

The Food as Health **ALLIANCE**

Building Food is Medicine Infrastructure in Kentucky



Visit Our Website
foodashealthalliance.ca.uky.edu



**FOOD IS
MEDICINE**



VISION & MISSION

- To increase University of Kentucky's impact in the interdisciplinary arena of food, agriculture and health for the Commonwealth.
- The Alliance will guide researchers, educators, clinicians and outreach staff to create Food is Medicine programs using responsive agriculture for residents of Kentucky and beyond.

LAYOUT OF OUR ORGANIZATION

DIRECTOR

ALISON GUSTAFSON PHD, MPH, RDN

EXTERNAL PARTNERS

KEY PARTNERS FROM
INDUSTRY, HEALTHCARE,
AGRICULTURE, AND
COMMUNITY NONPROFIT

INTERNAL PARTNERS

KEY FACULTY AND
ADVISORY BOARD
MEMBERS FROM WITHIN
UK

PROGRAM COORDINATOR

LEADS COORDINATION OF
SYMPOSIUM, OUTREACH
AND TRAINING

RESEARCH COORDINATOR

LEADS COORDINATION OF
RESEARCH AND
TECHNICAL ASSISTANCE

REFERRAL COORDINATOR

LEADS PARTICIPANT
COMMUNICATION AND
ASSISTANCE



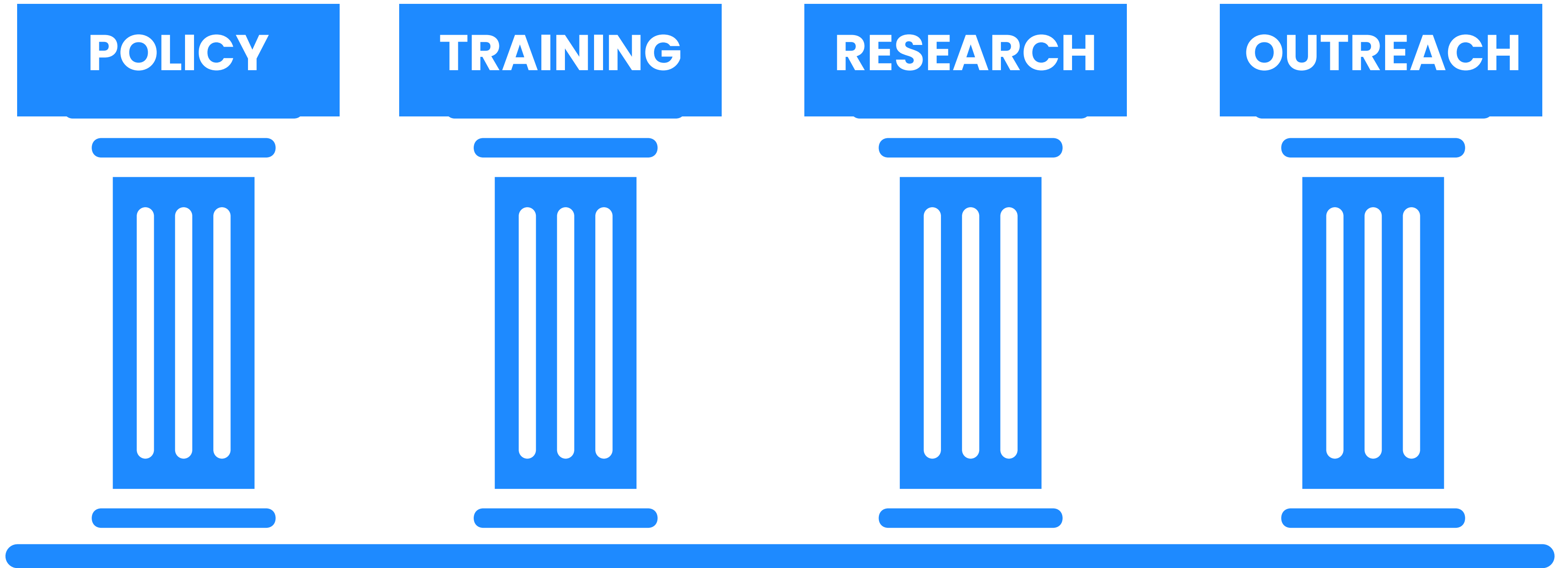
The Four Pillars

POLICY

TRAINING

RESEARCH

OUTREACH



Pilot testing infrastructure for the delivery of Food is Medicine programs



The Hunger Vital Sign



The Hunger Vital Sign™ identifies households as being at risk for food insecurity if they answer that either or both of the following two statements is 'often true' or 'sometimes true' (vs. 'never true'):



Question 1

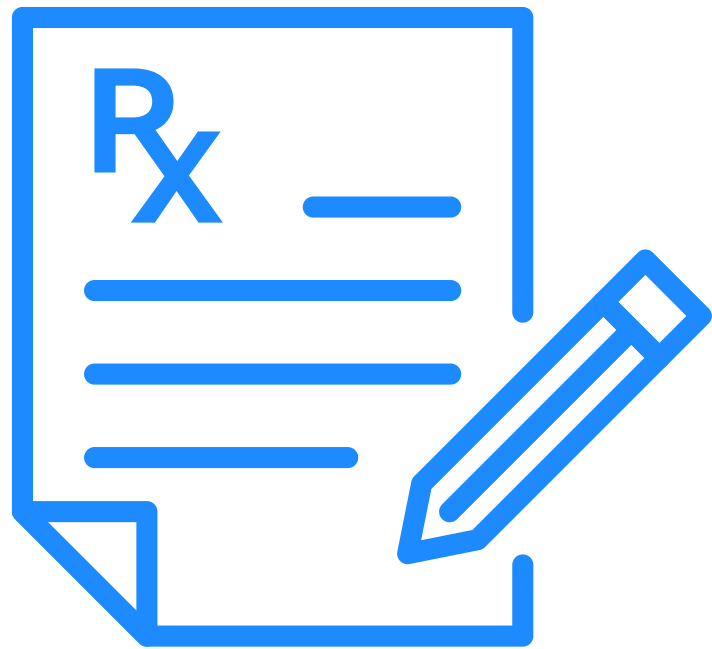
"Within the past 12 months we worried whether our food would run out before we got money to buy more."

Question 2

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

How the Programs Work

1



Provider writes Food is Medicine program prescription after screening for food security.

2



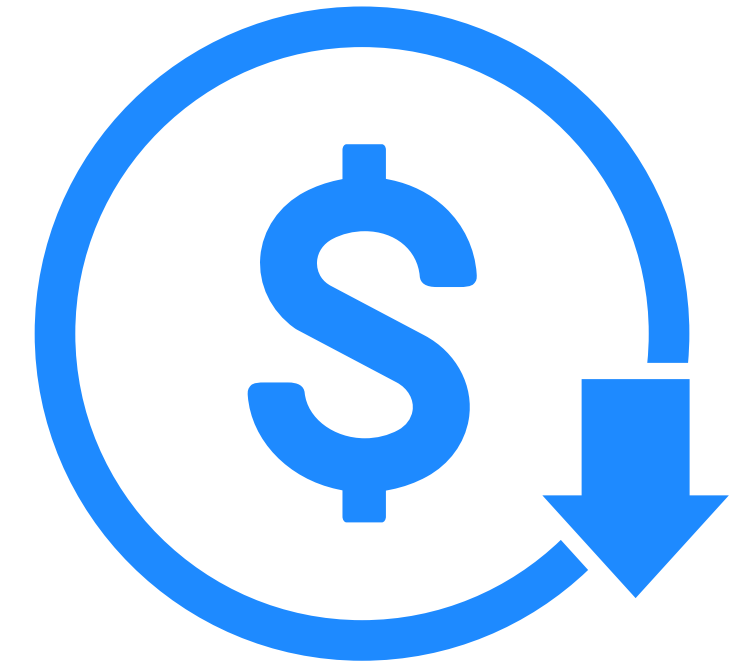
Clinician refers patient to clinical care team to participate in a Food as Medicine program.

3



Participant utilizes appropriate package based on their individual needs.

4



This results in better health outcomes and reduced healthcare costs.

Research Methods for Pilot Programs



Eligibility

- HTN or T2DM + food insecurity, Medicaid, ages 18-64, patients at healthcare site.



Screening/Recruitment

- Patients were screened with Hunger Vital Sign screener through face-to-face screening or automatic screening for food insecurity through provider offices.



Referral

- Once patients confirmed food insecurity and agreed to wanting food assistance, their contact information was sent to study team.
- Each week clinic nurses upload patient information into RedCap system based on HIPAA authorization and DUA for further enrollment procedures.



Enrollment

- Informed consent, baseline survey, and then significant personnel time to assist patients with key aspects related to what program they were enrolled in (setting up grocery cart, confirming allergies, food preferences, etc.).

Food is Medicine Components:

Medically Tailored Meals



12-weeks meals (10 per week) tailored for T2DM or HTN



Received weekly text messages



Nutrition counseling 30-minutes per week for 6-weeks (every other week)





Food is Medicine Components:

Grocery Rx & Meal Kits

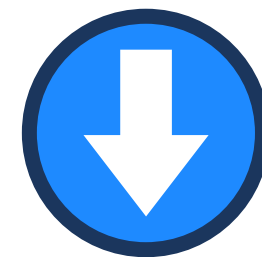
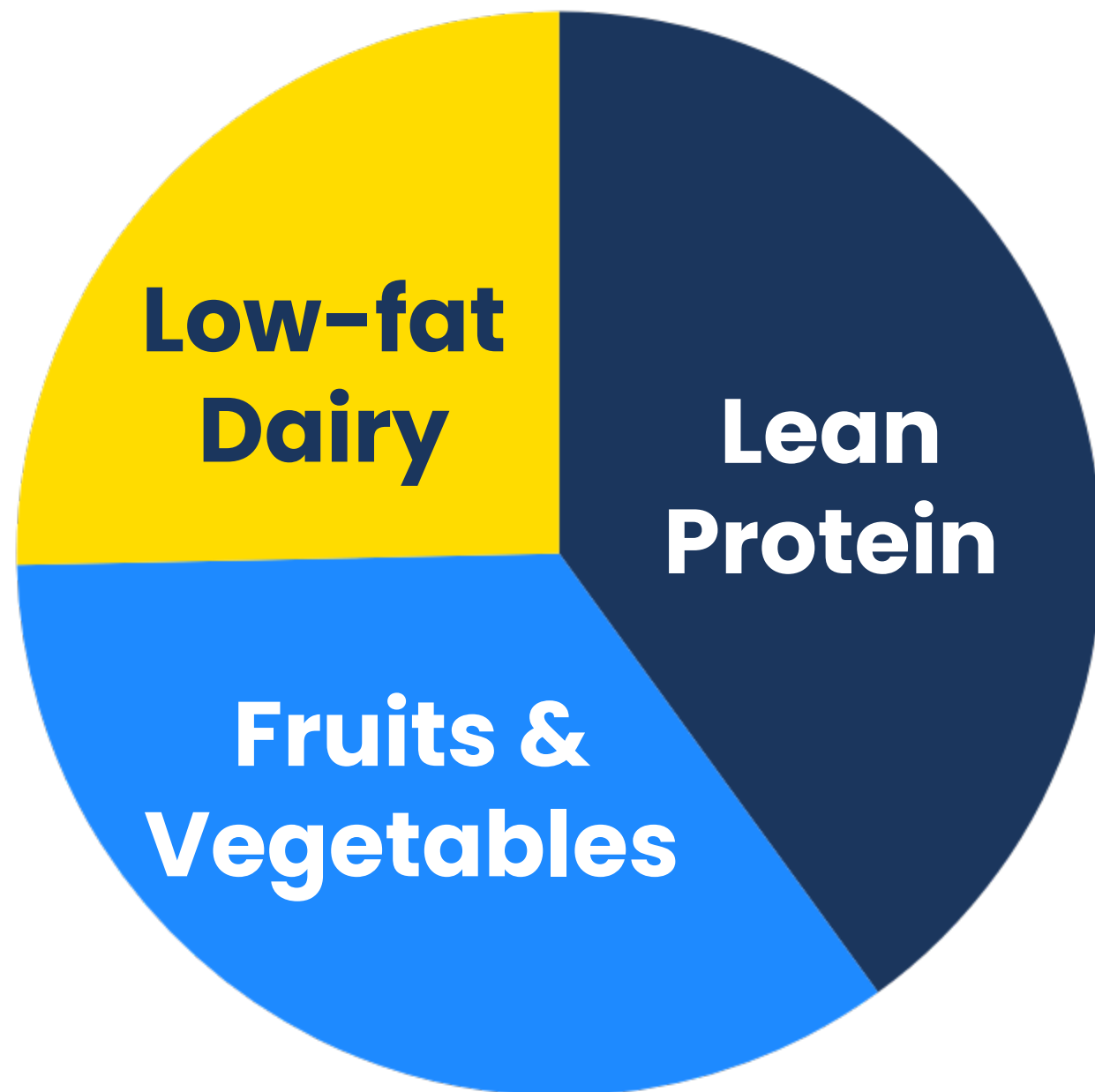
Grocery Rx: lean protein, F/V, low-fat dairy, eggs

Meal Kits: similar to “Hello Fresh” but more affordable – contained food to make 4 meals of 4-6 servings per week

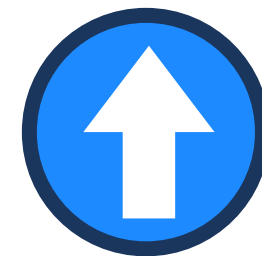
- Received weekly text messages with recipes, videos, and behavioral nudges related to past purchases for future purchases.
- Reminders about utilizing remaining funds.
- Ways to stretch food dollars and food coping strategies
- Nutrition counseling 30 minutes per week for 6 weeks (every other week).

Pilot 1: GDM/T2DM High Risk Pregnant Women

Grocery Rx \$200/month vs Standard Care



Decrease in blood pressure
(122/80 pre; 114/75 post)



Significant increase in fasting blood glucose in matched control compared to intervention arm [**1.34 95%CI 1.11 – 1.56 p=.001**]



Purchasing **30% Lean Protein; 26% F/V; and 19% Low-fat dairy**

Pilot 2: HTN and T2DM Medicaid Adults

Demographics

Mean Age	50
BMI	35
Race	Race (70% Black; 30% White) in MTM and Grocery Rx (100% White in Meal Kits)
SNAP	(52% MTM; 35% Grocery Rx; 30% Meal Kits)
Food Pantry Use	30% across all three



Pilot 2: HTN and T2DM Medicaid Adults

Grocery Rx \$200/month

1

*Significant reduction in BP
• Reduction in systolic Blood Pressure [6.89 95% CI .21 – 13.15 p=.04]

Meal Kits \$200/month

2

No significant changes however there was a trend toward decreasing BP

MTM \$400/month

3

*Significant reduction in BP and HbA1C
• Reduction in systolic Blood Pressure [9.67 95% CI .55 – 8.34 p=.03]

Differential Effects of Food is Medicine program based on SNAP participation

	MTM	Grocery Rx	Meal Kits
Blood Pressure			
Systolic (mmHg)	-22.68 (8.17, 37.19)*	-14.12 (.52, 27.47)*	-7.13 (-18.1, 3.14)
Diastolic (mmHg)	-12.05 (4.31, 19.79)*	-7.25(-1.15, 15.65)	-8.01 (-26.2, 10.1)
Hemoglobin A1C	-4.15 (-15.98, 6.86)	-.25 (-1.03, 1.08)	-.09 (-1.12, 1.32)
Body Mass Index	-.42 (-1.69, .85)	-1.8- (-7.31, 3.7)	-.27 (-.30, .83)

*statistically significant change between baseline and post

Participant Feedback

“ Thank you so much for everything you all are doing. It's so amazing and is such a huge help for people. ”

“ It's going to help a lot cause it's hard to afford fresh food. We eat a lot of pasta (ramen) and food bank food. ”

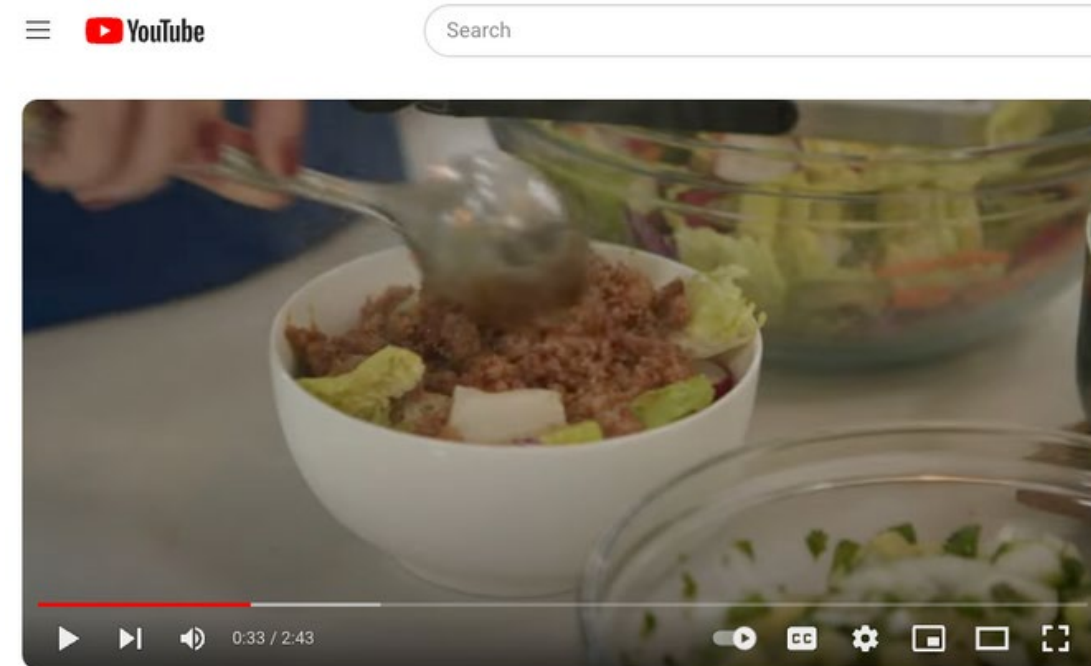


More than 3 dozen medically tailored recipes along with resources for food access, meal planning, and stretching a food budget available on the website and social media.

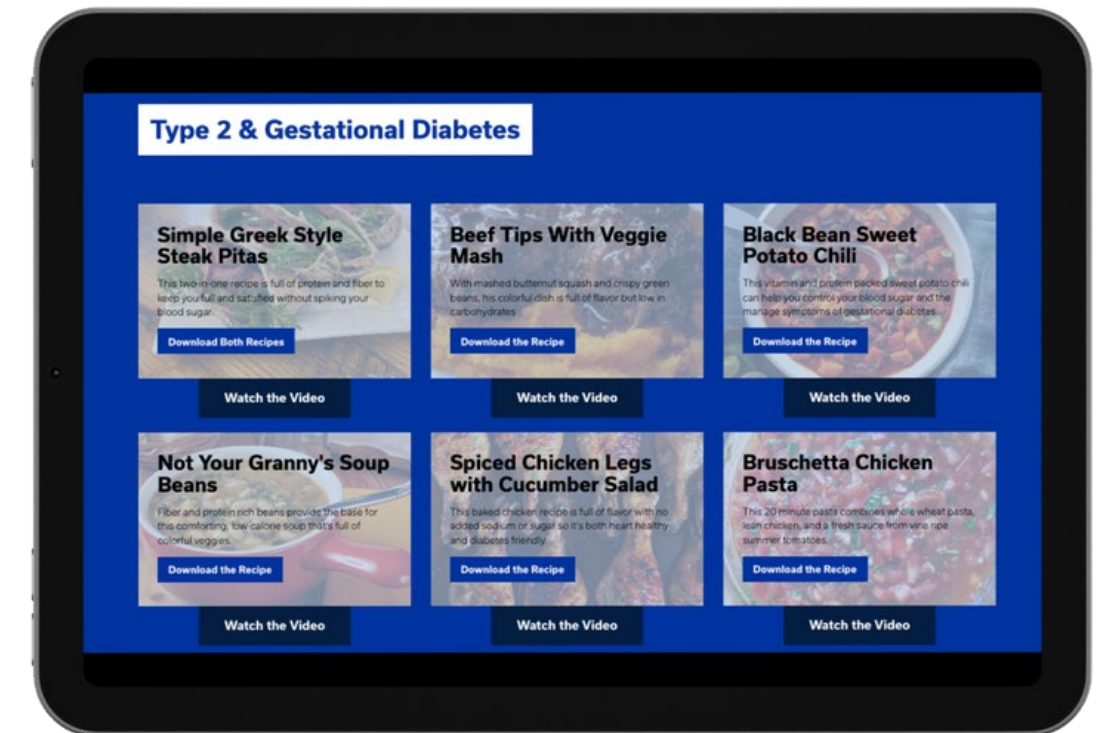
Social Media



YouTube



Website



@foodashealthalliance

Development of a Cooperative Extension Toolkit & Curriculum





Toolkit Resources for Extension Agents



Classes

- 4 new community Food as Health focused classes on budget, diabetes, hypertension, and heart disease



Cooking Classes

- 3 new interactive cooking demonstrations with medically tailored, budget friendly recipes



Partnerships

- Resources for forming partnerships with local healthcare providers to promote the program

Publications

- 8 new publications agents can provide to their community members

Curriculum Pilot Program

Piloted in 14 counties across Kentucky



Agents have been collecting feedback from more than 300 program participants

- Over 96% of participants have reported a high level of understanding and intention to make small behavior changes.
- 9 out of 10 participants have found the program practical, timely, and educational.
- Revisions are in process based on participant and agent feedback.

Scheduled for statewide launch in February 2025

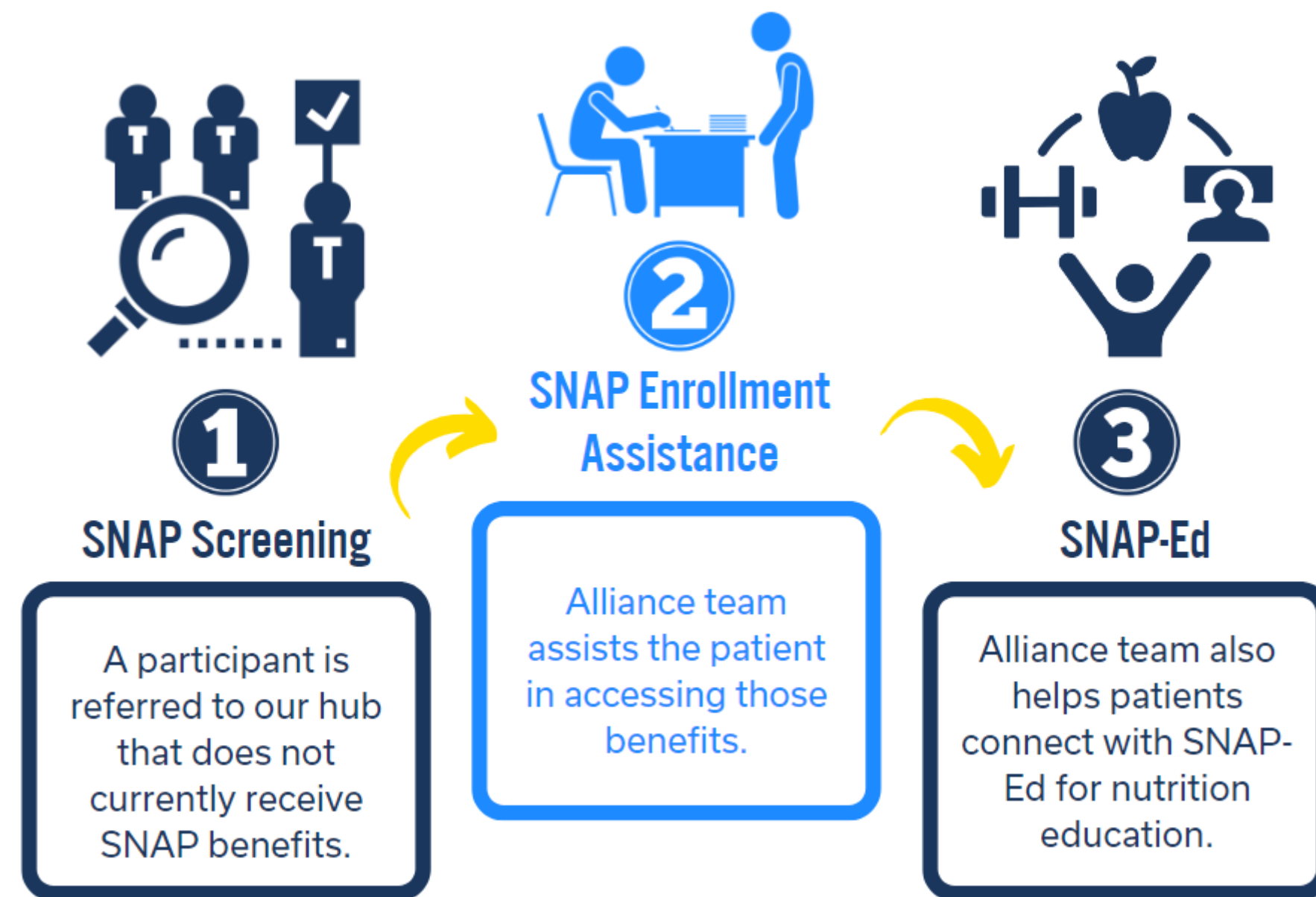


Our Future with SNAP–Ed

The Alliance is currently developing key steps for Referral and uptake for SNAP–Ed between our state SNAP and SNAP–Ed Partners

- Those who receive a Food is Medicine program will be contacted via the Alliance team to participate in a SNAP–Ed Program (Food as Health; Cook Together Eat Together).
- Those who are referred to a Food is Medicine program but not participating in SNAP will receive assistance via a KY SNAP Connector housed at the Alliance through our Referral Hub:

SNAP–Ed Referral Hub



Our Future with SNAP–Ed



Reaching Seniors

Leverage Double Dollars
Connect with Senior Centers
Encourage participation in
various programs to leverage all
resources



Connecting All Partners

Relieving pain points among
healthcare providers and
managed care to ensure
enrollment into SNAP

Connect to SNAP and provide
tracking and evaluation of
healthcare outcomes to
strengthen evidence of SNAP–Ed

