

Health foodies

Hospitals and clinics are getting into a new kind of **“food service.”**

BY CARMEN PEOTA

Early on what promises to be a hot Friday morning, Donn Vargas, director of community outreach for NorthPoint Health and Wellness, is scurrying around the parking lot beside the north Minneapolis clinic. The lot is a beehive of activity. Volunteers sort produce under white tents. Representatives from nearby schools, health plans and social service agencies arrange brochures and health-related swag (condoms, dental floss, cooking utensils, etc.) on folding tables. A young woman makes “ants on a log” (celery with sunflower butter and raisins) and sets out cups of pineapple-infused water. A long line of people circles the parking lot.

Just before 9 a.m., Vargas calls the volunteers together and explains how they’ll place food in each person’s bag as they walk by. Be respectful and careful, he urges, reminding them that they shouldn’t give out anything they wouldn’t eat themselves. Then the line begins to move, and Free Produce Friday officially gets underway.

Vargas hopes participants will come away not only with food but also with the idea that food is very much connected to health. “A healthy diet goes a long way toward promoting health and wellness,” he says.

NorthPoint delivers this message, along with groceries, to people in the neighborhood in several ways. It runs a food shelf; participates in Fare for All, a buying program through which people can purchase groceries at discounted prices; and has a mobile food program that brings groceries to seniors and people with disabilities. Located in the middle of one of Minnesota’s food deserts (an area in which a substantial share of residents do not have easy access to a large grocery store), the medical and social services provider knows people struggle to afford and even find healthy food. “What we are trying to do is eliminate barriers to food access,” Vargas says.

NorthPoint’s efforts might once have seemed unique. But today, with growing awareness of food as a social determinant of health, an increasing number of health care systems are taking similar measures.



PHOTO BY PHILIP HERNANDEZ

Volunteers and staff hand out fresh fruit and vegetables at NorthPoint Health and Wellness’s Free Produce Fridays.

A share in a farm

One of those is Lakewood Health System in Staples, a town of about 3,000 in north-central Minnesota. A number of years ago, Lakewood set out to tackle the community’s high obesity rates,

doing such things as partnering with the town's only grocery store to call out healthy food choices and offering cooking classes.

Three years ago, it decided to do more and tapped a resource in its back yard: local farmers. Lakewood designed a program in which it gives free produce grown by those farmers to families referred by its physicians and other providers. To enroll, at least one adult in each household needs to be screened at the clinic for such things as diabetes and depression, and have their BMI, blood pressure and weight monitored. In return, they get a box of produce.

Participants pick up their produce every other week at a farmers' market Lakewood hosts in its parking lot. There they also can watch cooking demonstrations, ask questions and meet local growers. "Often, it's the first time they've been to a farmer's market," says Alicia Bauman, community health project manager for Lakewood.

What they get each week is determined by Sprout Food Hub, which aggregates and distributes products grown on farms in central Minnesota. "Each week, it's a different surprise," Bauman says. As an example, one week they got wild rice and potatoes and the next garlic scapes, romaine lettuce, thyme and oregano, cucumbers and a dozen eggs. "It's almost like Christmas morning."

During the first two years, 50 families participated. This year, 100 are. As important as getting the food into their hands is planting new ideas about what to eat, where to get healthy food and how to prepare it. "Certainly, the food is helpful," Bauman notes. "But more important is skill-building around food, purchasing and cooking."

In nearby Long Prairie, CentraCare Health is piloting a similar program, as is St. Gabriel's Health in Little Falls. Kathy Geislinger, who promotes health and wellness for CentraCare, says she thought a program modeled after the one in Staples was just what Long Prairie needed. "The school district is about 64 percent free



Farmers' market day at the hospital in Long Prairie.

PHOTO COURTESY OF CENTRACARE HEALTH

and reduced lunch, and we knew that food shelf visits were high," she says.

She and others approached the hospital administrator about the idea and suggested starting small, recruiting 25 families from

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the community. They asked two questions related to food insecurity (not having reliable access to a sufficient amount of affordable, nutritious food) to those who showed interest. If a family member answered yes to one, they were in. As it turned out, 22 of 25 participants are from the area's burgeoning Hispanic community.

As they do in Staples, the participants in Long Prairie pick up their vegetables at a farmers' market located on hospital property. Participants also come to the clinic to have



Screening for food insecurity

In 2015, the American Academy of Pediatrics recommended for the first time that pediatricians screen all families for food insecurity. The recommended screening tool consists of the following two statements:

- 1 Within the past 12 months, we worried whether our food would run out before we got money to buy more.
- 2 Within the past 12 months, the food we bought just didn't last and we didn't have money to get more.

Those who respond "often" or "sometimes" (as opposed to "never") to one or both statements are to be referred to community resources.

their BMIs, weight, blood glucose levels and other health indicators checked.

As Geislinger sees things, having access to healthy food is a matter of equity. “Everybody should have the opportunity to eat healthy food.”

Embedded services

Hennepin County Medical Center (HCMC) pediatrician Diana Cutts, MD, has long maintained that making sure everyone has access to healthy food is health care’s business because food is fundamental to health. She points to research that shows children from food-insecure households are more likely than other children to be hospitalized, be in poor health or have developmental delays.

Cutts also notes that obesity and food insecurity are “very tightly braided together.” People on more limited incomes make food choices that are economically rational but nutritionally less than optimal, she explains. “We really won’t be able to make progress with our obesity problem

until we make progress on ensuring people have access to healthy food.”

Food insecurity affects 20 percent of children nationwide. “That’s one in five,” she says. In order to determine which patients fall into that category, Cutts would like to see all physicians follow the new American Academy of Pediatrics recommendation and make screening for food insecurity a routine part of practice (see p. 11). “One of the reasons we say we need to screen is that our assumptions are inevitably incorrect,” she says, noting that food insecurity exists in the suburbs as well as in urban and rural areas.

Cutts believes health care is uniquely positioned to address the problem. “One of the key things about health care infrastructure,” she says, “is that it reaches places food shelves don’t.” Smaller communities usually have a clinic or hospital but not always a food shelf.

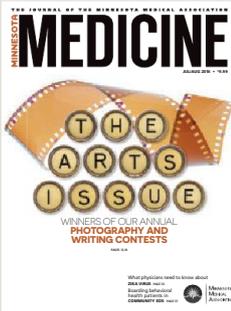
Cutts has been a driving force behind efforts to make use of the infrastructure at HCMC. The health system has long had a food shelf that distributes food to

patients being discharged from the hospital, through its 30 outpatient clinics, and by nurses and paramedics who do home visits. More recently, it started a summer feeding program for kids. But what Cutts is really excited about are efforts to make food a part of routine care.

That’s beginning to happen. Physicians and other providers can now use HCMC’s medical record to refer people to Second Harvest Heartland’s Supplemental Nutrition Assistance Program (SNAP). SNAP workers then screen individuals and families to see if they’re eligible for local and federal programs.

Cutts says she used to be one of a handful of physicians around the country saying that food belonged under the purview of health care. Today, she’s got company. “The ground under my feet has really changed—and for the better,” she says. **MM**

Carmen Peota is a Minneapolis freelance writer and former editor of *Minnesota Medicine*.



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