A Powerful Approach to Healthier Communities

Food Insecurity, Public Health, and Healthcare Provider Engagement

Hilary Seligman, MD MAS

Associate Professor of Medicine and of Epidemiology & Biostatistics, UCSF
Food Policy, Health, and Hunger Program, UCSF Center for Vulnerable Populations
Senior Medical Advisor and Lead Scientist, Feeding America
Director, CDC’s Nutrition and Obesity Policy Research and Evaluation Network

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Learning Objectives

• Articulate the connection between food insecurity & chronic disease
• Define two models of community engagement
• Lessons learned from working in community settings
Food insecurity: Household-level economic and social condition of limited or uncertain access to adequate food (USDA)
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Hunger: The uneasy or painful sensation caused by a lack of food, or the recurrent and involuntary lack of access to food. (LSRO)
Coping Strategies to Avoid Hunger

• Eating low-cost foods
  – Fewer F&V
  – More fats/carbs
• Eating highly filling foods
• Small variety of foods
• Avoiding food waste
• Binging when food is available

• Higher risk of obesity, diabetes, & other chronic, diet-sensitive chronic disease
• Once you are chronically ill, poorer ability to manage it your illness
Food Insecurity & Health are Related

The Problem is a Big One

Interventions Can Help Address the Problem
Interwoven pathways connecting food insecurity and poor health.
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Figure 2
Interwoven pathways connecting food insecurity and poor health.
Food Insecurity Impacts Diverse Health Outcomes Across the Lifespan
People living in food insecure households had more than TWICE the risk of developing diabetes even after accounting for differences in age, gender, race, physical activity, smoking, alcohol, and diet quality.

Food Insecurity & Health are Related

The Problem is a Big One

Interventions Can Help Address the Problem
1 in 8 Households are Food Insecure

$77.5 billion additional health care expenditures annually

Food Insecurity & Health are Related

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Interventions Can Help Address the Problem
SNAP & Impact on Health Outcomes

- Less hypoglycemia at end of month
- Fewer pregnancy-related ER visits
- Fewer child ER visits for asthma
- Fewer adult ER visits for HTN
- Fewer hospitalizations and shorter length-of-stay
- Lower health care expenditures
- Less cost-related medication non-adherence
Where are we in early 2019?

- Food insecurity is DEFINITIVELY 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.
Where are we in early 2019?

- 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

Interventions Can Help Address the Problem
Where are we in early 2019?

Food Insecurity & Health are Related

The Problem is a Big One

Interventions Can Help Address the Problem

- SNAP works
- WIC likely works
- Home delivered meals—data is suggestive
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

Federal Nutrition Programs
- SNAP
- WIC
- NSLP, SBP, TEFAP, CSFP, etc

Charitable Feeding System
- Food banks & food pantries
- Home delivered meals & medically tailored meals
- Free dining rooms (soup kitchens)
- Vouchers (local programs or part of SNAP)

Informal Social Support
- Friends & family
- Community resources, eg religious institutions

Personal Income/ Budget Shifts
- Tradeoffs between food and personal hygiene products, utilities, medications, gas, rent, etc.
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

1 NATIONAL OFFICE

+ 60K FOOD PANTRIES AND MEAL PROGRAMS
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
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
Feeding America’s 2025 Goal

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.
Food Banks Take On a Contributor to Diabetes: Themselves

By CATHERINE SAINT LOUIS  JUNE 17, 2016
Blood Sugar Monitoring

Food

Diabetes Education

Referral to Primary Care

Feeding America Intervention Trial For Health
Diabetes Mellitus
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 [RD] = 0.34; 95% CI = 0.34, 0.34) significantly improved among intervention participants. There were no differences in self-management (depressive symptoms, diabetes distress, self-care, hypoglycemia, self-efficacy) or HbA1c (RD = 0.24; 95% CI = −0.09, 0.58).

Conclusions. Food banks are ideally situated to provide diabetes-appropriate food to food-insecure households. Effective strategies for food banks to support improvements in diabetes clinical outcomes require additional study.

Public Health Implications. Moving chronic disease support from clinics into communities expands reach into vulnerable populations. However, it is unclear how community interventions should be integrated with clinical care to improve disease outcomes.

Two Models of Community Engagement

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

Developing Your Own Infrastructure
• Creating your own program
FRESH PRODUCE FOR ALL SAN FRANCISCANS
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。

EatSF

$5.00
MAXIMUM

NO CHANGE GIVEN

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.
Support Healthy Eating Habits

Systems to Engage Health Care

Increase Food Security

Drive Supply of F&V in Underserved Neighborhoods
We Are On the Right Track

• Individual participants
  • Increase F&V intake by 1 serving daily
  • More food secure
  • Greater confidence in making healthy food choices on a budget
  • Improved health status & quality of life

• Vendors
  • New customers
  • Increased revenue
  • Higher produce turnover, less food waste
• 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!
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

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.
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.
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
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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
Op-Ed Penned with ED of CBO

California's housing crisis is worsening hunger and health

BY HILARY SELIGMAN AND GEORGE MANALO-LECLAIR SPECIAL TO THE BEE

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Hilary Seligman, MD MAS
Hilary.Seligman@ucsf.edu

championprovider.ucsf.edu

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