National Diabetes Awareness Month Event

November 5, 2024 - Hybrid Meeting



MASSACHUSETTS Diabetes Network

Today's Agenda

9:30am: In-person registration and networking

10am: Welcome and Announcements

10:05am-12noon: Presentations and discussion (virtual and in-person)

12noon-12:45: Lunch and networking

1:00-4:00pm: Volunteer opportunity for those who signed-up earlier

MASSACHUSETTS Diabetes Network

Food Insecurity and Chronic Disease: An Overview and Potential Solutions

Today's Speakers:

- Laura Ortiz, MS, RD, LD. Nutrition Manager, Greater Boston Food Bank
  - Hunger Hurts: Food Insecurity and its Impact on Health
- Valerie Machinist, MS, RDN, LDN, Director of Nutrition and Client Services, Community Servings
  - Food is Medicine: The Role of Medically Tailored Meals in Preventing and Managing Chronic Disease

MASSACHUSETTS Diabetes Network



CEUS/CMES available through ADCES

- Those who attend the full session are eligible for continuing education units (CEUs)
- CEUs will be granted for RN, Pharmacist, Dietician, & Social Workers
- Participants must fill out the evaluation to be eligible for CEUs by **November 19th, 2024**
- CE Evaluation link: https://forms.office.com/r/WTbBNKr9Li
- Instructions on accessing the certificate through ADCES will be emailed to participants.



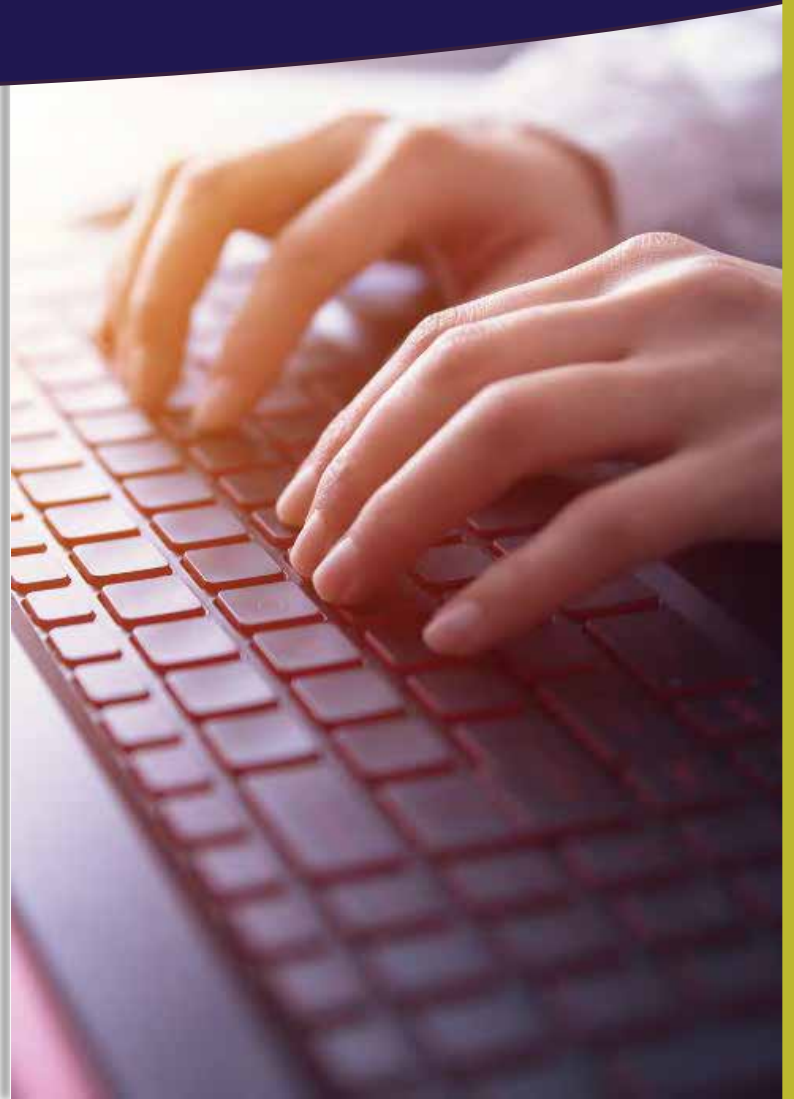
Join the Network!

Network Benefits

- Expand your professional network with diabetes professionals and organizations
- Receive and contribute to Network newsletters
- Earn CEUs for quarterly meeting presentations

Get Involved

- Join subcommittees of interest
- Participate in monthly collaborative meetings
- Connect with steering committee initiatives



MASSACHUSETTS Diabetes Network

American Diabetes Association.

State of Diabetes

Event Details

Friday, November 22nd – 11 AM - 1 PM: Networking, Lunch & Panel Discussion
Saturday, November 23rd – 10 AM – 4 PM: Health Expo/Day of Access

Register for either day or both days

Roxbury Community College
1350 Tremont St
Boston, MA 02120

MASSACHUSETTS Diabetes Network

Save the Date

- **Next Quarterly Meeting (virtual): February 25, 2025, 12noon-1:30pm**
- **Focus will be on heart health and hypertension control, in recognition of National Heart Month**

MASSACHUSETTS Diabetes Network

Contact Us

Jennifer Brais, Diabetes Director, MA DPH

Michael See, MA Diabetes Network Co-Chair



MASSACHUSETTS Diabetes Network

The Greater Boston FOOD BANK®

ADCES Association of Diabetes Care & Education Specialists

Hunger Hurts: Food Insecurity and its Impact on Health



November 5, 2024

Laura Ortiz, MS, RD, LDN
Manager of Nutrition
lortiz@gbfb.org

GBFB.org

DISCLOSURE TO PARTICIPANTS

Notice of Requirements for Successful Completion:
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Presenter Conflicts of Interest/Financial Relationships Disclosures:
Laura Ortiz, MS, RD, LDN: None

Disclosure of Relevant Financial Relationships and Mechanism to Identify and Mitigate Conflicts of Interest: No conflicts of interest

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AGENDA

- Overview of Food Insecurity
- GBFB Basics: How we work, food acquisition, and our service area
- Food Security → Nutrition Security
- SNAP Outreach at GBFB
- Action Steps


Hunger is here.
Hunger in America is defined by food insecurity. Without daily access to nutritious food, individuals cannot conduct active healthy lives.
A GBFB study estimates that **1 in 3 households in Massachusetts experienced food insecurity in 2023**. Populations with the highest rates of food insecurity include American Indian/Alaska Native, Hispanic, Black, and LGBTQ+.[1]
GBFB.org



Two working parents with two children must earn **$163,116 a year**—combined—just to meet their basic needs in Suffolk County*.[2]

Two parents working full time and earning the recently increased minimum wage in MA ($15.00)[3] make **$62,400 a year** combined.

* GBFB serves all of Eastern Massachusetts, 9 of the 13 counties in the state



Many served by The Greater Boston Food Bank never imagined they would need help to have enough food. Many are forced to make difficult decisions and trade-offs.

Hard choices between **FOOD** or…

- ✓ UTILITIES
- ✓ RENT/MORTGAGE
- ✓ MEDICAL CARE
- ✓ TRANSPORTATION
- ✓ EDUCATION

Cost of a Meal

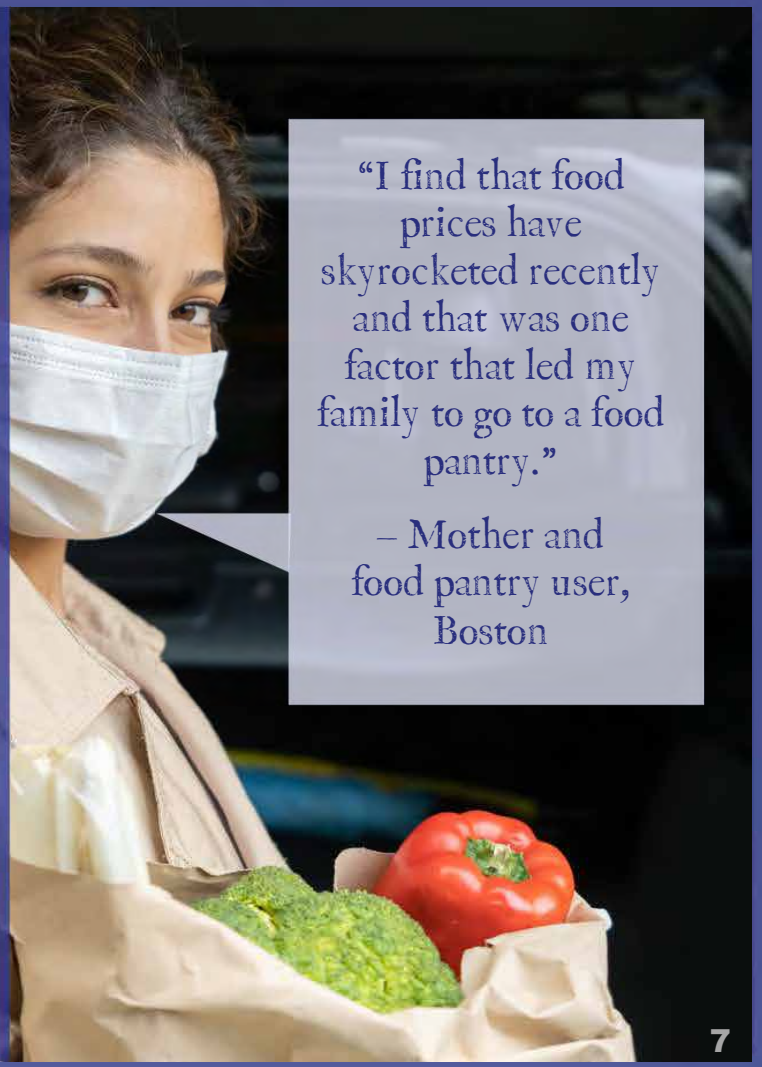
MASSACHUSETTS
ranks as the third most expensive state in the country (behind Hawaii and Alaska):



EASTERN MASSACHUSETTS
GBFB's service area has the highest food costs in the state:



Source: Gundersen, C., Strayer, M., Dewey, A., Hake, M., & Engelhard, E. (2023). *Map the Meal Gap 2023: An Analysis of County and Congressional District Food Insecurity and County Food Cost in the United States in 2021*. Feeding America.



"I find that food prices have skyrocketed recently and that was one factor that led my family to go to a food pantry."

– Mother and food pantry user, Boston

FOOD INSECURITY AND POOR HEALTH

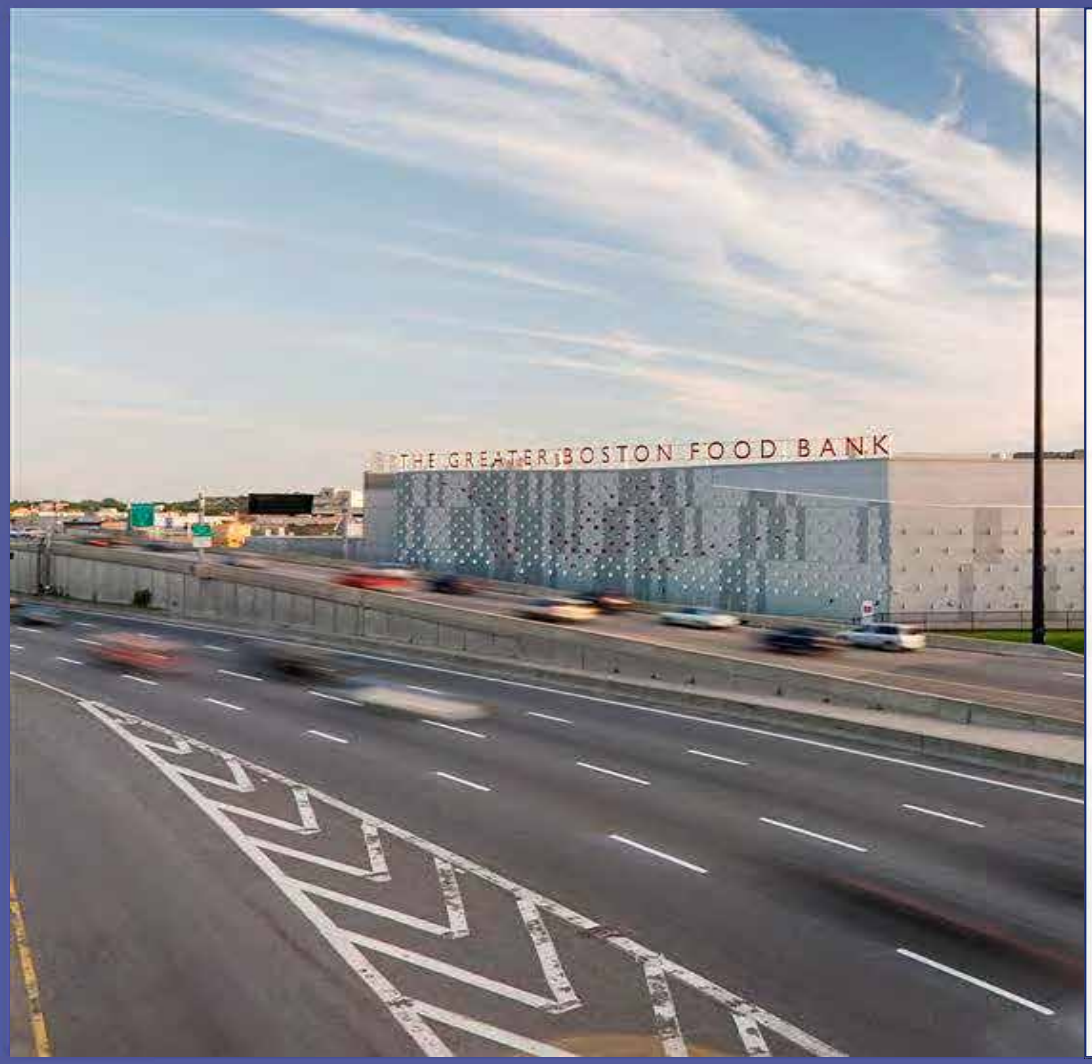
Food insecurity has been linked to poorer diet, lower overall health, and poorer control of chronic conditions.[5]

Increased risk of chronic health conditions such as:

- Type 2 Diabetes[6]
- Hypertension[6]
- Heart Disease[6]
- A combination of health conditions[7]

Food insecurity can negatively influence diabetes prevention and management through these mechanisms[8,9]:

Increased diabetes risk	Reduced diabetes self-management
Poor diet quality	Poor glycemic control
Competing demands	Greater health care expenditures
Poor mental health	Absenteeism



The Greater Boston FOOD BANK®

Feeding Eastern Massachusetts

MISSION

End hunger here.

LEADING PROVIDER OF FOOD

Without GBFB, emergency providers of meals and food would not exist as we know it today.

How We Work



GBFB acquires food through food industry partners and financial donations.

Food is sorted, stored and packed in our state-of-the art 117,000 sq. ft. facility in Boston's Newmarket area.

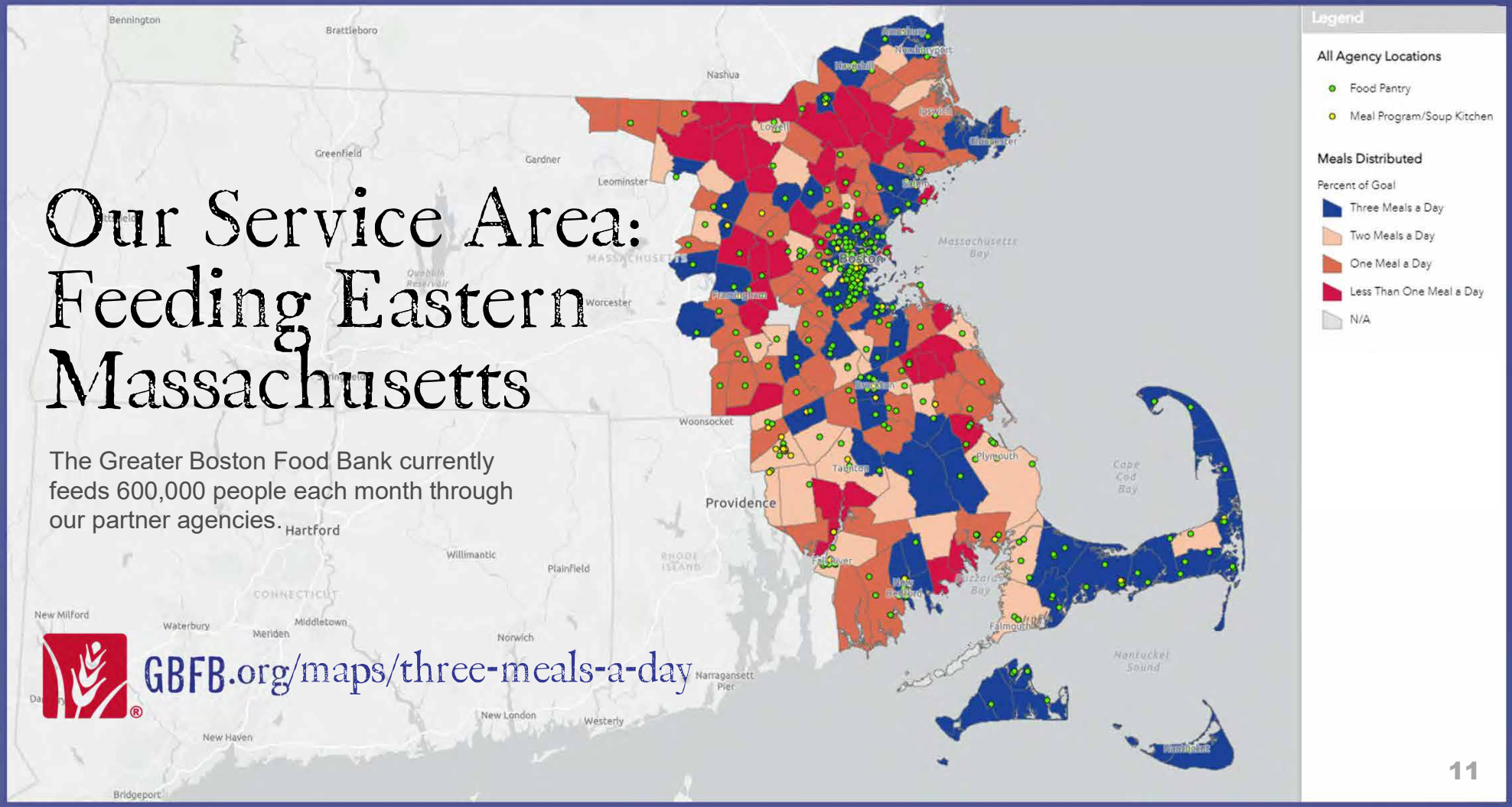
Food is distributed to our network of nearly 600 distribution partners which includes food pantries, meal programs and over 80 direct distribution sites.

Children, families and seniors in need receive food for healthy meals—and hope for brighter futures.

Our Service Area: Feeding Eastern Massachusetts

The Greater Boston Food Bank currently feeds 600,000 people each month through our partner agencies.

GBFB.org/maps/three-meals-a-day





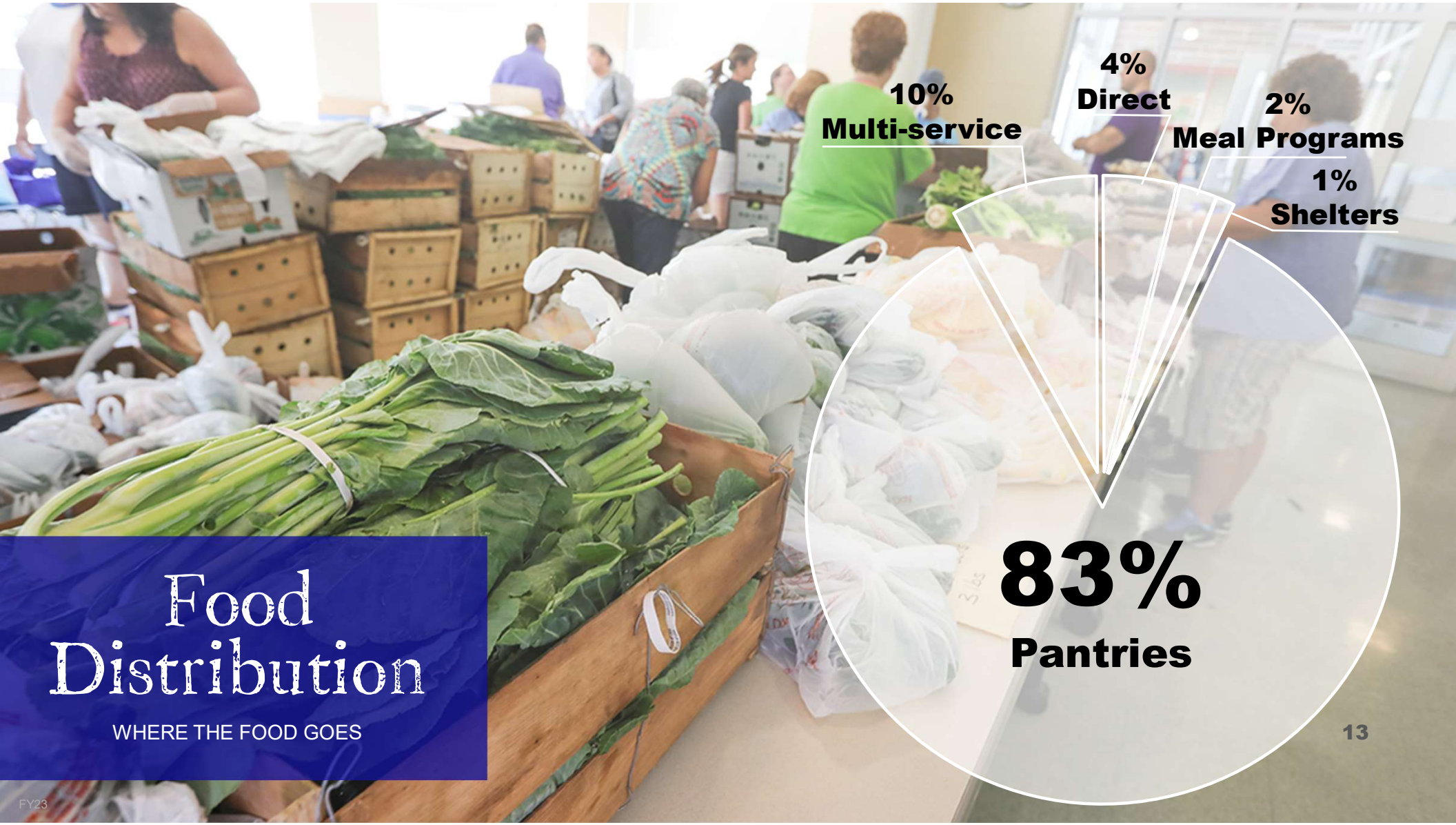
Food Acquisition

WHERE THE FOOD COMES FROM

FY23

Food Distribution

WHERE THE FOOD GOES



FOOD PANTRY EXAMPLE







MOVING TO NUTRITION SECURITY

- Consistent access, availability, and affordability of foods and beverages that promote well-being, prevent disease, and, if needed, treat disease.[10]

- Food security focuses on ensuring that everyone has enough to eat, while nutrition security ensures that everyone receives and consumes calories that contribute to their overall health.

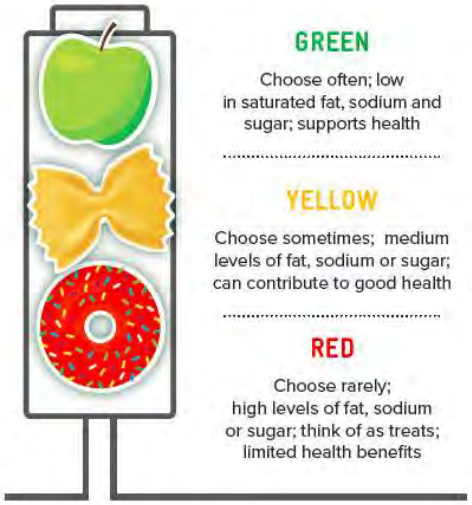

Nutrition matters.
95%
of our food inventory meets GBFB's high nutrition standards
33%
fresh and frozen produce
29%
protein and dairy

SWAP

Supporting Wellness at Pantries

Registered Dietitians analyze foods

	CHOOSE OFTEN			CHOOSE SOMETIMES			CHOOSE RARELY		
FOOD CATEGORY	SATURATED FAT	SODIUM	ADDED SUGAR*	SATURATED FAT	SODIUM	ADDED SUGAR*	SATURATED FAT	SODIUM	ADDED SUGAR*
Fruits and Vegetables	≤2g	≤230 mg	0g (≤12g for Total Sugar)	100% juice and plain dried fruit are yellow. ≥2.5 g	231-479mg	1-11g (13-24g for Total Sugar)	≥2.5g	≥480mg	≥12g (≥24 g for Total Sugar)
Grains	First ingredient must be whole grain AND meet following thresholds: ≤2g	≤230mg	≤6g	≥2.5g	231-479mg	7-11g	≥2.5g	≥480mg	≥12g
Protein	≤2g	≤230mg	≤6g	2.5-4.5g	231-479mg	7-11g	≥5g	≥480mg	≥12g
Dairy	≤3g	≤230mg	0g (≤12g for Total)	3.5-6g	231-479mg	1-11g (13-24g for Total)	≥6.5g	≥480mg	≥12g (≥24 g for Total)



GREEN

Choose often; low in saturated fat, sodium and sugar; supports health

YELLOW

Choose sometimes; medium levels of fat, sodium or sugar; can contribute to good health

RED

Choose rarely; high levels of fat, sodium or sugar; think of as treats; limited health benefits

Items are color-coded

30589	APPLESAUCE, UNSWEETENED, ... 72/4 OZ. (MEFAP)	Dry	●
3000010	AVOCADOS, LOOSE 24-48 COUNT (MEFAP)	55 Degree Cooler	●
30817	BEANS, GREEN, CUT, LOW SALT... 24/15.25 OZ (MEFAP)	Dry	●
30081	BEANS, KIDNEY, RED, FURMAN... 24/15.5 OZ (MEFAP)	Dry	●
30743	CHICKEN, CANNED, CHUNK, BU... 12/10 OZ (MEFAP)	Dry	●
30828	CHICKEN, WHOLE, ROASTER, P/L 9/7 LB AVG (MEFAP)	Freezer	●
30607	COLLARD GREENS, FRESH BUNCH (MEFAP)	35 Degree Cooler	●

SWAP colors viewable on ordering system

NUTRITION POLICY

	FY20 Pre-COVID (10/1/19-3/10/20)	FY20 Post-COVID (3/11/20-9/30/20)	FY21	FY22	FY23
SWAP %	92%	79%	94.3%	94.4%	96%
Produce %	32.9%	29.6%	24%	31%	33.2%

- SWAP percentages - total percent of distributed ranked foods that rank a green and yellow
- Produce percentages - percent of total pounds distributed

HEALTHY PANTRY PROGRAM

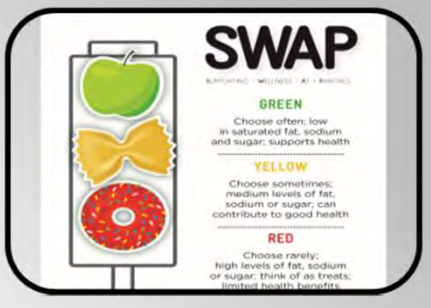
Online learning program to educate agencies on:

- SWAP nutrition measurement system
- Click ‘N Cook recipe database
- Nudges

Empowers agencies to make interventions that help their clients choose nutritious options.

Modules consist of:

- Pre-quiz
- Educational videos
- Post-quiz
- Activity/feedback questionnaire







Click 'N Cook


CLICK 'N COOK
FIND EASY, HEALTHY RECIPES WITH EVERYDAY INGREDIENTS
SEARCH

CLICK 'N COOK
What Ingredients do you use?
SEARCH
Login/Register
English
Category Filter
Cooking Filter
Clear All
HEALTHY TIPS ABOUT CONTACT DONATE
Spring Green Risotto
SWAP Score
Slow Cooker
Gluten Free, Low Cholesterol
6 servings; about 1 cup
Rate
Share
Save
Print
INGREDIENTS
2 ounces pancetta (or bacon)
1/2 cup diced onions
1 tablespoon minced garlic (about 2 cloves)
1 1/4 cups arborio rice (or other short grain rice)
4 cups low-sodium chicken broth (or low sodium vegetable broth)
1 bunch asparagus
1 cup frozen or fresh peas (thawed if frozen)
1/4 cup prepared pesto
1/4 cup Parmesan cheese, grated
1 tbsp lemon juice
DIRECTIONS
1 In a medium pot, cook the pancetta (or bacon) on medium 4–5 minutes until fat has rendered, stirring often. Add the onions and garlic. Cook 4 minutes until onions are tender. Add the rice and cook 1 minute stirring constantly.
2 To the same pot, stir in the broth, scraping up any browned bits from the bottom of the pan. Heat to a simmer on high. Transfer contents of pot to the bowl of a slow cooker. Cover and cook on high 30 minutes. Uncover and stir rice. Cover and continue cooking 30 minutes.
3 Meanwhile, trim the bottom inch of the asparagus and cut stalks into 1-inch pieces. Stir the asparagus and peas into the rice in slow cooker after 1 hour of cooking. Cover and cook another 30 minutes, until rice is tender and liquid is absorbed. Stir in pesto, Parmesan, lemon juice, salt, and pepper. Serve immediately.
Recipe Facts
Amount Per Serving
Calories 270
Calories from Fat 81
% Daily Value*
Total Fat 9g 14%
Saturated Fat 3g 15%
Trans Fat 0g
Polyunsaturated Fat 1g
Monounsaturated Fat 2g
Cholesterol 10mg 3%
Sodium 268mg 11%
Potassium 227mg 6%
Total Carbohydrates 40g 13%
Dietary Fiber 3g 12%
Sugars 3g
Protein 8g 16%
Vitamin A 4%
Vitamin C 16%
Vitamin D 0%
Calcium 10%
Iron 11%
EDAMAM

SNAP OUTREACH TEAM

Application Assistance

- Conduct eligibility screenings
- Submit applications & recertifications (renewals of eligibility)
- Explain the interview & verification requirements
- Help clients maximize the benefits they're eligible for
- Advocate for clients & troubleshoot problems



Outreach & Education

- Connect to potentially eligible people using digital outreach
- Create & distribute outreach materials through our network, including translating flyers into 8 languages
- Conduct SNAP-related trainings for partners

CONTRIBUTE TO NUTRITION SECURITY

How can you contribute to the work that food banks do?

- Understanding of food banks and food pantries and their role in nutrition security[11]
- Avoid assumptions about your patients[12]
  - Not every patient has a full kitchen or access to healthy options
- Conduct food security screenings, if not already doing so
  - Use conversation starters when screening[11]
  - Use patient-centered care behaviors to increase comfort[13]
- Referrals to federal nutrition programs such as CSFP, SNAP, and WIC[11,12]
- Have existing materials readily available that identify resources in the community[11,12,14]
  - Opportunity to develop a relationship with your local community-based partner
- Advocacy
  - Farm bill, MEFAP, Hunger-Free Campuses, CSFP, etc.

THANK YOU!
QUESTIONS?

LORTIZ@GBFB.ORG

The Greater Boston FOOD BANK®
Feeding Eastern Massachusetts

GBFB.org

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ADCES Association of Diabetes Care & Education Specialists

Food is Medicine

The Role of Medically Tailored Meals in Preventing and Managing Chronic Diseases

Valerie Machinist, MS, RDN, LDN
Director of Nutrition and Client Services

November 5, 2024



COMMUNITY SERVINGS FOOD HEALS



Disclosures to Participants

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Valerie Machinist, MS, RDN, LDN: None

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Program Outline

- Community Servings overview
- Overview of Medically Tailored Meals
- Impacts of food insecurity on individuals living with critical and chronic illnesses
- Food insecurity and Food as Medicine interventions and policy work



COMMUNITY SERVINGS
FOOD HEALS

OUR MISSION

Our mission is to actively engage the community to provide medically tailored, nutritious, scratch-made meals to chronically and critically ill individuals and their families. We commit, in all our programs and business practices, to prioritize racial and economic justice and health equity.





COMMUNITY SERVINGS FOOD HEALS

WHO WE SERVE

One hundred percent of our clients are experiencing one or more critical or chronic illnesses. Many are experiencing poverty and managing multiple illnesses. A significant percentage identify as Black or Latin American. Almost a third of the meals we prepare are delivered to families.

90% of clients are living under 200% of the Federal Poverty Level.

10% are experiencing unstable housing.

76% are over the age of 45.

6% are under the age of 18.

Primary Diagnosis



18% - Diabetes	5% - Behavioral Health
18% - Cardiac Illness	4% - Lung Disease
16% - Other Illness[1]	3% - Joint Replacement Surgery
10% - HIV/AIDS	2% - High Risk Pregnancy
8% - Cancer	2% - GI Illness
7% - Renal Illness	1% - Liver Disease
6% - Obesity/Overweight	

Race/Ethnicity



37% - White	10% - Hispanic, Latino/a, or Spanish
26% - Unknown	6% - Multiple Races/Ethnicities
17% - Black/African American	4% - Other[2]

Primary Language



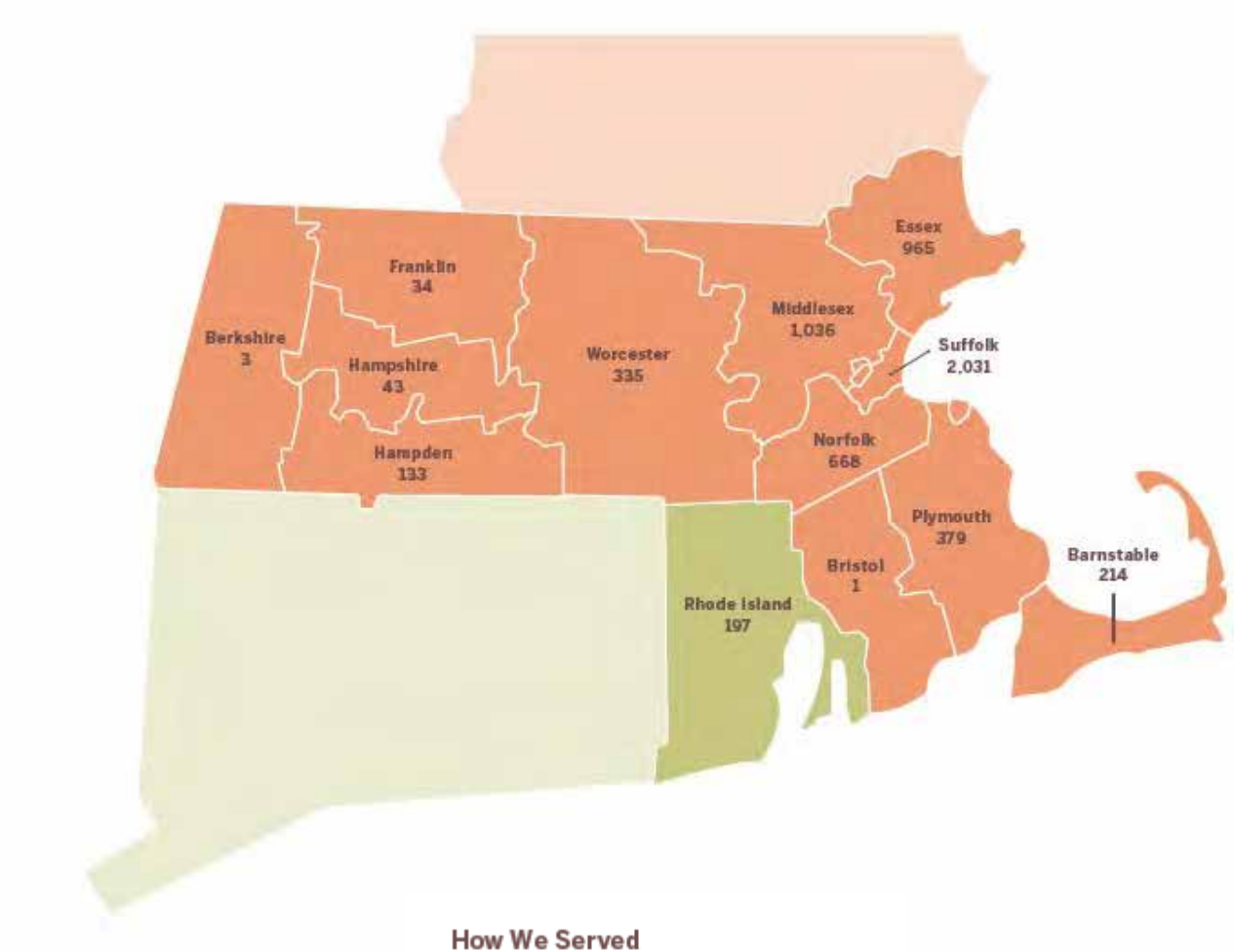
85% - English	5% - Other[3]
10% - Spanish	

[1] Other Illnesses includes: ALS, Alzheimer's, Parkinson's, Hepatitis C, Multiple sclerosis, Lupus, Tuberculosis, COVID-19, and other illnesses not listed above.
[2] Other includes Asian, American Indian or Alaska Native, Native Hawaiian or Pacific Islander, and Middle Eastern or North African.
[3] Other includes Haitian Creole, French, Portuguese, Crioulo (Cape Verdean), S.E. Asian Language, and American Sign Language.

COMMUNITY SERVINGS
FOOD HEALS

WHERE WE SERVE

Our dedicated team of drivers delivers medically tailored meals to clients in Greater Boston, from Suffolk County to Worcester County. As a state-wide program, clients who reside outside of our delivery area receive meals via UPS.





COMMUNITY SERVINGS
FOOD HEALS



Food Is Medicine

The intersection of food and healthcare.

Food is Medicine interventions include the systems in place used to increase access to food that supports health, such as:

- Medically Tailored Meals
- Medically Tailored Groceries
- Food Assistance Programs – SNAP and WIC
- Healthy Food Rx or Healthy Food Voucher Programs

MEDICALLY TAILORED MEALS

Medically tailored meals (MTM) are meals approved by a registered dietitian nutritionist that reflect appropriate dietary therapy based on evidence-based practice guidelines.



COMMUNITY SERVINGS
FOOD HEALS

Medically Tailored Meals

- Developed as a strategy to support people living with HIV/AIDS during the 1980s and 1990s
- Honed and expanded to support a wider breadth of conditions
- Fully prepared home delivered or picked up meals
- Recipes tailored by registered dietitian nutritionists
- *Ensure meeting specific medical needs of clientele*
- About 30 agencies providing Medically Tailored Meals throughout the US
- Food Is Medicine Coalition
  - http://www.fimcoalition.org

FOOD IS MEDICINE™ COALITION

COMMUNITY SERVINGS FOOD HEALS



MEDICALLY TAILORED MEALS

At Community Servings, we offer 16 medical diets designed to help people improve their health through nutritionally appropriate food scratch-made from whole ingredients. Diet tracks are prescribed by an on-staff RDN based on a nutritional assessment and a referral by a healthcare provider. This helps us identify a medical diagnosis, symptoms, allergies, medication management and side effects to ensure the best possible nutrition-related health outcomes.

FY24 BY THE NUMBERS

1,200,000
meals prepared and delivered

6,866
individuals served

Our team of RDNs completed:

3,898
Nutrition assessments

730
Nutrition counseling sessions

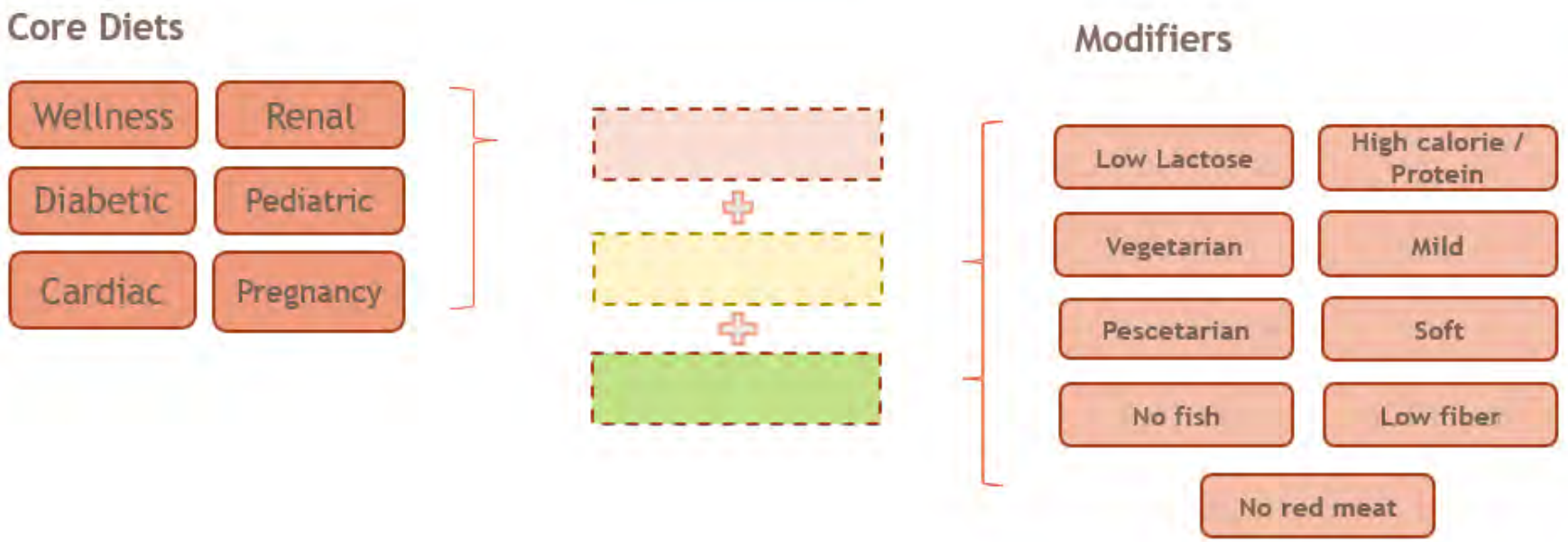
110
Nutrition education sessions

COMMUNITY SERVINGS
FOOD HEALS

How Do Medically Tailored Meals Work?

Our Diet Options

Our core diets are designed to treat specific medical conditions and can be customized by dietary restriction (e.g., vegetarian, pescetarian, soft food, mild food, low lactose).



COMMUNITY SERVINGS
FOOD HEALS

How Do Medically Tailored Meals Work?

EXAMPLE DIET

Georgia was recently diagnosed with congestive heart failure and was discharged from the hospital after joint replacement surgery. She is prescribed the cardiac diet. Because she does not eat meat but will eat fish, the pescetarian modifier is added.

Prescribed Diet

Cardiac

+

Pescetarian

Example Menu

Entrees

- New England Baked Fish
- Kale & Cauliflower Alfredo

Soups & Sides

- Roasted Carrot Soup
- Green Pea Hummus





EXAMPLE DIET

Phil has type 2 diabetes that is not well controlled, and he also has hypertension. While he does not have any food allergies, he is very sensitive to dairy products. He is prescribed a cardiac, diabetic, low lactose diet.

Prescribed Diet

Diabetic

+

Cardiac

+

Low Lactose

Example Menu

Entrees

- Chicken Tandoori
- Sunday Pot Roast

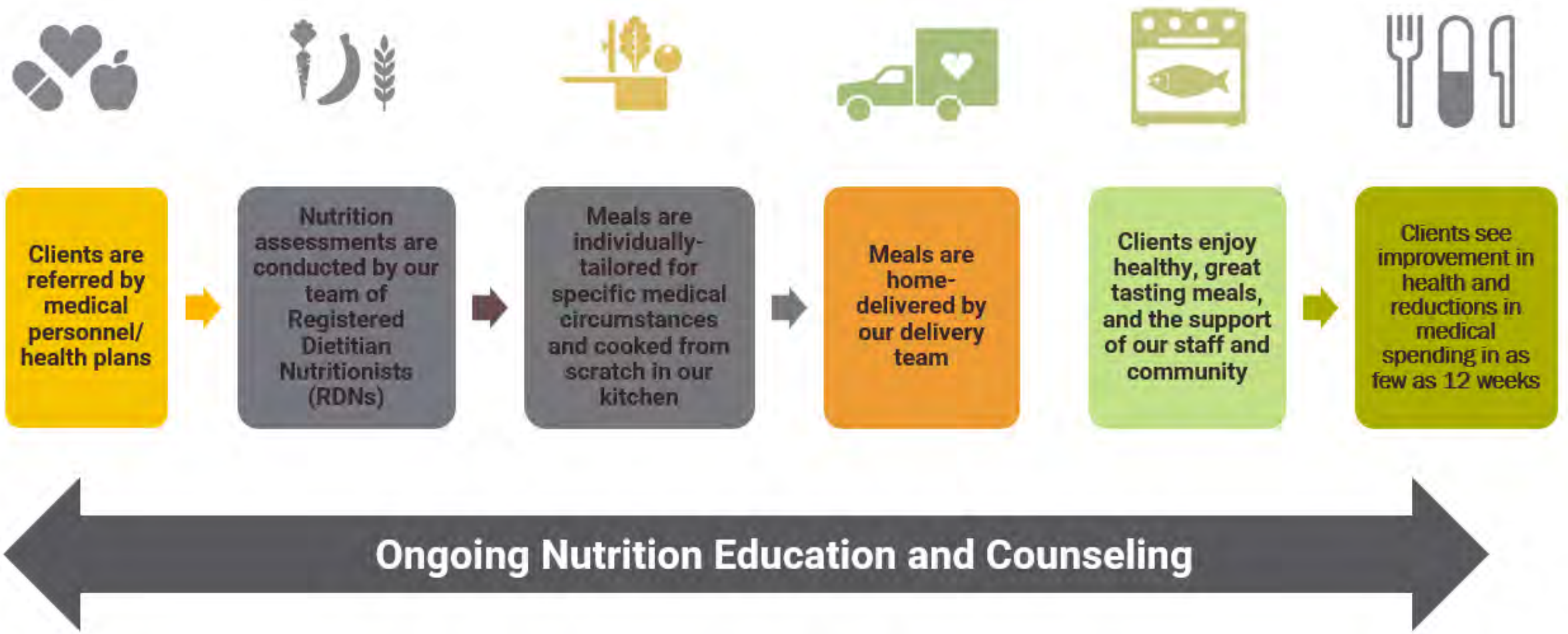
Soups & Sides

- Seven Bean Soup
- Italian Tuna Salad



COMMUNITY SERVINGS
FOOD HEALS

Full MTM Intervention



COMMUNITY SERVINGS
FOOD HEALS

Weekly Deliveries

What's in a Bag?

Five days' worth of lunch, dinner, and snacks.

5 entrees
5 soups
5 desserts
3 salads
2 yogurts
2 apples
1 orange
1 quart of milk
1 whole-grain roll



COMMUNITY SERVINGS
FOOD HEALS

Our Deliveries

- A Community Servings driver delivers the meals for the week to the member on a designated day within a designated timeframe
- If a member lives outside of our delivery area, they may qualify to receive meal boxes shipped via UPS





COMMUNITY SERVINGS FOOD HEALS

Who We Support

In many cases, meal delivery is provided for:

- The qualifying client
- Up to two adult caretakers
- Any dependents under the age of 18



COMMUNITY SERVINGS
FOOD HEALS

Agency Funding

- Philanthropy
  - Must medically qualify for program
- Ryan White federal funding
  - HIV, AIDS, Hepatitis C
- Healthcare contracts
  - Insurance providers
  - Home hospital programs
  - MassHealth/ACOs (transition to HRSN program in 2025)



Factors Impacting Need

Food security means that people have access, at all times, to enough food for an active, healthy life for all household members. At a minimum, this includes: 1) readily available, nutritionally adequate, and safe foods and 2) assured ability to acquire personally acceptable foods in a socially acceptable way.



Food Insecurity

Food insecurity is often associated with poverty.

Other contributing factors:

- Household makeup
- Race/ethnicity
- Education
- Mental health
- Disabilities
- Substance use
- Wages
- Housing costs
- Unemployment rates

Screening for Food Insecurity

Two question **Hunger Vital Sign™** survey:

Within the past 12 months we worried whether our food would run out before we got money to buy more.

- Often, sometimes, never true

Within the past 12 months the food we bought just didn't last and we didn't have money to get more.

- Often, sometimes, never true

COMMUNITY SERVINGS FOOD HEALS

Hager, E. R., Quigg, A. M., Black, M. M., Coleman, S. M., Heeren, T., Rose-Jacobs, R., Cook, J. T., Ettinger de Cuba, S. A., Casey, P. H., Chilton, M., Cutts, D. B., Meyers A. F., Frank, D. A. (2010). Development and Validity of a 2-Item Screen to Identify Families at Risk for Food Insecurity. Pediatrics, 126(1), 26-32. doi:10.1542/peds.2009-3146.

Screening for Food Insecurity

U.S. Household Food Security Survey Module: Six-Item Short Form

~ Economic Research Service, USDA

1. The food that (I/we) bought just didn’t last, and (I/we) didn’t have money to get more. Was that often, sometimes, or never true for (you/your household) in the last 12 months?
2. (I/we) couldn’t afford to eat balanced meals. Was that often, sometimes, or never true for (you/your household) in the last 12 months?
3. In the last 12 months, since last (name of current month), did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?
4. [IF YES ABOVE, ASK] How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?
5. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?
6. In the last 12 months, were you ever hungry but didn't eat because there wasn't enough money for food?

Health Related Social Needs

The basics:

- Food
- Housing
- Transportation
- Medications
- Social support

When health related social needs are unmet, the result is poor health.

Food insecurity is a key health related social need.

Social Determinants of Health

"The social determinants of health are the conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels. The social determinants of health are mostly responsible for health inequities – the unfair and avoidable difference in health status seen within and between countries."

– WHO definition

Modifiable through advocacy and policy change, not through clinical measures.

Clinical interventions are a response to health-related social needs.

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Food Insecurity and Health Outcomes

- **Worsened Physical Health**
  - Diabetes
  - Heart disease
  - HIV/AIDS
  - Hypertension
  - Hyperlipidemia
  - Obesity
- **Health Damaging Behaviors**
  - Poor diet quality
  - Unhealthy weight
  - Disordered eating
- **Worsened Mental Health**
  - Depression
  - Anxiety
  - Stress
- **Increased Healthcare Utilization and Costs**
  - Increased inpatient stays
  - ED visits
  - Prescription medications

Example

Impacts of food insecurity on people living with **diabetes**:

- Worsened glycemic control
- Poor diet quality
  - Most affordable foods are calorie dense, high in sugar, sodium and fat
- Disordered eating patterns
  - Binging and fasting based on food access
- Poor diabetes self management
  - Low medication adherence
  - Missed clinical visits
- Increased risk for diabetes complications, such as CKD, retinopathy, CAD, CHF, and PAD

Example

Impacts of food insecurity on people living with **HIV**:

- Poor diet quality
  - Most affordable foods are calorie dense, high in sugar, sodium and fat
- Disordered eating patterns
  - Binging and fasting based on food access
- Poor medication adherence
  - Poor immunologic and virologic outcomes
- *However*, improved diet quality may enhance ART adherence and effectiveness
  - Increased absorption of medication
  - Reduced side effects
  - Helps maintain healthy body weight

Food insecurity is 2-3 times more common in people living with HIV.

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Federal Food Insecurity Programs

Medically tailored meal programs are not necessarily food insecurity programs.

Acronym	Full Name	Brief Description	Moms & Kids	Fostering Nutrition	Senior Hunger	Supplying Foodbanks
SNAP	Supplemental Nutrition Assistance Program	Provides timely, targeted, and temporary benefits to low-income Americans to buy groceries.	✓	✓	✓	
TEFAP	The Emergency Food Assistance Program	Provides USDA commodities to families in need of short-term hunger relief through emergency food providers like food banks.	✓	✓	✓	✓
CSFP	The Commodity Supplemental Food Program	Provides food assistance for low-income seniors with a monthly package of healthy USDA commodities.		✓	✓	✓
CACFP	The Child and Adult Care Food Program	Provides nutritious meals and snacks to children and adults in designated child and adult care centers.	✓	✓	✓	
NSLP	The National School Lunch Program	Provides nutritionally balanced lunch to qualified children each school day.	✓	✓		
SBP	The School Breakfast Program	Provides nutritionally balanced breakfast to qualified children each school day.	✓	✓		
SFSP	The Summer Food Service Program	Provides free meals and snacks to low-income children during the summer months.	✓	✓		
WIC	Women, Infants, and Children	Provides nutritious foods and nutrition education for low-income, at risk women, infants.	✓			

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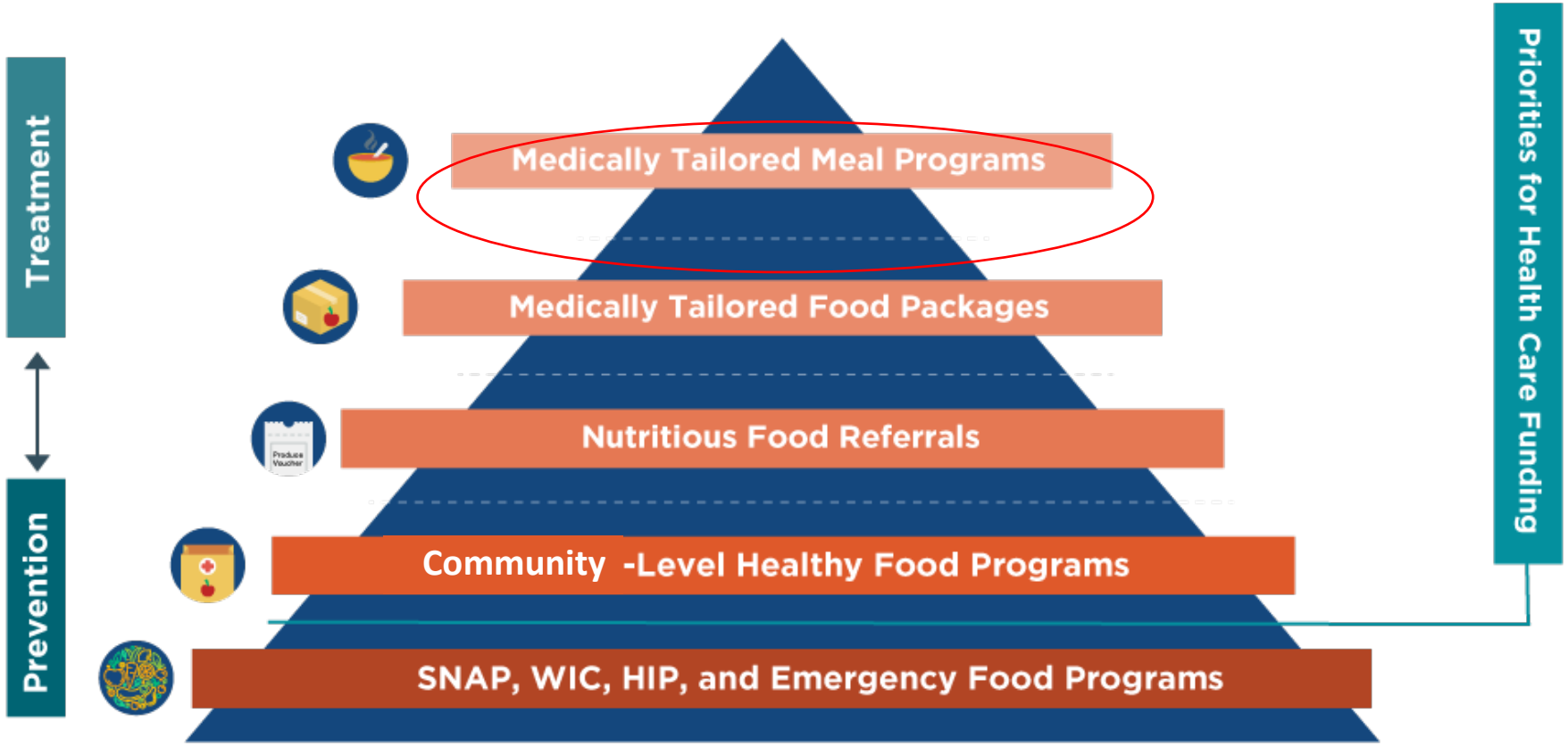
FOOD IS MEDICINE PYRAMID

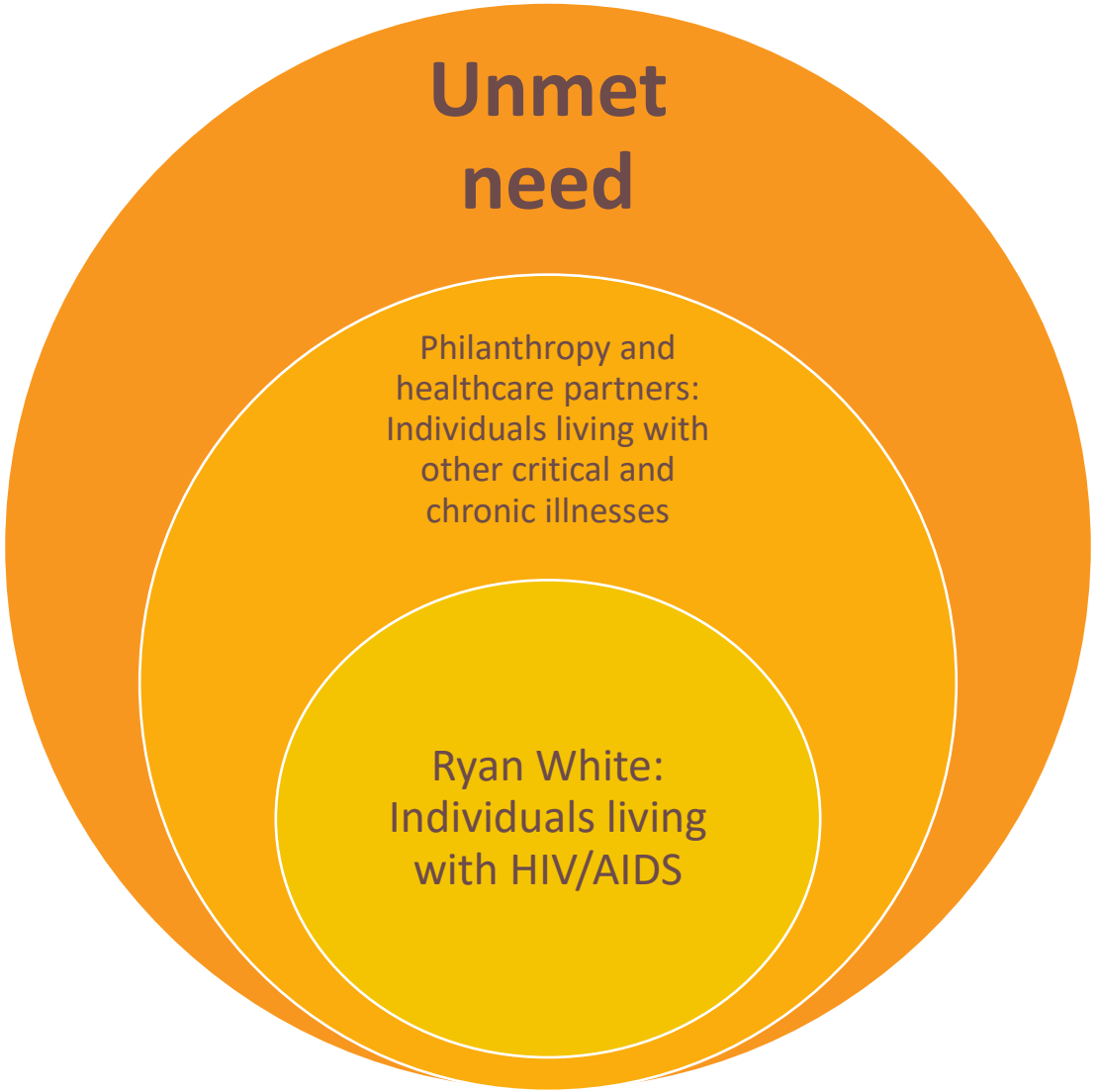


CHLPI CENTER for HEALTH LAW and POLICY INNOVATION HARVARD LAW SCHOOL

FIMMA FOOD IS MEDICINE MASSACHUSETTS

COMMUNITY SERVINGS FOOD HEALS

Funding for Our Meals



This limited funding leaves an unmet need for low-income, severely ill individuals at high risk for food insecurity and malnutrition.

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ADVOCACY PARTNERS

Food is Medicine Coalition

Community Servings is a founding partner of the Food is Medicine Coalition, a national association of nonprofit providers of medically tailored meals and medically tailored food and nutrition services whose goal is to broaden access to these services through education, research, and advocacy.

Food Is Medicine Accelerator

An initiative led by FIMC, Community Servings, God's Love We Deliver in New York, the Nonprofit Finance Fund, and the Center for Health Law and Policy Innovation of Harvard Law School, the Food is Medicine Accelerator trains and incubates new MTM providers with an intensive one-year course for nonprofit food programs.

Food Is Medicine Massachusetts

Food Is Medicine Massachusetts (FIMMA) is a Massachusetts-based coalition of healthcare payers, providers, policy leaders, academic institutions, and community-based organizations providing a broad range of medically appropriate nutrition services, whose goal is to broaden access to these services within the state of Massachusetts.

Tufts University

The Friedman School of Nutrition Science and Policy at Tufts University is a research partner with Community Servings. Currently, we have a pending NIH-funded research study with the Friedman School and the University of Massachusetts Medical School to examine the impacts of MTM on obesity, diabetes control, blood pressure, healthcare costs, and healthcare utilization under the MassHealth (Medicaid) Flexible Services Program.

RESEARCH

In partnership with Dr. Seth Berkowitz of the University of North Carolina School of Medicine, Community Servings has conducted four published research studies.

These studies have shown that medically tailored meals improve health outcomes, reduce healthcare costs, and improve quality of life for individuals experiencing diet-related chronic illnesses. These studies have been published in the academic journals *Health Affairs*, *JAMA*, the *Journal of General Internal Medicine*, and *BMC Endocrine Disorders*.

Our peer-reviewed research shows that MTM provided to individuals experiencing food insecurity and diet-related chronic illness leads to:

70% reductions in emergency department visits

52% reductions in inpatient hospital admissions

72% reductions in skilled nursing facility admissions

16% net decreases in healthcare costs

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Current NIH Funded Research

Food As Medicine For Diabetes

Examining the impacts of increased food access on improving health outcomes for individuals with type 2 diabetes and food insecurity.

Participants are randomized to receive

- Community Servings meals with 12 lifestyle coaching sessions over the course of six months

OR

- $40 food subsidy in the form of a grocery store gift card to the store of their choice once a month for six months with usual care

Food As Medicine for HIV and Diabetes

Examining the impact of increased food access and a lifestyle intervention on improving health outcomes and quality of life for individuals with HIV, type 2 diabetes, and food insecurity.

Participants are randomized to receive

- Community Servings meals with 20 lifestyle coaching sessions over the course of twelve months

OR

- Community Servings meals only

Evaluation Consortium

Examining the impacts of Medically Tailored Meals on obesity, diabetes control, blood pressure, healthcare cost and healthcare utilization under Medicaid Flexible Services.

A claims data study evaluating the impact of MTM on over 5,000 individuals receiving the service through the MassHealth Flexible Services Program

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Tufts UNIVERSITY Gerald J. and Dorothy R. Friedman School of Nutrition Science and Policy

UMASS University of Massachusetts Medical School

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American Heart Association Study

FOOD AS MEDICINE FOR FAMILIES

- 100 participants with a cardiometabolic condition (Type 2 diabetes, coronary heart disease, congestive heart failure, chronic kidney disease, and/or hypertension)
- 12 weeks of meals to (A) individuals or individuals + household members; (B) via in-person delivery or UPS shipment
- Primary outcomes: improvements in dietary quality and loneliness. Secondary outcomes: food security; acceptability of the program; amount of food consumed.

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VOLUNTEER

We rely on the generosity of community members to help our team accomplish this critical work. Every week, hundreds volunteer their time to peel and chop fresh veggies, portion soups and salads, and pack meal bags for delivery. We couldn't do what we do without the incredible contributions of our dedicated volunteers!

Volunteers are assigned roles in our prep, packing, and packaging kitchens for a three-hour shift. On their first day, volunteers receive a 20-minute orientation and food safety training.

FY24 BY THE NUMBERS

9,000+
Volunteers

70,000+
Donated Hours

SHIFT DETAILS

9 a.m. – 12 p.m.

1 p.m. – 4 p.m.

4 p.m. – 7 p.m.





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Questions

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COMMUNITY SERVINGS
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