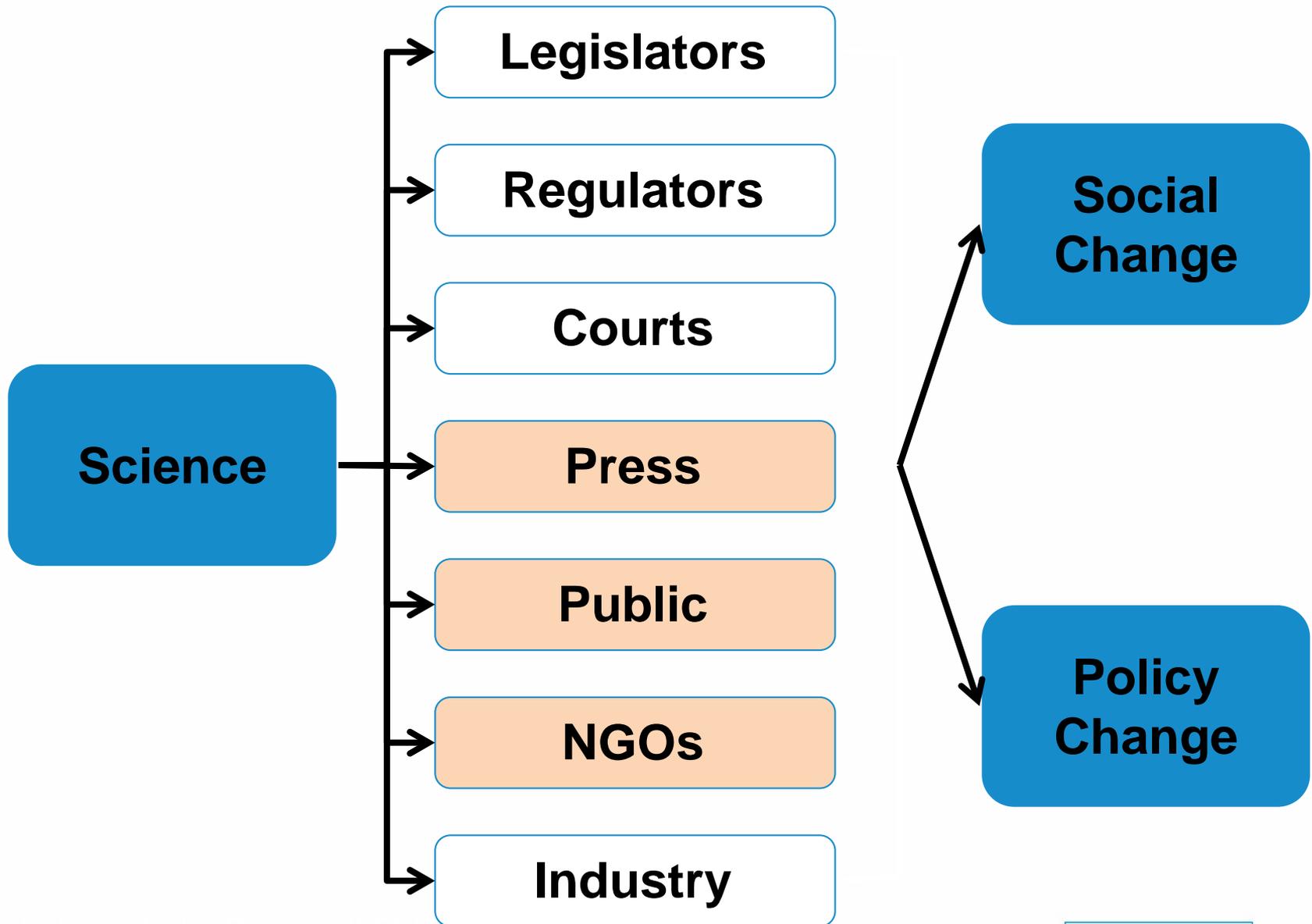
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Strategic Science with Policy Impact





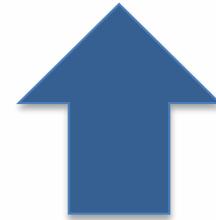
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Evolution of Research on Health and Socioeconomic Status

Disparities Exist

The Problem is a
Big One

Interventions Can
Help Address the
Problem

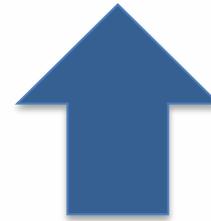


Evolution of Research on Health and Food Insecurity

Food Insecurity &
Health are
Related

The Problem is a
Big One

Interventions Can
Help Address the
Problem



Where are we in early 2021?

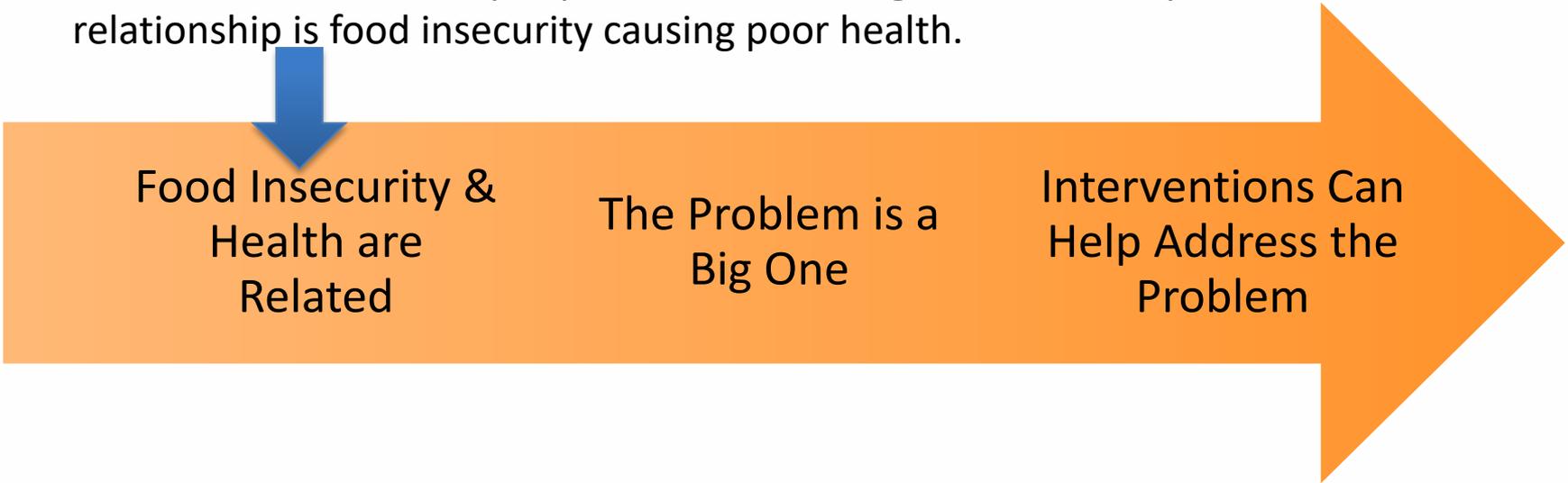
- Food insecurity is DEFINITELY linked with poor health and higher health care utilization.
- Some of this relationship is poor health causing food insecurity; some of this relationship is food insecurity causing poor health.



Food Insecurity &
Health are
Related

The Problem is a
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Where are we in early 2021?

- Food insecurity more than doubles diabetes risk.
- Food insecurity is associated with ER use and hospitalizations.
- Annual health care expenditures associated with food insecurity are enormous.



Food Insecurity &
Health are
Related

The Problem is a
Big One

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Where are we in early 2021?

- SNAP works
- WIC works
- Home delivered meals work



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Clinical Models: Screen and Intervene

Identification of food insecurity by positive clinical screen

Referral to entity managing connection to federal or community program

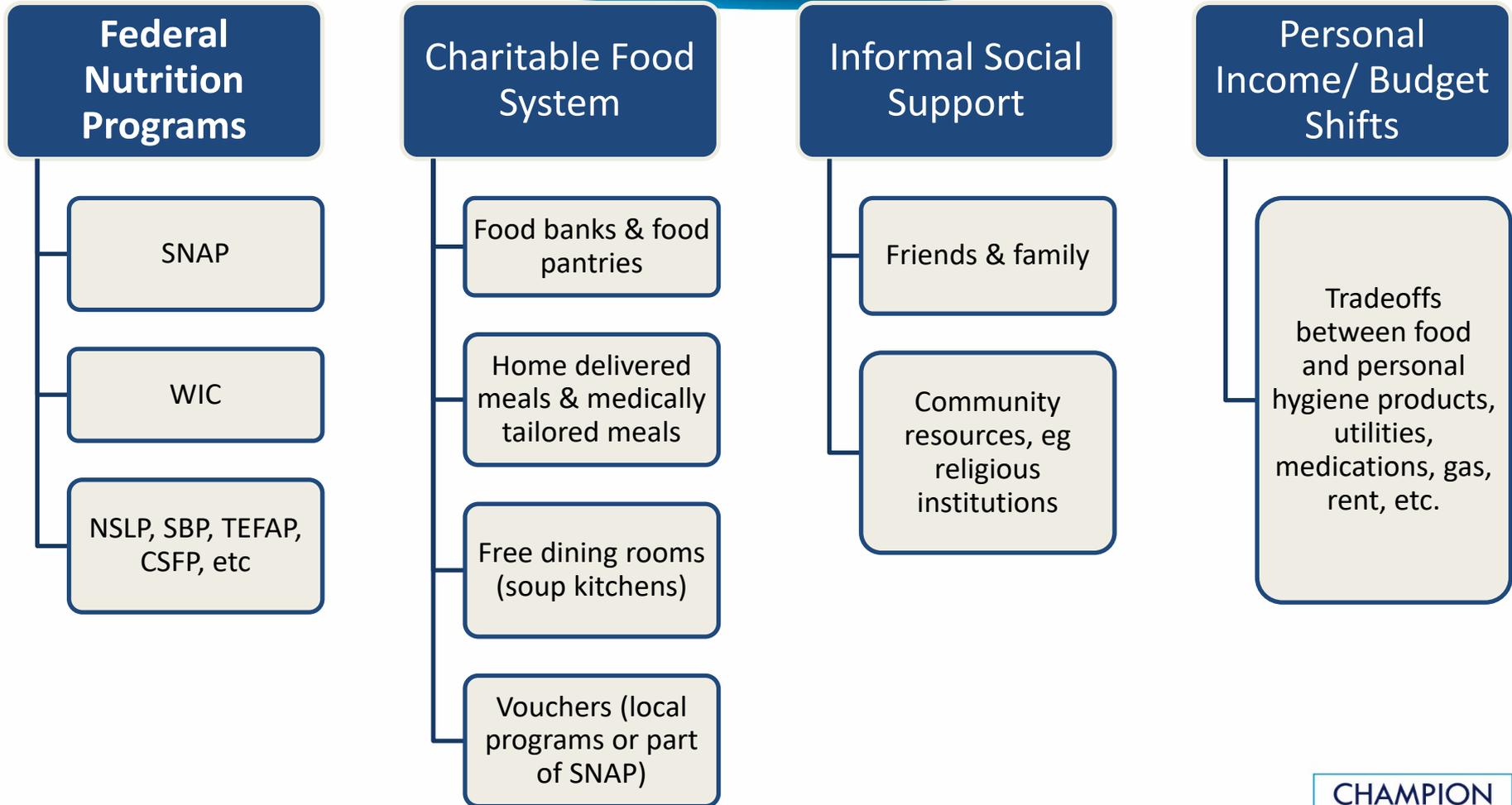
Enrollment in federal or community food program

Improved diet quality, food security, and clinical satisfaction

Improvement of health and utilization outcomes



Resources for Food Insecure Households



Two Models of Community Engagement

Leveraging an Existing CBO Infrastructure

- Partner with a CBO, add your unique skills to their unique skills

Developing Your Own Infrastructure

- Creating your own program



The Feeding America Network

200 MEMBER
FOOD BANKS

+



=

46M

**AMERICANS
SERVED ANNUALLY**

+

60K FOOD
PANTRIES
AND MEAL
PROGRAMS



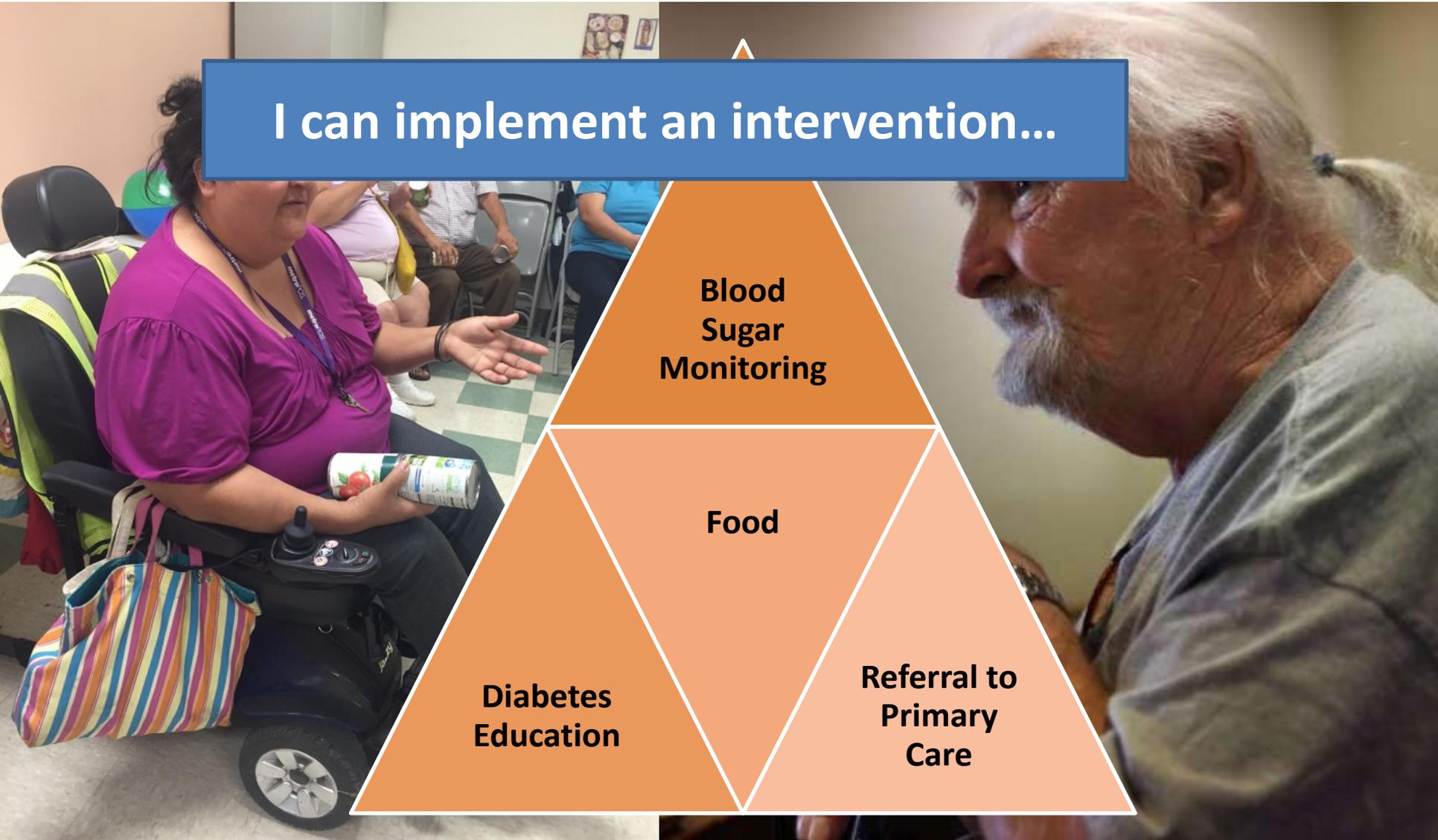
I can implement an intervention...

**Blood
Sugar
Monitoring**

Food

**Diabetes
Education**

**Referral to
Primary
Care**



...and I can write about it.

Comprehensive Diabetes Self-Management Support From Food Banks: A Randomized Controlled Trial

Hilary K. Seligman, MD, MAS, Morgan Smith, RN, PHN, CNS, CDE, Sophie Rosenmoss, BA, Michelle Berger Marshall, MS, RD, and Elaine Waxman, PhD

Objectives. To determine whether food bank provision of self-management support and diabetes-appropriate food improves glycemic control among clients with diabetes.

Methods. We screened 5329 adults for diabetes at food pantries (n = 27) affiliated with food banks in Oakland, California; Detroit, Michigan; and Houston, Texas, between October 2015 and September 2016. We individually randomized 568 participants with hemoglobin A1c (HbA1c) 7.5% or greater to waitlist control or 6-month intervention including food, diabetes education, health care referral, and glucose monitoring. The primary outcome was HbA1c at 6 months.

Results. Food security (relative risk [RR] = 0.85; 95% confidence interval [CI] = 0.73, 0.98), food stability (RR = 0.77; 95% CI = 0.64, 0.93), and fruit and vegetable intake (risk difference

often financially out of reach for food-insecure households. In addition, adults with diabetes living in food-insecure households face other significant barriers to self-management, including cost-related medication nonadherence, poor clinical follow-up because of competing time demands, depression, and increased hypoglycemia risk.⁴⁻⁸ Such challenges likely contribute to the poor glycemic control observed among patients with diabetes living in food-insecure, com-

The New York Times

HEALTH

Food Banks Take On a Contributor to Diabetes: Themselves

By CATHERINE SAINT LOUIS JUNE 17, 2016



Ah...Strategic
Science!
Reaching the
Public

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Congressional Briefings on Hunger and Diabetes
December 4th, 2015

Thank you for joining the Congressional briefings on Friday December 4th. Below is the day, the briefing order of show, and the invitation that we will circulate among partners and Hill staff.



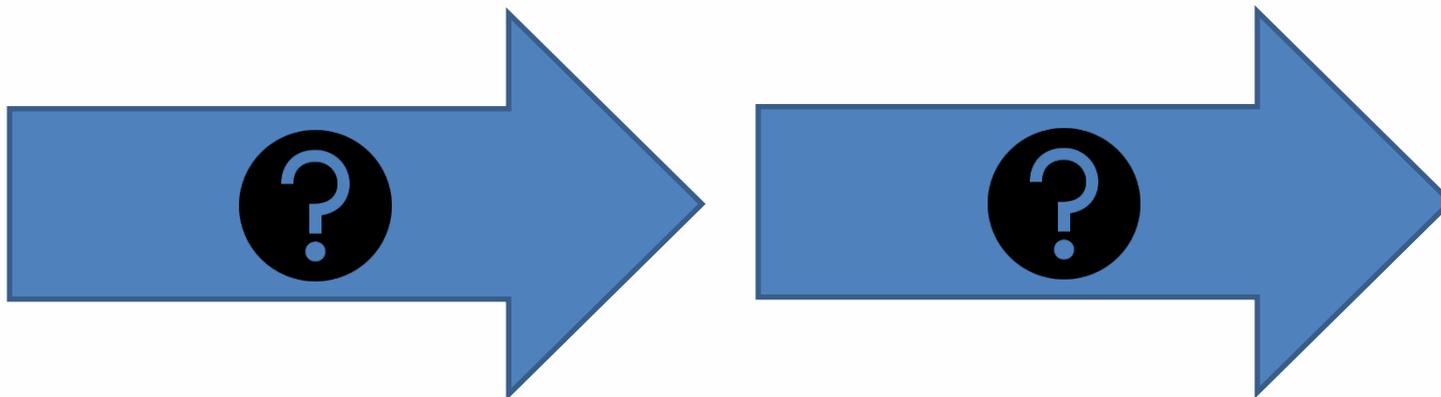
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Reaching the
Legislators



Potential
Policy
Change:
Medicare/
Medicaid
funding for
nutrition
interventions

Feeding America's 2025 Goal



Ah...Strategic
Science!
Reaching the
NGO's

By 2025, Feeding America, in collaboration with our network and our partners, will ensure access to enough **nutritious food for people struggling with hunger and make meaningful progress toward ending hunger.**

Reminder...

You don't have to be the person *implementing* the intervention to be the right person to communicate the message

Advantages to Working with an Existing CBO

- Leverages infrastructure of an entire organization
 - Established reputation
 - Communications expertise, especially helpful for framing your issue
 - Infrastructure for advocacy, grant-writing, interventions, & dissemination of findings
 - Meeting the right people
- Working “on the inside” may be more effective than exerting external pressure
- Expansion of your personal network is important

Challenges Working with an Existing CBO

- Navigating the line between advocacy & science—what is your role as a physician?
- Negotiating who owns the content
- Justifying your effort to your home institution

Two Models of Community Engagement

Leveraging an Existing CBO Infrastructure

- Partner with a CBO, add your unique skills to their unique skills



Developing Your Own Infrastructure

- Creating your own program



Participant #:

First Day to Use:

Last Day to Use:

Vendor:

**VALID FOR: Any fresh or frozen fruits and vegetables.
No added sugar or salt.**

VÁLIDO PARA: Cualquier frutas y vegetales frescas o congeladas sin azúcar o sal.
适用于任何新鲜或冷冻水果和蔬菜。不加糖或盐。

XXXX



\$5.00

MAXIMUM



NO CHANGE GIVEN



EatsSF



Document security includes: true watermark, micro-printing & thermometric Ink. Padlock icon will change color from red to light red to colorless when activated by heat, breath or touch.



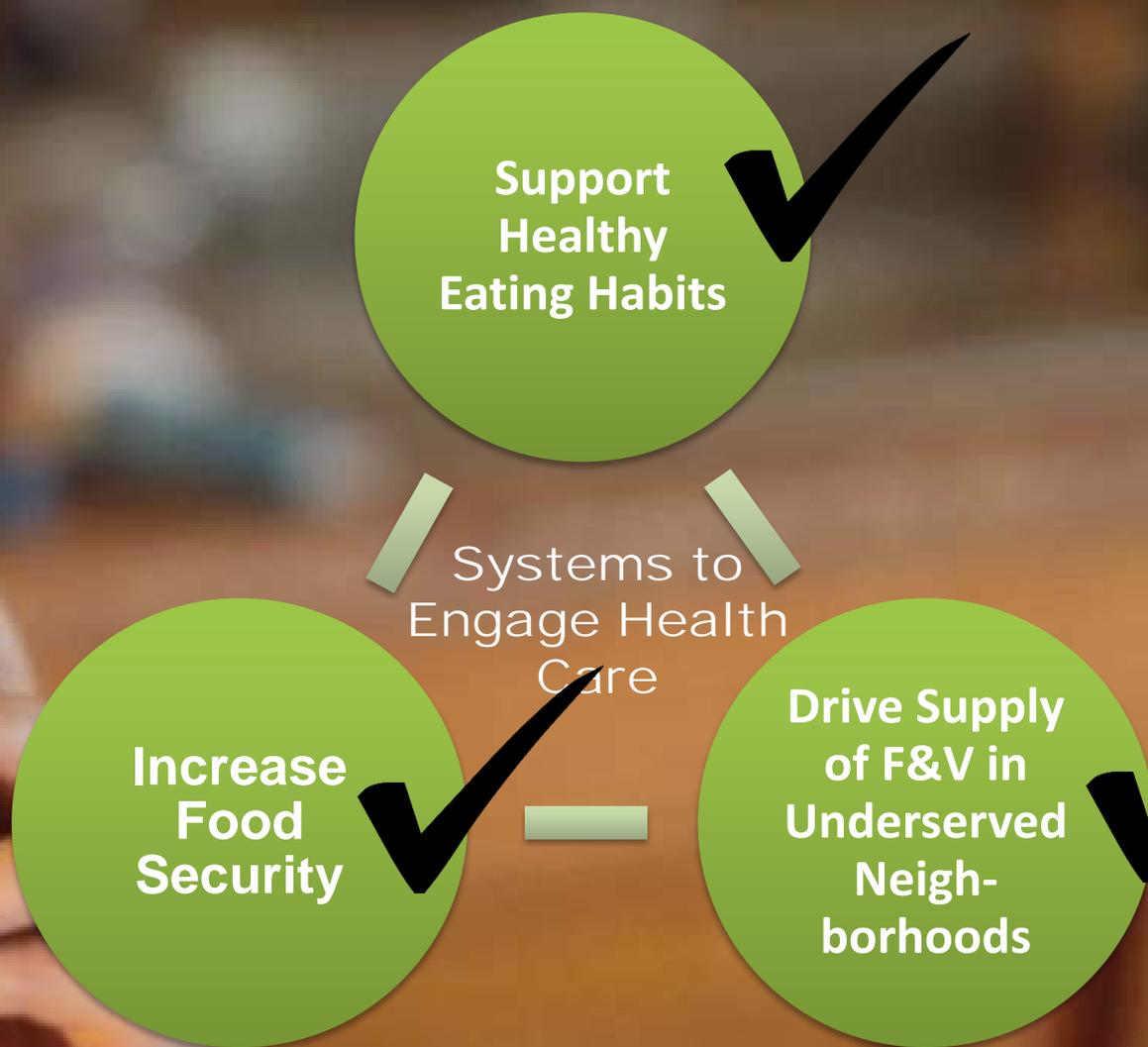
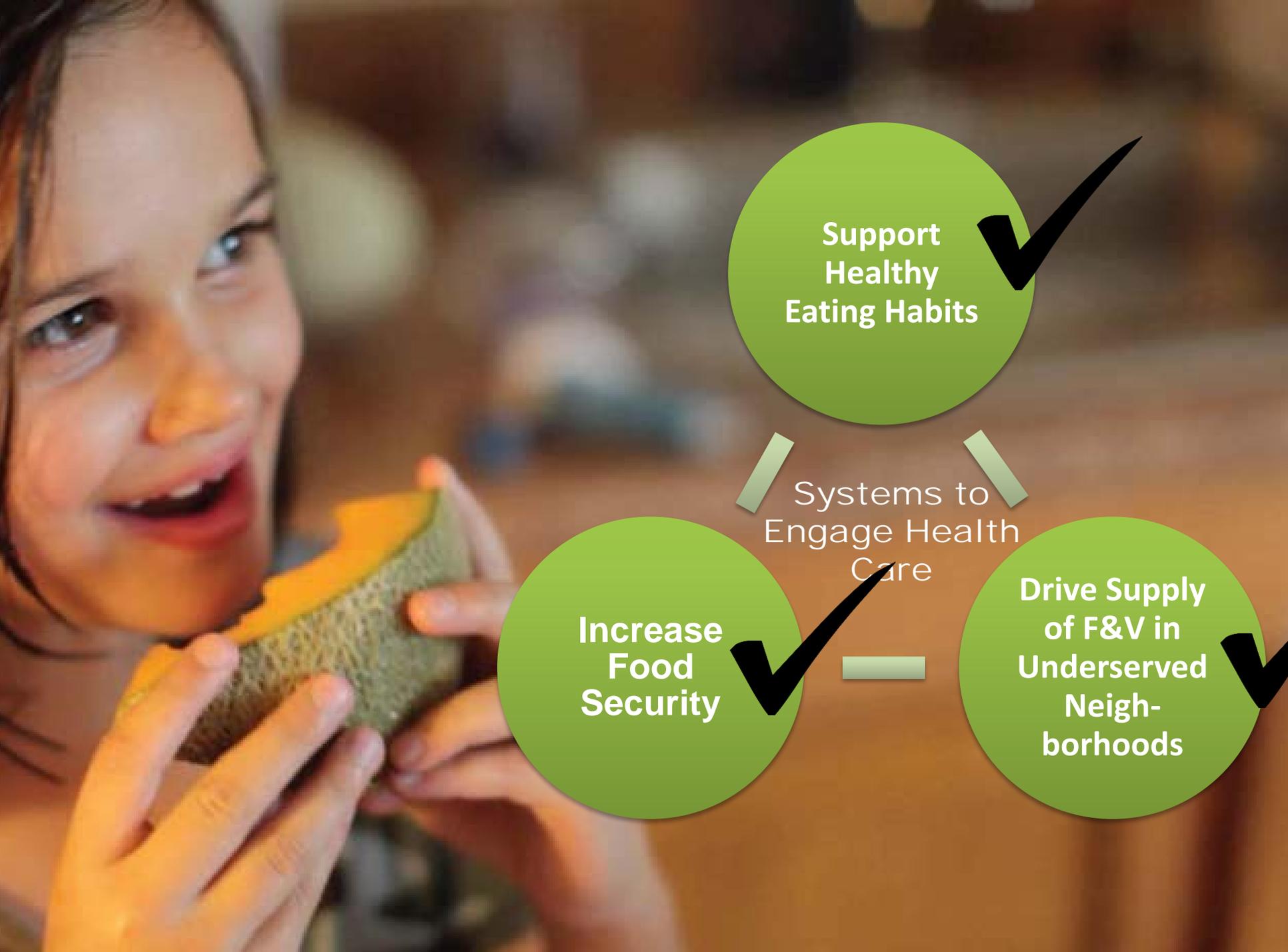
FRESH LOCAL

EatSF

RED APPLE
1.99

GREEN APPLE
1.99





Vouchers 4 Veggies – EatSF

Primary Location: *San Francisco, CA*



Program Structure

Partner with 100+ Community-based Distribution Sites

- Clinics, Hospitals, Housing Sites, Senior Centers, WIC clinics, etc.

30+ Vendor Locations

- Corner stores, grocery stores, farmer's markets
- Focus on food deserts &

Reach

- 5,000 households annually (9,000+ individuals)
- \$20 - \$40/month for 6+ months

Eligibility

- Food insecure PLUS
- Pregnant, older adult, diet-related disease, other

Funding Sources

- San Francisco Department of Public Health
- Grants and Philanthropy
- Soda Tax

UCSF Center for Vulnerable Populations
Zuckerberg San Francisco General Hospital





WE ENVISION A SAN FRANCISCO WHERE ALL PEOPLE IN ALL NEIGHBORHOODS CAN ACCESS AND AFFORD FRUITS AND VEGETABLES.

Fresh Produce for all San Franciscans | www.eatsfvoucher.org

- Advantage: We make all of the decisions
 - Values: maximally efficient, client-centered, no reproduction of existing community resources
 - We have had HUGE impact in a short period of time
- Challenges
 - My team has to do all the work and learn many, many new skills
 - We are responsible for keeping the program running
 - Logistics of a network of stakeholders, CBO's, food vendors, and financial personnel.
 - We need ongoing funding—don't underestimate this!



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Fresh Produce for all San Franciscans | www.eatsfvoucher.org

Skills Learned in this Process

- Running a non-profit
- Communications/media externally and internally
- Political savvy
- How to be a service provider for a government entity
- Strategic planning process
- Program scaling
- Establishing and running a Board
- University reimbursement systems
- Program QI processes outside of academic research
- Complex budgeting processes
- Navigating gaps in funding for a program
- Fundraising strategies: individual & corporate focus
- Technology of debit cards
- Working with food vendors
- ...

I am not trained in most of these skills. Neither are typical physicians.

City offers vouchers for fruits, veggies



Radman's Produce Market manager Marwan Omar stocks his store in the Tenderloin with fresh fruits and vegetables. (Mike Koozmin/S.F. Examiner)

By Joshua Sabatini on September 7, 2015 2:00 am



San Francisco is booming with soaring rents and flourishing technology companies, but economic challenges persist for hundreds of thousands of residents who do not have the means to afford adequate nutritious

food, putting them at risk for chronic diseases.

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[Proposed SF sales tax hike would reduce consumer spending by \\$154M, report finds](#)

[A tale of three cities](#)

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Things I Have Learned Doing Community Advocacy

Community engagement is not traditionally rewarded at academic institutions, health systems, or other physician employers.

Highlight for your employer the ways your advocacy benefits them.

Things I Have Learned Doing Community Advocacy

It is easy to overstretch.

Focus on what you are most interested in; there will be more opportunities than you will have the bandwidth to participate in once you start engaging deeply.

Things I Have Learned Doing Community Advocacy

There WILL BE more false starts than true starts;
this is not easy work (but it may be the most
rewarding!).

Find the low-hanging fruit wherever you can.

Things I Have Learned Doing Community Advocacy

I have developed tremendous skills, made essential connections, and created impact from community work that was *not* officially part of my job.

Food Security Task Force

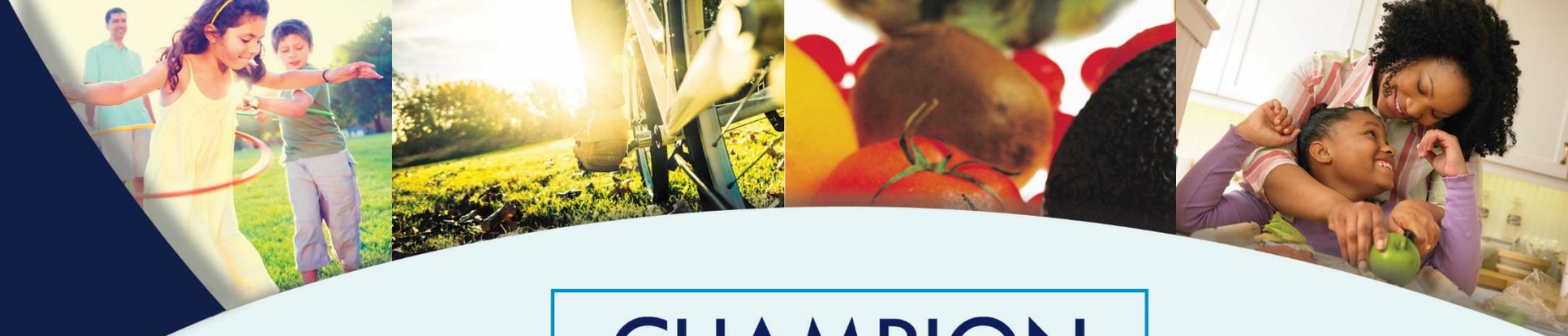
Board of Directors

Policy/advocacy engagement

Local Politics

- Real change happens at the local level
- San Francisco Board of Supervisors: Food Security Task Force
 - Member of the public → voting member representing hospitals & health care





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