

Prescription Food Program

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Faculty Disclosure

The presenters of this session have NOT had any relevant financial relationships during the past 12 months.

Conference Resources

Slides and handouts shared by our conference presenters are available on the CFHA website at https://www.cfha.net/page/Resources_2019 and on the conference mobile app.



Learning Objectives

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

- Describe the implementation of a prescription food program
- Identify barriers to making healthy food choices on a limited budget
- Discuss factors that can motivate families to change eating habits

Bibliography / Reference

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2. <http://www.countyhealthrankings.org/app/colorado/2015/rankings/pueblo/county/outcomes/overall/snapshot>
3. [http://health.gov/2015-2020 Dietary Guidelines](http://health.gov/2015-2020-Dietary-Guidelines); <http://choosemyplate.gov>
4. Sahoo, K.; Sahoo, B.; Choudhury, A.K.; Sofi, N.Y.; Kumar, R.; & Bhadoria, A.S. (2015). Childhood Obesity: Causes and Consequences. *Journal of Family Medicine and Primary Care*, 4(2), 187-192.
5. Thapa, J.R. and Lyford, C.P. (2018). Nudges to Increase Fruits and Vegetables Consumption: Results from a Field Experiment. *Journal of Child Nutrition and Management*, 42 (1).

Learning Assessment

- A learning assessment is required for CE credit.
- A question and answer period will be conducted at the end of this presentation.

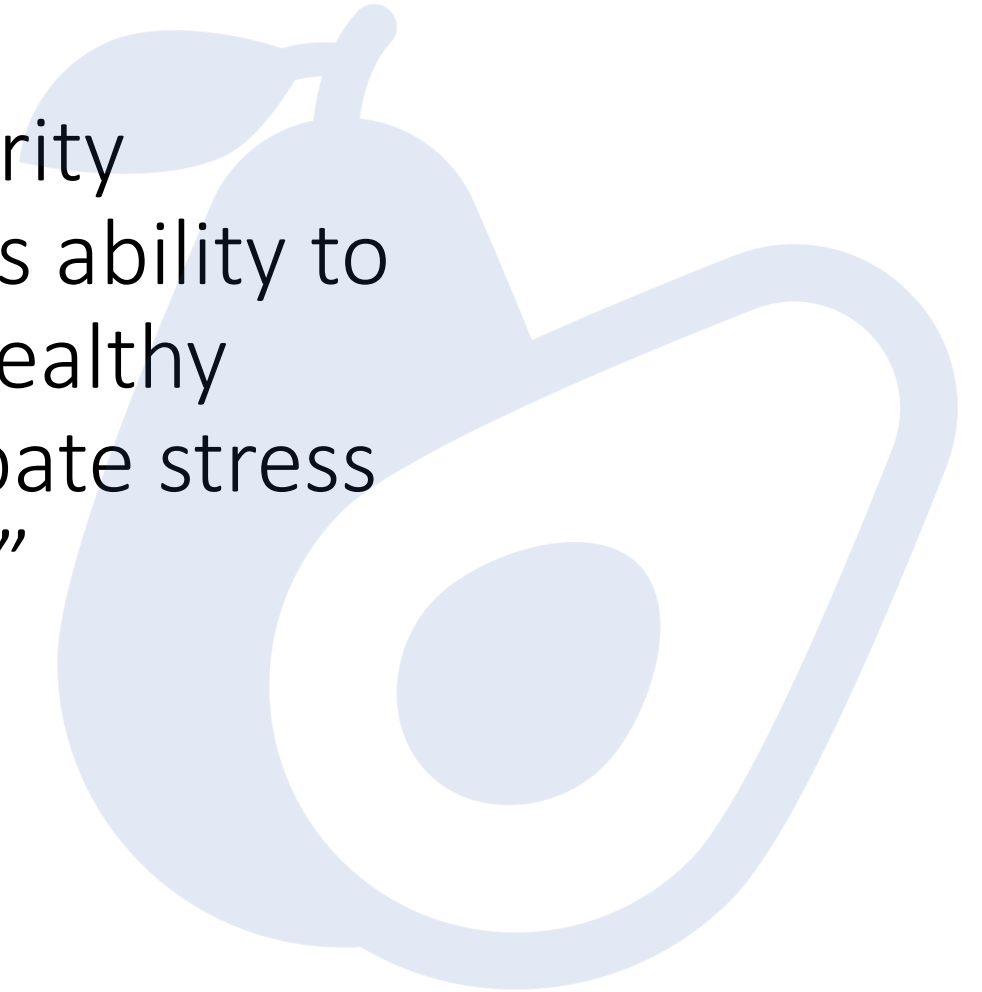
Prescription Food Program

St. Mary-Corwin Medical Center's
Southern Colorado Family Medicine
partnering with
Catholic Charities of Diocese of
Pueblo Family Resource Center and
Chapin Hall at the University of
Chicago





“Living with food insecurity challenges a household’s ability to obtain food and make healthy choices and can exacerbate stress and chronic disease risk”



Recent research...

➤ Supports the idea that not eating healthy food is worse than eating 'bad' food.

(The Global Burden of Diseases, Injuries, and Risk Factors Study; [http://dx.doi.org/10.1016/S0140-6736\(19\)30500-8](http://dx.doi.org/10.1016/S0140-6736(19)30500-8))

➤ And suggests making a shift in focus **away** from an emphasis on dietary restriction to promoting healthy food components.

Build Blocks for Success

Fundamental to the success of any program is designing it to meet the needs of the individual and the family, as well as addressing the cultural and community contextual issues.



One challenge facing families is that the cost of fruits and vegetables is disproportionately high compared to other types of foods

In 2016, a three year grant built on a pilot funded by Caring for Colorado Foundation included an idea to ...

- establish farm stands in locations convenient to some of our most vulnerable patient families to address food insecurity issues.



Hospital Shake Up 2017-2018



- Multiple hospital department closures
- 600 staff members laid off
- Loss of the spiritual counselor whose passion was the farm stand program
- Prescription food program put on hold
- With 18 months left on the grant, we needed to recreate a program that could be managed efficiently with the current level of staffing

Revised program started 8/2018

- Along with key partners, 16 families identified through the SCAN program
- Ten dollars per family member per week exclusively for buying fresh/frozen fruits and vegetables
- Collect receipts and distribute new grocery gift cards every 2 weeks.
- Patients establish simple lifestyle goals
- Medical visits every 3 months; reassess lifestyle goals
- Informal nutrition coaching at each contact with written information provided on economical meal planning, food selection, meal preparation, growing your own vegetables, etc.



Lifestyle questions and goal setting

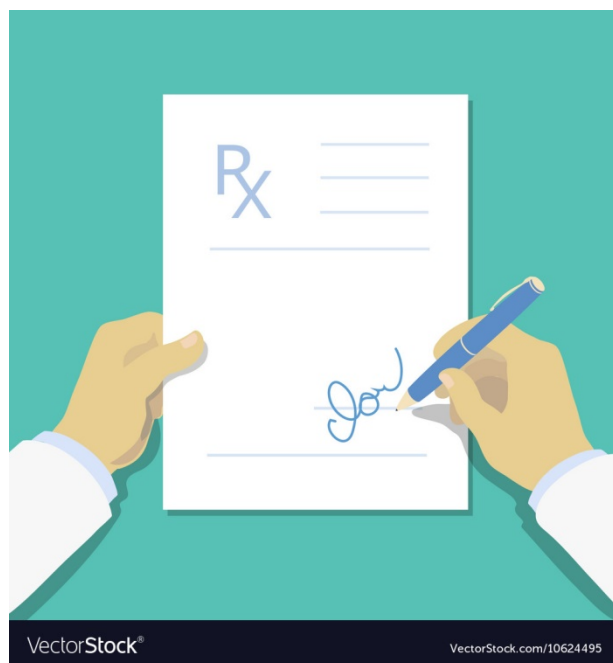
How often do you eat breakfast?

How many servings of fruit do you eat each day?

How many servings of vegetables do you eat each day?

How much physical activity do you get each day?





In addition to brief meetings every 2 weeks when gift cards were distributed, participating patients had medical visits at 0, 3, 6, and 9 months

Regular medical visits emphasizing lifestyle choices

- Scheduled visits every 3 months
 - Review goals and motivate
 - Improvement / optimization of chronic conditions





ADAM.

Diet and Gastroesophageal Reflux Disease (GERD)



What is GERD?

Gastroesophageal reflux is a chronic disease that occurs when stomach contents flow back (reflux) into the food pipe (esophagus). It is usually caused by failure of the muscle valve (called the lower esophageal sphincter) between the stomach and the esophagus to close properly. The backwash of stomach acid irritates the lining of the lower esophagus and causes the symptom of heartburn.



Heartburn, which is the most common symptom of GERD, usually feels like a burning sensation behind the breastbone, moving up to the neck and throat.

TRIGGER FOODS

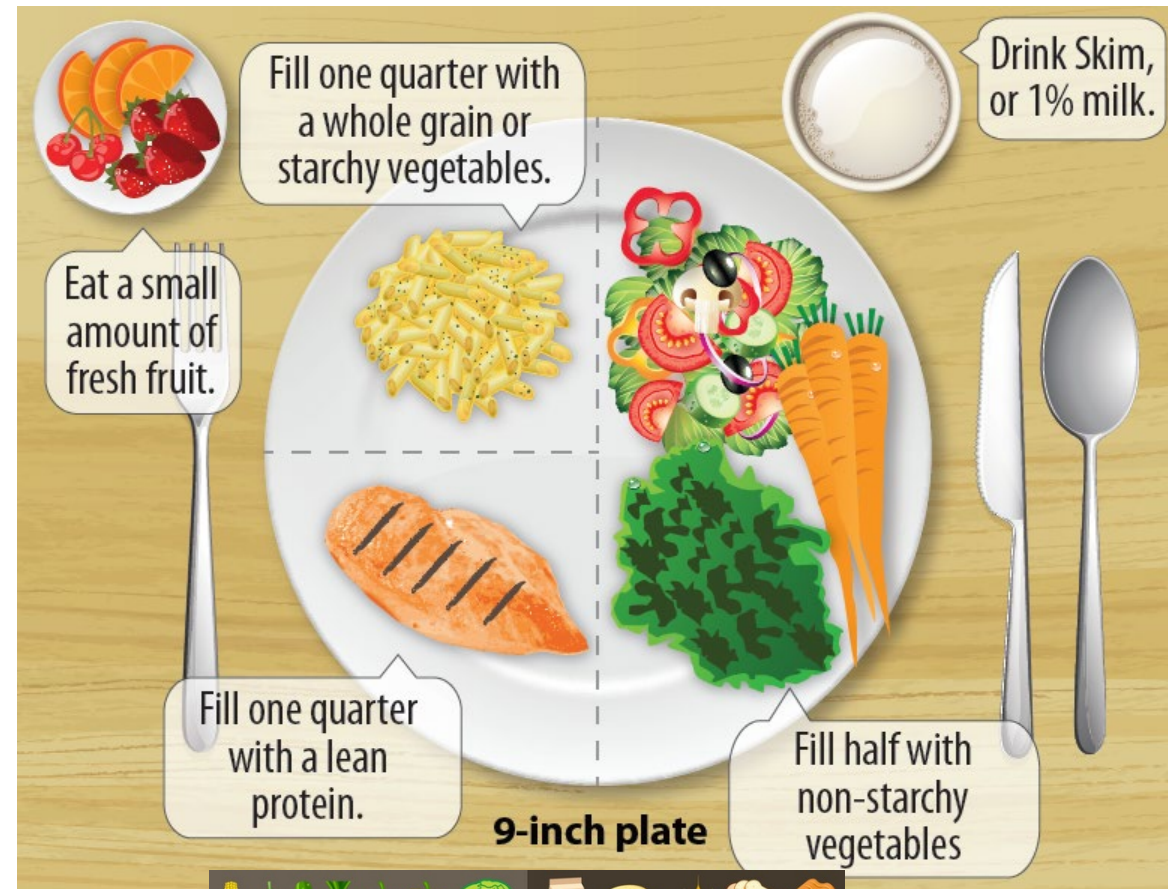
Some foods are known to trigger symptoms of GERD. By keeping a food diary, you can identify your trigger foods and change your diet to reduce discomfort. Below is a list of some foods recognized to trigger symptoms of GERD and how they affect the digestive tract:

- **Coffee** (with or without caffeine) and caffeinated beverages relax the lower esophageal sphincter.
- **Citrus fruits and juices** such as orange, grapefruit and pineapple have high acid content.
- **Tomatoes** and processed tomato-based products such as tomato juice, and pasta and pizza sauces are highly acidic.
- **Carbonated beverages** (fizzy drinks) cause gaseous distension of the stomach (bloating) which increases pressure on the lower esophageal sphincter causing acid reflux.
- **Chocolate** contains a chemical called methylxanthine from the cocoa tree, which is similar to caffeine. It relaxes the lower esophageal sphincter, which causes acid reflux.
- **Peppermint, garlic and onions** relax the lower esophageal sphincter causing acid reflux.
- **Fatty, spicy or fried foods** relax the lower esophageal sphincter as well as delay stomach emptying and therefore cause acid reflux.

Contact your health care provider if symptoms do not improve with diet and lifestyle changes. Initial treatment may start with over-the-counter (OTC) medications that control stomach acid.

For more information, visit www.asge.org.

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Our Program Philosophy

- Accept participants where they are
- Build on initial successes
- Encourage small healthy shifts



- Identify barriers and remove when possible





If we want to see changes in the rates of diet-related chronic diseases, medical providers need to be tuned in to patients' food environments and food culture



Chronic diseases are complex problems that don't have simple solutions... but simple efforts on the part of providers and patients **can** make a difference



At 9 months

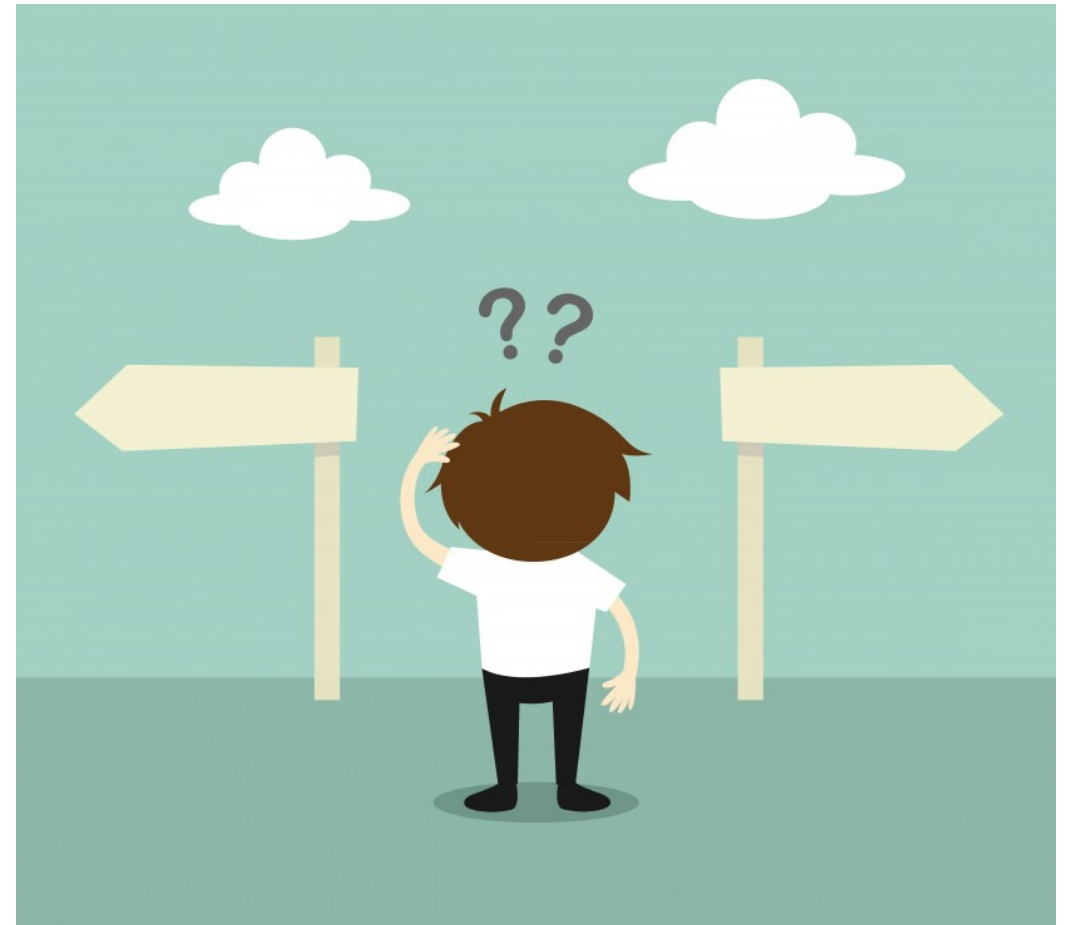
- **11 families ranging in size from 1 to 6 family members**
- **41 participants ranging in age from 10 months to 74 years**



- **All participating families increased their overall consumption of fruits and vegetables**
- **Families reported more involvement by children in the purchasing and preparation of fresh produce**
- **Most participants have been able to improve at least one of their lifestyle goals**

Reasons for dropping out of the program

- Unable to commit to purchasing only fresh/frozen fruits and vegetables with funds
- Transportation difficulties
- Moved from the community
- Changed medical provider/clinic



Program ended September, 2019 with 9 families, 27 participants



“We get to see what things taste like...try rich peoples’ foods, you know? I still shop for bargains, but in this program we can try many varieties of apples and compare the differences in taste.”

“I learned how to make creamy soups, using vegetables from the program”, the father proudly reported. He showed pictures of the soup-making process and shared cooking tips. “Sautéing onions in vinegar helps to sweeten the flavor. Shredded carrots and sweet potatoes also work for sweetening dishes.”

One patient reported she has been trying to lose excess weight for several years without much luck. Since starting the food program in August, she has lost 10 pounds. She believes that the weight loss is as a result of being in this program and having access to more fruits and vegetables.

Questions and Comments



Session Survey

Use the CFHA mobile app to complete the survey/evaluation for this session.



Join us next year in Philadelphia, Pennsylvania! Thank you!