

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 3:

Screening and Intervention to Improve Nutrition Equity in Underserved Communities

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



LEARNING OBJECTIVE 1

Identify the impact of culturally appropriate screening for and intervention on food insecurity

Screening For Food Insecurity

- Trust and empathy are key
- Take a conversational approach and ask simple questions

*Do you feel like you
have enough food to
make it through the
week?*

*Do you worry about
running out of food for
yourself and your
family?*

Screening Tools and Resources



- **Validated 2-question screening tool to assess families for food insecurity**



- **Several screening tools including a 6-item short form**
- **Available with Spanish and Chinese translations**



- **Provides estimates of food insecurity and food cost in individual counties across the U.S.**
- **Can check the areas you treat for areas of food insecurity/food apartheid**

Access to Nutrition Specialists

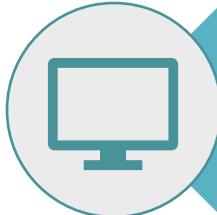


Most patients are neither aware that nutrition specialists such as diabetes educators or dietitians exist nor familiar with what they do



Many commercial insurance plans cover some level of nutrition services

- For Medicaid and Medicare, this will vary by state



In rural areas where there is limited access to nutrition services, telehealth visits can help fill the gap

Culturally Sensitive Nutrition Education



Nutrition advice needs to effectively match a patient's lifestyle, living conditions, dietary needs, and food culture



Avoid assumptions about what the patient is currently trying; instead, ask questions and avoid blanket advice



Adopt an “add not subtract” approach—what can be added to meals to increase the nutrition rather than eliminating foods entirely

- Keep familiar meals and staples as part of your recommendations



Keep the cost of food and the impact of dietary changes on patient finances in mind



LEARNING OBJECTIVE **2**

Implement actionable strategies for the multidisciplinary care team to improve nutrition equity in underserved communities

Prescription Food Plans



- Provides no or low-cost access to fresh fruits and vegetables
- Encourages patients to incorporate nutritious foods into their diet
- Holistic approach to dealing with diet-related chronic diseases



- May remove autonomy from the individual
- Better to teach how to nourish than to prescribe specific diets
- May not provide culturally familiar foods

Lessons Learned from Produce Prescription Programs

Navajo Fruit and Vegetable Prescription Program¹

- Partnering with local farmers to strengthen local economy and introduce sustainable food sources
- Combine with other programs designed to reinforce healthy and mindful eating habits

Mississippi Delta Produce Rx²

- Great need for these programs in rural areas
- Combining produce prescription with nutrition and cooking classes offers the greatest benefit

Brown University 2020 Produce Prescription Pilot Program³

- Learn from those who have gone before
- Partner with policy makers to help identify stable sources of funding

1. Community Outreach and Patient Empowerment. 2022. <https://wwwCOPEprogram.org/foodaccess>. 2. Rural Health Information Hub. 2024. <https://www.ruralhealthinfo.org/rural-monitor/produce-prescriptions>. 3. Translational Science Benefits Model. 2024. <https://translationalsciencebenefits.wustl.edu/case-study/addressing-food-insecurity-with-a-produce-prescription-program>.

Impact of Prescription Programs on Health

- Multi-site evaluation of 9 produce prescription programs across the United States

Impact of Program

- Increase in fruit and vegetable intake by 0.86 cups per day
- 1/3 drop in odds of food insecurity
- Increase in patient-reported health status

Cardiometabolic Outcomes

- Decrease in systolic and diastolic blood pressure in adults with hypertension
- Decrease in BMI in adults with obesity
- Decline in glycated hemoglobin

Patient Empowerment



- Changes implemented without the patient's buy-in will not last
- Shared decision-making empowers the patient with the knowledge and information needed to participate in clinical decision-making

For Further Education



CME SNACK

Empowering Choices: What Is Shared Decision-Making and How Does It Apply in Practice?



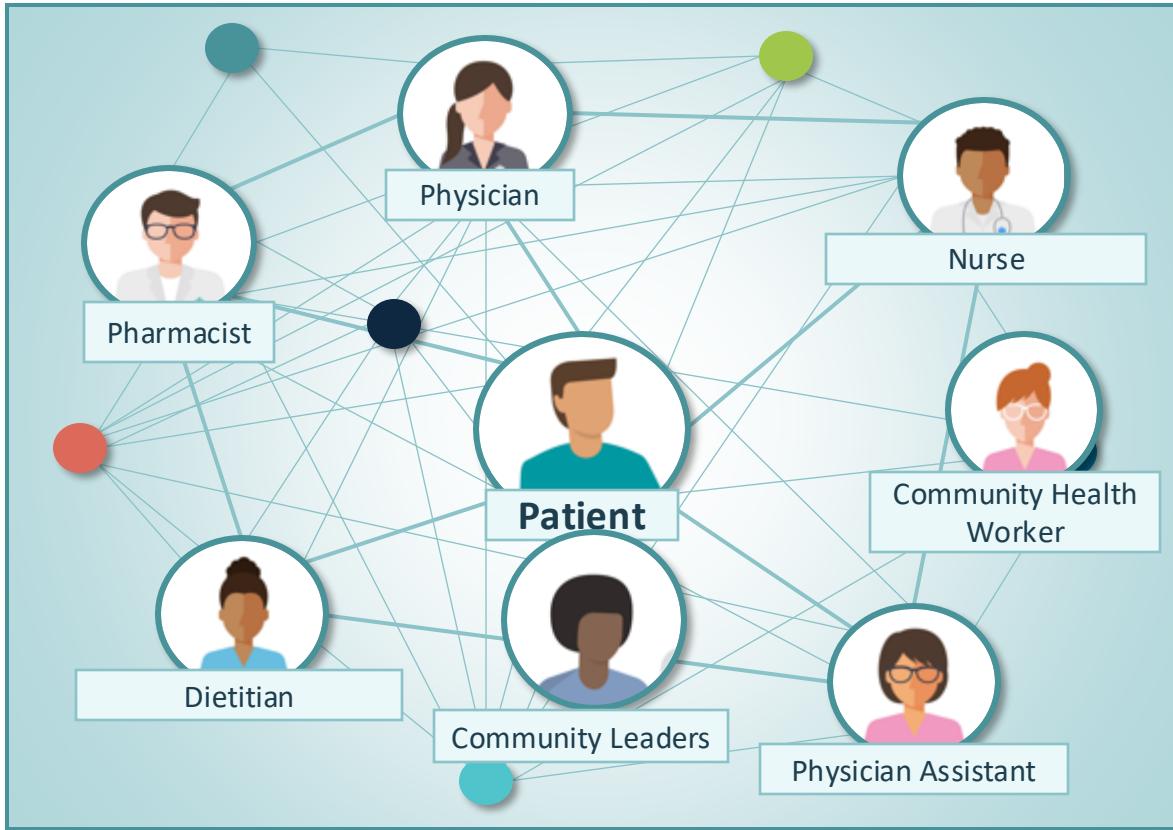
Monica E. Peek, MD, MPH, MSc
Moderator



Sheila Harmon, DNP, APRN,
CDCES, PCMH-CCE

[Click here to participate](#)

Team Approach to Addressing Food Insecurity



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.

- Use simple, conversational questions to screen patients for food insecurity
- Provide nutrition advice and guidance that takes the patient's culture, background, and financial situation into consideration
- Participate in food prescription programs that increase access to fresh, healthy foods for your patients
- Empower patients to make treatment decisions through education, culturally sensitive conversations, and non-judgmental listening



Other programs in this series include:

**Nourishing
Communities Part 1:**

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

**Nourishing
Communities Part 2:**

*Tackling Health Disparities
Through Accessible Food
Resources*



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.