Addressing Food Insecurity, Diabetes and Chronic Disease through Community Food Systems and Choice Food Pantries

Dan Remley, MSPH, PhD
Assistant Professor, Field Specialist, Food, Nutrition, and Wellness
O.S.U. Extension
Remley.4@osu.edu
Disclosure: I do not have (nor does any immediate family member have) a vested interest in or affiliation with any corporate organization offering financial support or grant monies for this continuing education activity, or any affiliation with an organization whose philosophy could potentially bias my presentation.
What your doctor didn’t tell you about preventing or managing diabetes…

- Don’t be poor
- Live near good supermarkets
- Live in a safe neighborhood
- Don’t have any type of hearing, site, or physical disability
- Work in a rewarding and respected job
- Don’t lose your job or get laid off
- Don’t get divorced
- Don’t live in low quality housing
- Own your own car
- Have regular access to a Registered Dietitian, CDE, or health coach
Objectives

• Describe how choice food pantries can be organized.
• Plan how pantry volunteers and staff can be trained to help clients with diabetes and other chronic conditions make health choices within the pantry.
• Explain how food pantries can procure healthy foods through food drives.
Social-Ecological Influences On Health Behaviors and Diabetes Status

http://www.cdc.gov/obesity/health_equity/addressing_theissue.html
Nutrition—Too Much!
Cost of Fresh Produce

Healthy Produce

Soda pop, Sweets, Snacks

Hilary K. Seligman, M.D., and Dean Schillinger, M.D.
Poor Dietary Quality
Health: Access to Large Grocery

Food Insecurity: Another Influence on Diabetes

Food insecurity is a situation of "limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways", according to the United States Department of Agriculture (USDA).

Diabetes and Food Insecurity?

Source: USDA, ERS (2014)

Source: CDC’s Division of Diabetes Translation. National Diabetes Surveillance System
Diabetes Prevalence and Income

Diabetes Prevalence and Education

BRFFS, 2010
Other social-ecological risk factors for Diabetes

- Marital Status
- Ethnicity
- Cycles of food deprivation, binging
- Limited access to healthy food
- Low cost of energy dense food

Seligman et al., 2011, Journal of Nutrition, v.141 n3
People who are food insecure and have diabetes have:

- competing resources for diabetes management
- lower diabetes self-efficacy
- higher rates of diabetes distress, depression
- more frequent ER visits for hypoglycemia
- higher Hemoglobin A1C averages
Extreme Food Security: Hunger Avoidance Behaviors

- processed food, low fruit and vegetables
- binging when food is available
- overconsumption of satiating foods
- limited dietary variety
Rainbow of Colors Choice
Food Pantries
Opportunities to Address Food Insecurity and Chronic Disease
Food Councils and Food Pantries: Social Ecological Approaches

http://www.cdc.gov/obesity/health_equity/addressingtheissue.html
The Traditional Pantry Model

- Client receives food in box or bag
- Pre-selected items
- Volunteer spends most of his/her time putting food in box or bag
Advantages and Disadvantages of Traditional Pantries

Advantages:
- Good for clients who do not want to choose
- Good for clients who do not want much interaction with volunteers
- Efficient: little or no wait time

Disadvantages:
- Less opportunity to interact with clients
- Can be an undignified experience for people used to choice
- Wasted food
The Client Choice Model

- Set up like grocery store. Client has the choice
- Volunteer spends more time interacting with clients
## Advantages and Disadvantages of Choice

### Advantages
- Produces less food waste
- Often preferred by clients and volunteers
- Offers dignified experience to some
- More opportunity to interact with clients
- Could promote long-term food security and health

### Disadvantages
- Inefficient: waiting period
- Volunteer training often needed
- Volunteer management critical
- Some clients don’t like choice
Rainbow of Colors Choice Pantries Address Food Insecurity and Nutrition
The “Rainbow of Colors” System

- Allows families to choose foods based on the USDA MyPlate Food Guidance System.
- Based on household size.
- Number of food choices per household are based on pantries’ inventory/availability.
- Commodities are placed on color-coded shelves based on MyPlate colors.
- Draws from Social Marketing Theory.
Miscellaneous

Combination
Enhancing Nutrition Education within the Rainbow of Colors System
Social Marketing Strategies

Main message: Include a variety of food groups in meals and snacks (MyPlate Food Model)

- Myplate Food Groups
- Nutrition Education DVD
- Cooking Demonstrations and Nutrition Workshops
- Volunteers promote MyPlate messages and label reading
- Product Placement
We need shopping bags for the pantry.

If you or anyone you know could get shopping bags from Kroger, Walmart, and Target, it would be a huge help.

If we run out of shopping bags for the pantry, we don't have any from any place, so please bring any and all shopping bags to the Pantry anytime!!!!!

Please help!! We need shopping bags.
**HOPPIN' JOHN**

**GROUP:**

**INGREDIENTS:**

- 2 ½ Cups instant white or brown RICE, uncooked
- 2 Cups chopped ONION
- 2 Cans (13 ¾ ounce each) CHICKEN BROTH
- 1 Teaspoon CRUSHED RED PEPPER
- ½ Teaspoon GROUND RED PEPPER
- 3 Cans (15 ½ ounce) BLACK-EYED PEAS, drained and rinsed
- 1 Package (14 ounce) TURKEY SMOKED SAUSAGE, browned, thinly sliced

**TIME:**
- 15 minutes
- 30 minutes

**SERVINGS:**
8 servings, about 1 ¼ cups each

**METHOD:**
- Combine peas, broth, sausage, onion, 1 cup water and seasonings in medium saucepan; bring to a boil. Add rice; cover. Simmer 10 minutes or until rice is tender.

Garnish this dish with chopped fresh parsley.

Nutrition Information for each serving of Recipe Title:
Other Choice Pantry Best Practices

- Volunteers have conversations with clients
- Clients remove foods from the shelf
- Foods organized correctly according to food groups
- Ancillary services promoted or provided

Diabetes and Food Insecurity

- Increased competing demands
- Increased health care utilization

Food Insecurity

- Hunger Avoidance
- Poor Self Management Capacity,
- Competing Demands

Traditional Intervention

Diabetes Complication

Poor Blood Sugar Control

Addressing Diabetes in a Rainbow Choice Food Pantry

Dos

• Assess chronic disease status
• Screenings, Referrals
• Encourage MyPlate and Nutrition Messages
• Promote low fat, sodium choices especially within Combo and Misc. sections
• Offer fruit juice, high glycemic items
• Increase food allowance in main food groups
• Encouragement, Empathy
Addressing Diabetes in Choice Food Pantry

• Don’ts
  • Offer Sugar-free junk food
  • Judgements
  • Food restrictions
  • Promoting special diets, dietary foods
Food/ Hunger Councils
Group of community stakeholders representing sectors of the food system—production through consumption, ancillary social service providers (including health care)
Food/ hunger Councils and Food Pantries: Social Ecological Approaches

- Choice Pantries
- Institutions and Organizations
- Interpersonal
- Individual
- Community
- Structures, Policies, and Systems

http://www.cdc.gov/obesity/health_equity/addressingtheissue.html
Why Food/ Hunger Councils?

• Forum for food issues
• Projects (incentivizing choice food pantries, healthy food drives, establishing community gardens, etc.)
• Collaboration and Coordination
• Informing policy at local, state, and national levels
Food Council collaboration with Shared Harvest Foodbank

- Developed the Rainbow System in consultation with OSU Extension
- Established set of “best practices”
- Established monitoring system
- Networking and collaboration

Food Councils and Food Pantries: Invisible Cultural Walls

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Great Resources

• Healthy Foodbank Hub
  http://healthyfoodbankhub.feedingamerica.org/

• Youtube: Making the Switch (OASHF)
  https://www.youtube.com/watch?v=ztD_UobB0yE

• Facebook: “Rainbow of Colors Choice Food Pantries”
  http://www.facebook.com/#!/RainbowOfColorsChoiceFoodPantries