

Foreword on Moving Forward

Language about **identity**, **diversity**, **equity**, and **inclusion** evolves relatively quickly. The language and terms used throughout this course reflect contemporary best practice and guidance. To ensure continuous alignment with current best practice, terminology will be reviewed and updated as guidelines evolve. For example, when color is used regarding race, capital letters are used (e.g., Black, White, Brown), as recommended by the National Association of Black Journalists



Nourishing Communities Part 2:

*Tackling Health Disparities Through
Accessible Food Resources*

This program is supported by an independent medical education grant from CVS Health.



Monica E. Peek, MD, MPH, MSc

Ellen H. Block Professor of Health Justice
Vice-Chair for Diversity, Equity and Inclusion
Department of Medicine
University of Chicago
Chicago, IL



Diana Mesa, RD, LDN, CDCES

Founder,
En La Mesa Nutrition
Miami, FL

Previously On...



Nourishing Communities Part 1: What is Food is Medicine? The Latest on National Initiatives

- Impact of food insecurity on health
- Introduction to Food is Medicine
- Policies supporting Food is Medicine
- Ongoing Food is Medicine pilot programs
- Strategies to implement Food is Medicine programs
- Resources to integrate Food is Medicine into practice



LEARNING OBJECTIVE 1

Identify the impact of food insecurity and nutritional inequity on health disparities in underserved communities



Food Apartheid vs Food Desert



Food
Desert

- Outdated terminology
- Doesn't capture the underlying cause

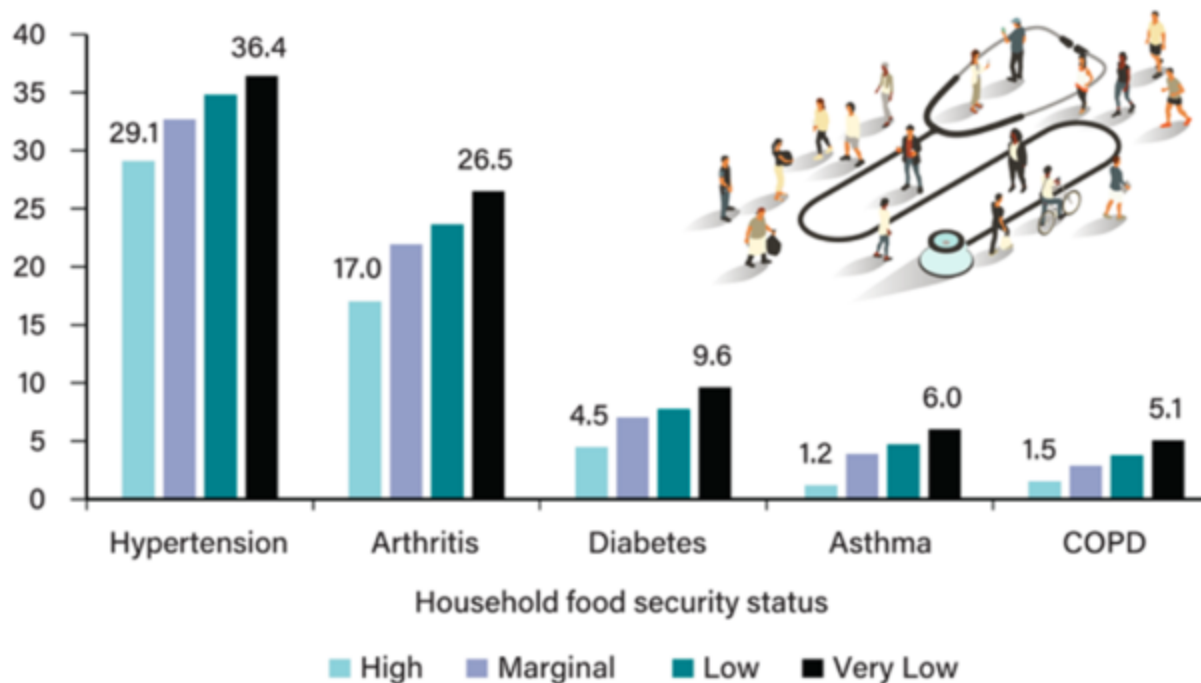
**17.4% of
Americans live in
a food apartheid**

Food
Apartheid

- “System of segregation that divides those with access to an abundance of nutritious food and those who have been denied that access due to systemic injustice”
- Identifies the role of systemic racism in the cause of food insecurity

Impact of Food Insecurity on Chronic Diseases

Predicted disease prevalence, percent



Food Insecurity and Eating Disorders

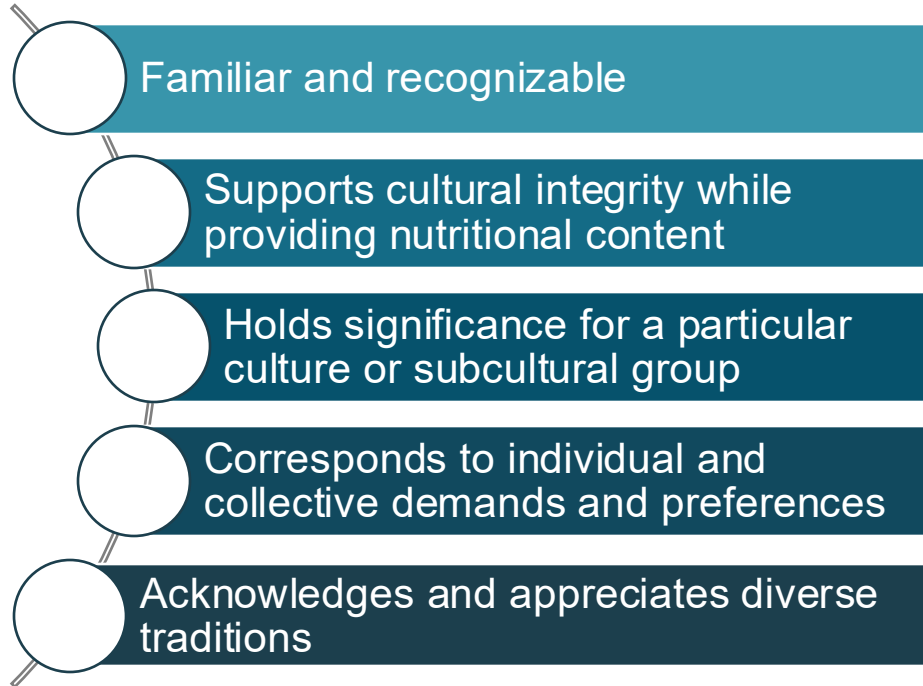
- Food insecurity is highly associated with development of eating disorders
 - Associated with bulimic-spectrum eating disorders in adults
 - Increased risk of binge-eating disorder among those who experienced food insecurity in childhood and early adolescence
- Screening for eating disorders should be a component of care for patients who are experiencing or have experienced food insecurity

Cultural Humility When Addressing Food Insecurity

- Important to be culturally responsive—education about different cultures and practices is key
- Recognize cultural differences
 - Be mindful when asking questions and offering help
 - Consider dietary differences among cultures when providing food resources and advice
- Consider the impact of socioeconomic factors in limiting access to nutrient-dense foods

Culturally Relevant Food

Culturally Relevant Food¹



Concept In Action²

Food Bank of the Rockies Culturally Responsive Food Initiative:

- Launched culturally specific mobile pantries
- Increased availability of top 15 culturally responsive foods by 80%
- Built trust in the community



LEARNING OBJECTIVE 2

Implement actionable strategies for the multidisciplinary care team to address food insecurity and nutritional inequity



Resources to Address Food Insecurity



Find Help

Feeding
America

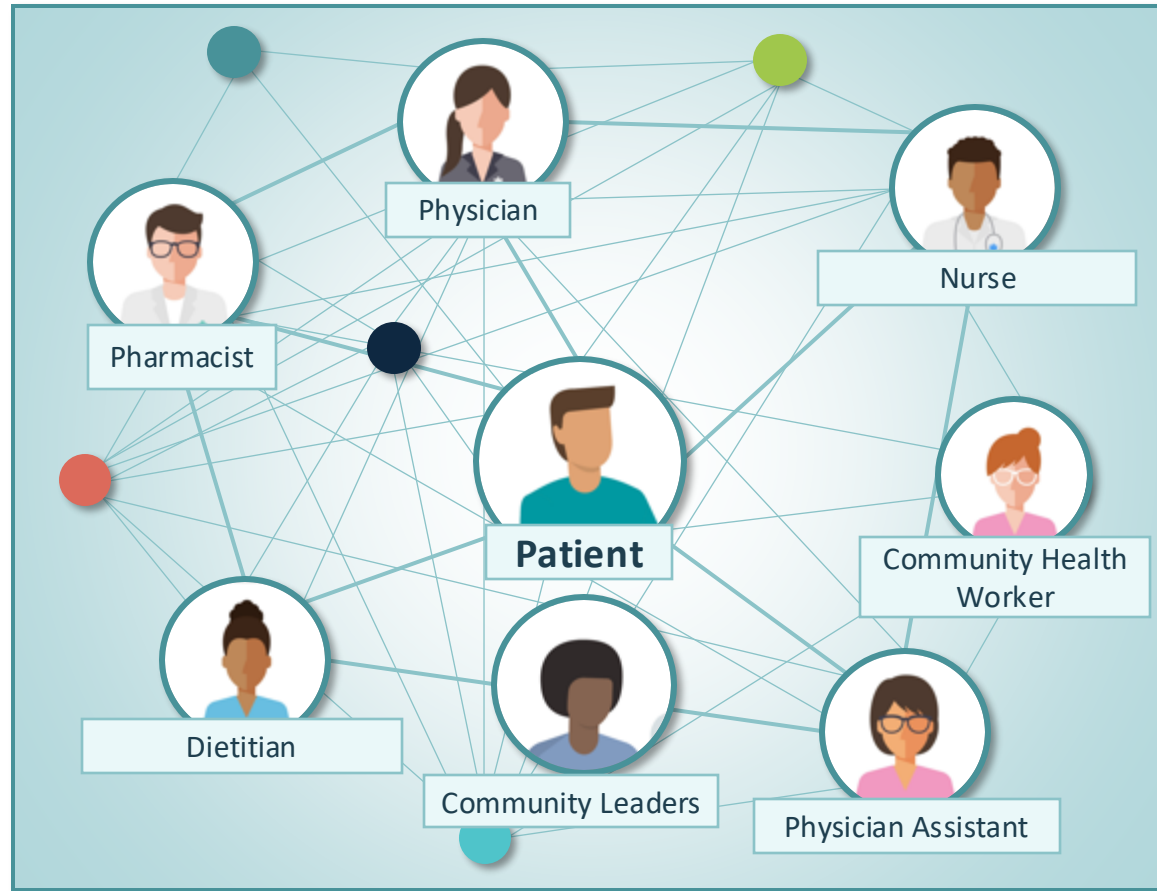
Religious
centers

Social
assistance
programs –
SNAP, TANF, WIC

Food banks

Schools –
Free and reduced-
price breakfasts and
lunches

Team Approach to Addressing Food Insecurity



Finding Partners in the Community



Rural

- Farmers—access to unused or unwanted food
- Small town government officials

Urban

- Organizations for those living without housing or those in under resourced areas
- Urban farms

Both

- Places of worship
- Local health department
- Non-profits active in the local community

Being Mindful of Implicit Bias



- Implicit bias is a set of unconscious attitudes and stereotypes that negatively impact understanding, actions, and decision-making
- Important to be aware of your own implicit biases
- When discussing food insecurity
 - Avoid making assumptions about patients' circumstances, preferences, or motivations
 - Screen patients for social drivers of health

SMART Goals

Specific, Measurable, Attainable, Relevant, Timely

Put information into action! Consider the following goals; then *set a time frame* that fits with your work environment and *a reasonable improvement target* that aligns with your patient population.

- Screen patients experiencing food insecurity for chronic diseases and signs of eating disorders
- Adopt a culturally sensitive approach to discussing food and nutrition with patients experiencing food insecurity
- Collaborate with the patient to select appropriate resources to assist with food insecurity
- Partner with the health care team and local community to develop strategies to increase access to food and nutrition support in food apartheid areas



Other programs in this series include:

**Nourishing
Communities Part 1:**

*What is Food is Medicine? The
Latest on National Initiatives*

**Nourishing
Communities Part 3:**

*Screening and Intervention to
Improve Nutrition Equity in
Underserved Communities*



Visit the **Diversity & Inclusion Hub**

Free resources and education on improving health equity
for health care professionals and patients

<https://www.cmeoutfitters.com/practice/diversity-and-inclusion-hub/>

To Receive Credit

To receive CME/CE credit for this activity, participants must complete the post-test and evaluation online.

Participants will be able to download and print their certificate immediately upon completion.