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Healthcare Workers Understanding of Food Insecurity in Hinesburg, VT

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Problem Identification and Description of Need

- Food Insecurity is a worldwide public health issue. According to Estimates by Gunderson and Zilak (2015), there are almost 50 million people in the United States who are food insecure. The problem extends to the small state of Vermont, where according to the USDA economic research service, almost 21% of Vermonters in 2011 identified as either food insecure, or had very low food security.

- Hinesburg, VT is a community of 4,396 according to the 2010 Census. This means that close to 880 people suffering from food insecurity in this small town.

- Those who are identified through screening tools at Hinesburg Family Health are referred to local services, but not all clinicians or staff at the office know where to start.

- Resources like the Hinesburg Food Shelf do not advertise, and as such many of the staff in Hinesburg aren’t exactly sure where the Food Shelf is. This project attempted to provide healthcare workers with local resources for food insecurity and to assess their current knowledge of resources that exist.
Public Health Cost and Unique Considerations in Hinesburg

- According to Tackling Hunger - economic burden study, they estimate that food insecurity in the United States has a cost of about 78 billion dollars.

- According to Vermont Farm to Plate 9 Million pounds of food per year go through the Vermont Foodbank.

- In talking with a representative of the Hinesburg Food Shelf, they support about 90 families per month. They estimate that families leave with about 20-25% (1 week) of their monthly need in food or approximately $75.00 worth. Equivalent monthly cost of of $6,750 and a yearly cost of $81,000 worth of food. If we assume 4 people per family, the Hinesburg Food shelf is able to provide one week of food for about 360 of the assumed 880 people with food insecurity in Hinesburg at a cost of approximately $81,000 per year.

- Thankfully there are other resources in the community and surrounding communities that also offer assistance.
We know that Food insecurity is correlated with higher rates of poor health outcomes including poorly controlled type 2 diabetes and depression (Silverman et al. 2015).

We also know that the easiest foods to provide with the lowest cost, are the most energy dense, and interestingly these are the foods we often tell patients to avoid (as shown in the graph by Drewnoski on the bottom right).

According to the USDA census of agriculture historical archive (top right), today the number of farms in each New England State is higher than it was in 1964. This may suggest a paradigm shift from pre-packaged foods to more local and fresh food.

How could this paradigm shift be transferred to the food insecure? The answer may be in Health Care Shares (see interview with VYCC on next slide).

Figure 1. Obesity and the food environment: dietary energy density and diet costs (from Drewnowski, 2004)
Community Perspective and Support

- The first Community interview was with a representative of the Hinesburg Food Shelf. This representative gave a tour of the Food Shelf, including their 3 meat freezers, walk in refrigerator with some fresh produce, and 4 aisles of non-perishable items. They remarked on how it had taken 3-4 years of trial and error to get the Food Shelf to the point where the incoming donations balance the amount of food given away each month. When asked about how food is chosen, they remarked that the Food Shelf does try to choose healthy options, but sometimes they receive donations of quick and easy foods or even sugar sweetened beverages. They do offer some produce when they have it and recipes to go along, but sometimes they have trouble giving this to families that are unfamiliar with preparing this type of food. Finally, when asked about advertising they reported that they do not need to advertise because word of mouth brings many families in. They also remarked on the fact that if many more families came, it would quickly overwhelm the available resources, which are mostly given by private donation. They did report however that if more families in need were identified within the healthcare setting, the Food Shelf would gladly try to accommodate those families.

- The second Community Interview was with a representative of Food and Farm at the Vermont Youth Conservation Corps. Specifically, we discussed the Health Care Shares, where last year they served more than 500 member families. Families are able to pick up a CSA style box from their healthcare providers office with fresh vegetables. They also provide demonstrations on how to cook the vegetables and recipes to take home. This will be available for the first time at the Hinesburg clinic in July of 2018. Workers in this program are very passionate about how food relates to health, and about how this program helps the youth. VYCC was founded on trail preservation and they see the farm on the property as a metaphor for their trail, but instead of maintaining trails, they work to maintain health and build skills. This program serves the dual purpose of providing fresh food to the food insecure and training local youth agricultural, interpersonal, and job skills. They seem to passionately support the expansion of Health Care Shares and the distribution of knowledge about resources for those in need.
Intervention and Methodology

- An informational presentation was given at the Hinesburg Clinic to healthcare workers that could attend. The presentation included epidemiology about food insecurity and information about local resources where people who were identified as food insecure could be referred including the food shelf’s in Hinesburg, Williston, Bristol, and Middlebury. Additionally a short video about the Health Care Shares was projected.

- A four question pre-session and post-session survey was filled out anonymously by attendees with questions regarding Health Care Shares, local resources, epidemiology and donations.

- There were 7 participants including medical doctors, clinical care associates, and office staff.

- Before and after data were then plotted on bar graphs.
Results

I understand what Health Care Shares are

I feel that I have an idea of the amount of people in Vermont struggling with food security

I understand where donations to the Vermont Foodbank come from, and where that food goes

I know at least where to start referring people who are identified as food insecure within the Hinesburg Community
Evaluation of Effectiveness and Limitations

As reflected in the data, prior to the presentation there were participants who were unsure about the amount of people in Vermont struggling with food insecurity, who didn’t know what Health Care Shares were, and who didn’t know where to start referring patients who were food insecure even though the Hinesburg Food Shelf is very close to the office. After the presentation all participants felt more comfortable with the above topics. Additionally, there was improvement in understanding about the Vermont Foodbank from pre to post session. Overall this presentation seemed an effective way to help educate participants about the epidemiology of Food insecurity and locally available resources.

Limitations include:

- Small sample size, as not everyone in the office could attend the presentation.
- Time constraints, which prevented the development of a robust presentation and the development and administration of an extensive survey to assess healthcare workers knowledge of local resources.
- Lack of available data regarding the actual number of individuals struggling with food insecurity.
- The fact that not all participants will be directly interacting with patients in a way that would allow them to refer the patients to adequate resources.
Recommendations for future projects

- Future projects on this topic should attempt to quantify the amount of local individuals who are food insecure, likely through the screening tool that is already in place at the Hinesburg Clinic.

- Additionally, future projects could assess healthcare workers rates of referral to local resources and/or their willingness to discuss these issues with individuals in need.

- Finally, in the realm of food insecurity, a really interesting future project could be to look at health metrics (BMI, glycemic index, lipid levels, etc.) for individuals who are identified as food insecure both before and after they receive the health care shares and evaluate for improvement.
References


