

Food Equity: Supporting Food Security to Improve Patient Outcomes

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Objectives



Discuss strategies incorporating the 2020 KDOQI guidelines to maximize quality nutrition care and patient outcomes.



Define health equity and discuss the latest initiatives to address health disparities in clinical settings.



Review the current research on food insecurity and CKD outcomes.



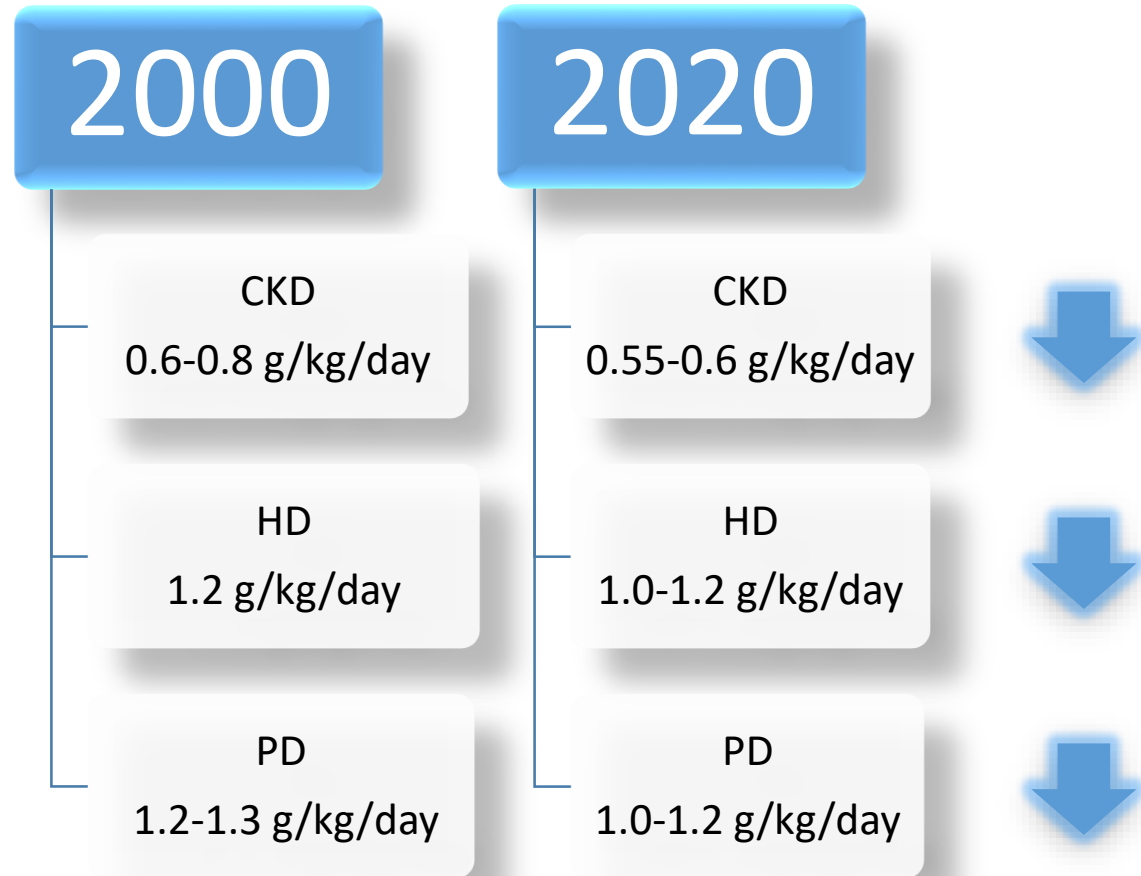
Identify interventions to improve food security in CKD.

KDOQI Nutrition History

- Kidney Dialysis Quality Outcomes (KDOQI) began in 1995 with NKF
 - first issued in 1997
- There are currently 13 guidelines:
 - Nutrition in Chronic Renal Failure (2000)
 - Nutrition in Children with CKD (2008)
 - Academy of Nutrition and Dietetics (Evidence Analysis Library): Nutrition in CKD (2010)
 - Nutrition in CKD (Update) 2020

KDOQI Updates

Protein goals for
conservative
management



Bottom Line

- Follow heart healthy guidelines
- Shift towards whole food plant-based eating pattern
- ALL FOODS FIT – (in moderation)
- Less restriction on fruits and vegetables that are high in potassium/phosphorus
 - Absorption rates
 - Availability

Food	Phosphate Absorption
Plants	40% or less (higher absorption in yeast)
Milk/milk products	~20-30%
Meats	Well absorbed
Highly processed foods	~100%

Recommendations for Dietary Patterns

Stage 1-5 and Transplantation

• Mediterranean Diet

- Vegetables
- Fruits and Nuts
- Legumes
- Whole Grains
- Fish and Shellfish
- Plant-Based Oils and Fats
- Low-Fat Dairy
- Proteins and Meats
- Limit Alcohol



Stages 1-4

• Increase fruits and vegetables

- Blood Pressure
- Net acid production
- Body weight
- Higher fiber
- Decrease Constipation

Whole Food Plant-Based Eating Patterns: to prevent or slow progression of kidney disease

- Naturally low in absorbable protein
- High in antioxidants which will lower inflammation
- Decreased absorption phosphorus from plants
 - unable to break down and absorb as humans do not express the enzyme phytase necessary to break down plant phosphorus. (Moore, JRN, 2020)
- Naturally alkaline
 - data supports decreased GFR with increased alkali therapy (as fruits and vegetables or sodium bicarbonate)
- Significantly lowers blood pressure and weight
- No increase in hyperkalemia (Goraya et al AJN, 2019)



DISH UP a Dialysis-Friendly Meal

for Patients with Chronic Kidney Disease on Dialysis



If you take phosphorus binders, take them during every meal, or as directed.

HOW TO PLAN A DIALYSIS-FRIENDLY MEAL

Fill a 9- or 10-inch plate with:

- A palm-sized serving of protein
- Fruits and vegetables
- Breads, cereals, or grains
- A serving of healthy fat

Limit your meal beverage to ½ to 1 cup (4 to 8 fluid ounces).

For more information on foods and beverages to enjoy, see the back of this sheet.

MORE HELP FOR PEOPLE WITH KIDNEY DISEASE

If you are not on dialysis, have a kidney transplant, or have diabetes, talk to your registered dietitian nutritionist (RDN) about your nutrition needs.

MY GOALS

Tips for Limiting Sodium, Potassium, and Phosphorus

Choose:

- Foods with 200 mg (8% Daily Value) or less sodium per serving
- Frozen or packaged meals with 600 mg or less sodium per serving
- Foods that do not list "potassium chloride" ingredients
- Lower sodium condiments, such as horseradish and yellow mustard

Limit:

- Any foods with added phosphorus (any words with "phos," such as calcium phosphate, in the ingredients)
- Pickled foods, such as olives, sauerkraut, pickles, and kimchi
- Soy sauce, barbecue sauce, ketchup, teriyaki sauce, salsa, tomato sauce or paste, and other high-sodium sauces
- Salt added to food when cooking or at the table
- Canned soups or soup mixes, packaged foods, box mixes, processed meats and cheeses, frozen meals, fast food, gas station foods, vending machine foods, and other convenience foods

Tips

- ▶ Eat home-cooked meals made from fresh ingredients.
- ▶ Use no-added-salt stocks or broths instead of regular broths, canned soups, or bouillon.
- ▶ Ask your RDN for other tips.

NKD
national kidney diet

Renal Dietitians
a division of the
Academy of Nutrition
and Dietetics



Council on
Renal Nutrition

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Protein Foods (Meat and Plant-Proteins)

_____ palm-sized servings per day



Choose:

- 2 to 3 eggs or egg whites
- Lean, fresh beef, wild game, and "all natural" chicken, fish, pork, seafood, or turkey
- Beans, edamame, lentils, nut butters, or tofu when eating meatless meals
- Lower sodium canned tuna, chicken, or salmon (rinsed)

Limit:

- Fresh or frozen protein foods that have added sodium or phosphorus ("phos") in their ingredients
- Salty processed meats, such as bacon, breakfast sausage, bologna and other luncheon meats, deli meats, ham, salami, hot dogs, brats, sausage, and pre-seasoned proteins

Tips

- ▶ Include a palm-sized protein portion with most meals. It is important to eat enough protein to stay healthy and replace what is lost during dialysis.
- ▶ Look for "all natural" fish, pork, chicken, turkey, or seafood because they do not have added sodium or phosphorus.



Breads, Cereals, and Grains

_____ servings per day

1 serving = ½ English muffin, 1 slice bread, ⅓ cup cooked pasta or rice, ½ cup cooked cereal, 3 cups popcorn, or a 6-inch tortilla

Choose: Whole grain cereal, corn tortillas, couscous, crackers, English muffin, bread, old-fashioned or steel-cut oats, pasta, pita, popcorn, quinoa, rice, rice cakes, cream of wheat, or grits

Limit: Foods with added phosphorus ("phos" ingredients), such as biscuits, box mixes, pancakes, waffles, quick breads, and other convenience foods

Tip ▶ Look for lower sodium breads, cereals, and grains.



Fruits

_____ servings per day

1 serving = ½ cup or 1 small fruit

Lower Potassium: Apple, applesauce, berries, clementine, fruit cup, grapes, lemon, lime, mandarin oranges, pear, pineapple, plum, tangerine, or 1 cup watermelon; Juices: apple, cranberry, grape, lemon, lime, or pineapple juice

Higher Potassium: Avocado, banana, cantaloupe, dried fruits, honeydew, kiwi, mango, nectarine, orange, papaya, peach, plantain, or pomegranate; Juices: pomegranate, prune, or orange juice

Choose: Fresh, frozen, or unsweetened canned fruit (drained)

Tip ▶ Ask your RDN which fruits are right for you.



Vegetables

_____ servings per day

1 serving = 1 cup leafy greens or ½ cup fresh, cooked, or canned

Lower Potassium: Asparagus, broccoli, cabbage, carrots, cauliflower, celery, corn, cucumber, eggplant, green beans, kale, lettuce, okra, onion, peas, peppers, radish, raw spinach, spaghetti squash, turnip, or yellow summer squash; Greens: collard, mustard, or turnip

Higher Potassium: Artichoke, Brussels sprouts, cooked chard, kohlrabi, parsnips, potatoes, pumpkin, rutabaga, most squash, sweet potatoes/yams, tomato, tomato/pasta sauce, or zucchini; Juices: carrot, tomato, or vegetable juices, including low-sodium types

Choose: Fresh, frozen, or no-added-salt canned vegetables that do not have sauces, seasonings or added salt

Tip ▶ Ask your RDN which vegetables are right for you.



Dairy and Milk Alternatives

_____ servings per day

1 serving = ½ cup (4 ounces) milk, soy milk, unfortified almond or rice milk, yogurt, or 1 ounce cheese

Choose:

- Lower phosphorus milk alternatives: unfortified almond, rice, or soy milk
- Lower phosphorus cheese: brie, goat cheese, cream cheese, mozzarella, parmesan, or ricotta cheese

Limit:

- Processed cheeses, such as American cheese, Cheez Whiz, Velveeta, boxed macaroni and cheese, and other cheese spreads or sauces
- Milk- or cheese-based soups or sauces
- Nondairy creamers or half-and-half with "phos" ingredients



Fats and Seasonings

Choose :

- A small amount of healthy fats, such as olive oil, vegetable oils, or lower sodium salad dressings
- Butter, cream cheese, margarine, mayonnaise, and sour cream in moderation
- Condiments, salad dressings, and sauces with less than 200 mg sodium per serving

Limit: Salt and avoid salt substitutes or seasonings with potassium chloride

Tip ▶ Use lemon, vinegar, herbs, and spices to flavor foods instead of salt.



Snacks and Sweets

Snacks and sweets should be eaten in moderation. Include snacks or sweets suggested by your RDN.



Fluids

_____ servings fluid per day

1 serving = 4 ounces or ½ cup fluid

Fluids include coffee, juice, soda, soup, fresh-brewed tea, water, gelatin, and anything that melts, such as ice, popsicles, sherbet, or ice cream

Choose: Water, coffee, lemonade, Crystal Light lemonades and teas (not other flavors), and Arizona, Pure Leaf, or Snapple teas; Sodas: clear or orange sodas, root beer, Mello Yellow, or Mountain Dew

Limit: Milk, beer, wine, and all beverages with "phos" ingredients, such as colas, most canned or bottled teas, sports drinks, flavored waters, energy drinks, some drink mixes, and others

Tips

- ▶ Look for drinks without "phos" ingredients.
- ▶ If you make very little or no urine, limit fluids to 4 cups (32 ounces) per day. If you have a fair amount of urine, limit fluids to 6 cups (48 ounces) per day.
- ▶ Use a small glass (4 to 8 ounces or ½ to 1 cup) with meals and snacks.

Notes



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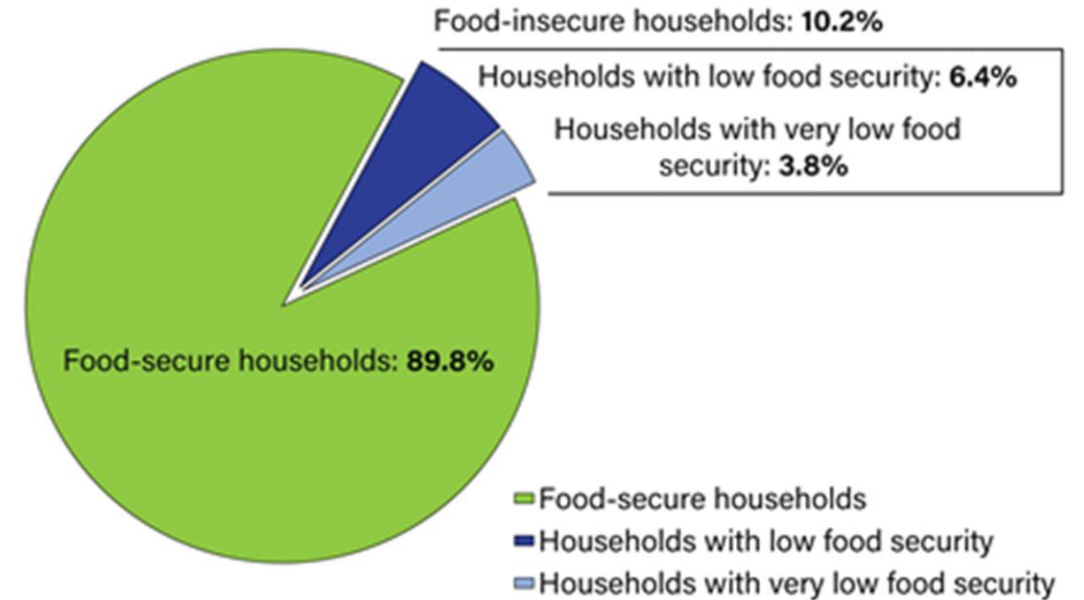
The Relationship between Food Access and Health Outcomes in the CKD Population

Food Insecurity Defined

Food Insecurity

A lack of consistent access to enough food for every person in a household to live an active, healthy life

U.S. households by food security status, 2021



Source: USDA, Economic Research Service using data from U.S. Department of Commerce, Bureau of the Census, 2021 Current Population Survey Food Security Supplement.

Food Insecurity and Healthcare Expenditures^{1,2}

- Food insecurity has been found to be associated with:
 - More emergency department visits
 - More inpatient/outpatient visits
 - Greater length of stay in the hospital
 - Higher prescription drug costs

Research shows that adults with the highest healthcare costs are often food insecure

1. Berkowitz SA, Seligman HK, Meigs JB, Basu S. Food insecurity, healthcare utilization, and high cost: A longitudinal cohort study. *The American journal of managed care*. 2018;24(9):399. doi: nfo:doi/.

2. <https://www.healio.com/news/primary-care/20230111/food-insecurity-linked-to-greater-health-care-expenditures>

Food Insecurity Impacts How Patients Cope with Their Medical Condition^{1,2}



- Medication adherence- patients may skip doses, take less, delay getting their prescription filled, may not be able to take with food.
- Not receiving medical care- due to postponing or skipping appointments.
- Unable to purchase food needed for medical diets.
- Tradeoffs between food and other basic needs.

1. Wilder ME, Kulie P, Jensen C, et al. The Impact of Social Determinants of Health on Medication Adherence: a Systematic Review and Meta-analysis. *J Gen Intern Med.* 2021;36(5):1359-1370. doi:10.1007/s11606-020-06447-0

2. Improving Food and Nutrition Security in America: An Opportunity for Retail Dietitians. Academy of Nutrition and Dietetics Foundation. <https://www.eatrightfoundation.org/resources/future-of-food/food-security-solutions>

Food Insecurity in Patients with CKD

Increase in medical care expenses contributes to food insecurity in this population.¹

Difficulty adhering to prescribed diet as people are unable to access or afford the foods recommended.²

Limited access to fruits and vegetables, increase intake of foods that contribute to a higher dietary acid load.³

Kidney disease is one of the leading chronic diseases that has been associated with food insecurity and unhealthy food patterns³

1. Decker D, Flynn M. Food Insecurity and Chronic Disease: Addressing Food Access as a Healthcare Issue. *R I Med J* (2013). 2018;101(4):28-30. Published 2018 May 1.
2. Schiff R, Freill H. Improving access to phosphorus- and sodium-restricted foods for people living with chronic kidney disease in remote first nations. *Rural and remote health*. 2020;20(1):5485. doi: <http://dx.doi.org/10.22605/RRH5485>
3. Banerjee T, Crews DC, Wesson DE, et al. Food insecurity, CKD, and subsequent ESRD in US adults. *Am J Kidney Dis*. 2017;70(1):38-47. doi: <http://dx.doi.org/10.1053/j.ajkd.2016.10.035>

Food Insecurity During the COVID-19 Pandemic

- A cross-sectional online survey of dietitians caring for dialysis patients looked at changes in patient needs during the pandemic.¹
 - Study findings:
 - Patients were concerned about the affordability of food and more patients shared that they had less money for food.
 - One-quarter of respondents identified that patients were using food banks/pantries more frequently.
 - More patients reported going to the store less often and having a family/friend grocery shop for them.
- Another cross-sectional study looked at the prevalence of food insecurity among patients with CKD during the COVID-19 pandemic.²
 - Study findings revealed more than 70% of CKD patients in the study had some degree of food insecurity. More than half of the participants were on RRT.

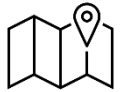
1. May R, Sehgal AR, Hand RK. Changes in US Dialysis Dietitian Responsibilities and Patient Needs During the COVID-19 Pandemic. *J Ren Nutr.* 2022;32(1):112-119. doi:10.1053/j.jrn.2021.07.006

2. Vargas-Vázquez, C., González-Ortíz, A., Bertrán-Vilà, M., & Espinosa-Cuevas, A. (2023). Impact of SARS-COV-2 pandemic on food security in patients with chronic kidney disease. *Journal of Renal Nutrition*, 33(1), 78-87.

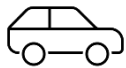
Barriers to Accessing Healthy Food in the Dialysis Population



Food Insecurity



Living in a food desert



Transportation



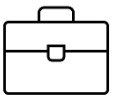
Time



Cost of Food



Lack of Social Support



Disability



End to Emergency SNAP allotments



A TEMPORARY BOOST TO SNAP BENEFITS WAS PUT INTO PLACE DURING THE COVID-19 PANDEMIC, KNOWN AS EMERGENCY ALLOTMENTS.



THESE EMERGENCY ALLOTMENTS ENDED NATIONWIDE IN MARCH 2023.



INDIVIDUALS ARE SEEING A SIGNIFICANT DECREASE IN SNAP PAYMENTS WHEN FOOD COSTS REMAIN AT AN ALL-TIME HIGH.

SNAP Emergency Allotments:

VIRGINIA

As of March 1, 2023, all Supplemental Nutrition Assistance Program (SNAP) participants will suffer cuts to their SNAP benefits each month. This will affect **more than 470,000 households in Virginia.**

When this "hunger cliff" hits, on average, each SNAP participant will lose **\$82 a month.** As a result, average SNAP benefits will fall to a meager **\$6 a person a day.**

 **OVER 470,000**
households will be affected
by SNAP cuts.

 **\$6** The new average
SNAP benefit will fall to
\$6 per person per day.



- ▶ The "hunger cliff" will hit all age groups and all parts of Virginia. The steepest cliff will be for many **older adults** who only qualify for the minimum SNAP benefit — dropping from **\$281 a month to \$23.**

The SNAP cuts are due to congressional action in December 2022 to prematurely end SNAP Emergency Allotments (EAs), benefit boosts that had been aimed at mitigating food insecurity and stimulating the economy for the duration of the pandemic Public Health Emergency.

- ▶ The "hunger cliff" will exacerbate food insecurity and hardship in Virginia. **The state will lose \$88 million of federal funds per month** once the EAs end. Emergency food providers can't fill this gap. Even before the cuts, food banks, pantries, and soup kitchens have reported high demand for assistance. **SNAP provides nine times the number of meals the food bank network does,** according to estimates from Feeding America.
- ▶ It is important to get clear information about this change to all Virginia SNAP households, including through mass media, hunger hotlines, and the SNAP Electronic Benefit

Transfer call center. The communication plan must take into account language access and cultural preferences.

- ▶ State governments can assist in mitigating the "hunger cliff" by supplementing federal SNAP benefit amounts. For example, New Jersey will be implementing legislation that sets a \$95 minimum for New Jersey SNAP households. Massachusetts is allocating \$130 million for three months of partial extra SNAP benefits after the federal extra SNAP pandemic benefits end.
- ▶ State and local governments can streamline the process for SNAP households to claim deductions for certain out-of-pocket expenses and connect households with additional resources.
- ▶ Mitigating the "hunger cliff" has important health and economic impacts. Research shows SNAP improves food security, health, and well-being. Moreover, **each \$1 in SNAP benefits during a downturn generates between \$1.50 and \$1.80 in economic activity,** benefiting all parts of the food chain — from farmers, ranchers, and food manufacturers, to truckers, retailers, and store employees.



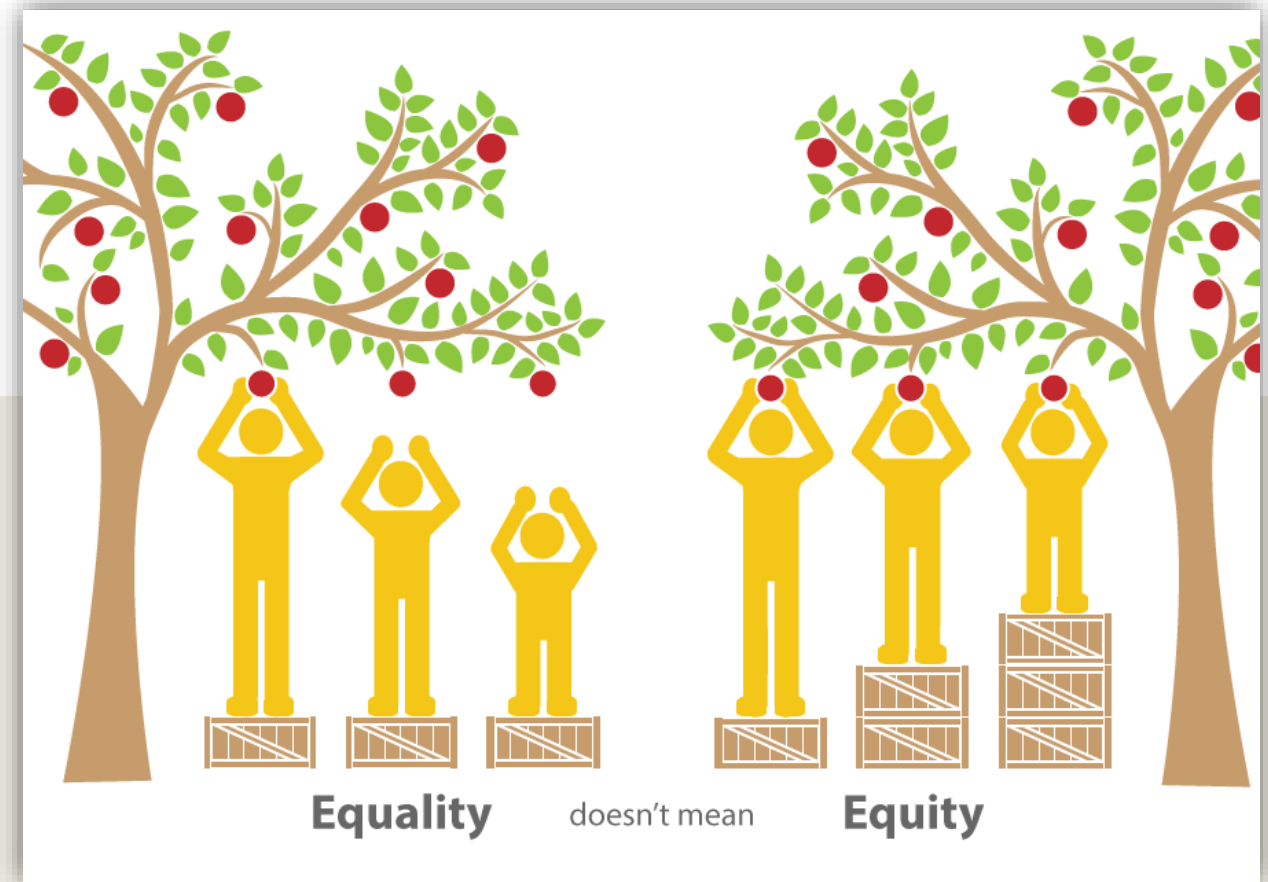
\$ **88 million**
of federal funds per month.

Health Equity

“The state in which everyone has a fair and just opportunity to attain their highest level of health (CDC).”¹

Food Equity

“Everyone should have access to good food that is affordable, sustainable, nutritious, high-quality, and culturally connected (PHA).”²



1. <https://www.cdc.gov/healthequity/index.html>

2. <https://www.ahealthieramerica.org/articles/food-equity-86>

Recent Policies and Proposals to Address Food Security in the Healthcare Setting

CMS Proposes Policies to Advance Health Equity and Maternal health, Support Hospitals

- Released April 2022
- Proposed rule that includes three health equity focused measures in hospital quality programs.
- Identify patient health-related social needs by screening for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal Safety.



Recent Policies and Proposals to Address Food Security in the Healthcare Setting

White House National Strategy on Hunger, Nutrition, and Health

- Released September 2022
- Health Care Providers are encouraged to screen patients for food and nutrition insecurity, refer them to resources.
- Hospitals and health care providers should consider partnering with local community organizations to offer medically-tailored meals and other nutrition services.



Recent Policies and Proposals to Address Food Security in the Healthcare Setting



The Joint Commission – New Requirements to Reduce Health Care Disparities

- Effective January 1, 2023
- Health related social needs are identified and patients are provided with information for how to connect with community resources and support services.

Strategies to Improve Food Security in Patients with CKD

A yellow right-angled triangle is positioned in the bottom right corner of the slide, pointing towards the top-left.

UVA Food Pharmacy Program

- Partnership began in March 2020 as a pilot study with Blue Ridge Area Food Bank (BRAFB) through a grant from Sentara Healthcare.
- UVA Kidney Center was the site chosen to implement the pilot study.
- In June 2020, program approved to continue. Expanded to additional dialysis centers within UVA Health over the next 3 years.
- Currently operating within 6 of the 12 UVA Health Dialysis Centers in Central Virginia.



Blue Ridge Area
FOOD BANK

A member of
**FEEDING
AMERICA**



Food Pharmacy Program Overview



- Provides a convenient on-site food pantry for dialysis patients.
- Foods suitable for a renal diet are ordered from the Blue Ridge Area Food Bank by the unit dietitian.
- Patients experiencing food insecurity receive a free bag of kidney-friendly foods when they visit the dialysis unit.
- Food bags are distributed once/month but can be requested every week if needed
- Nutrition education, recipes, and referral to other community resources are offered in addition to the food provided.

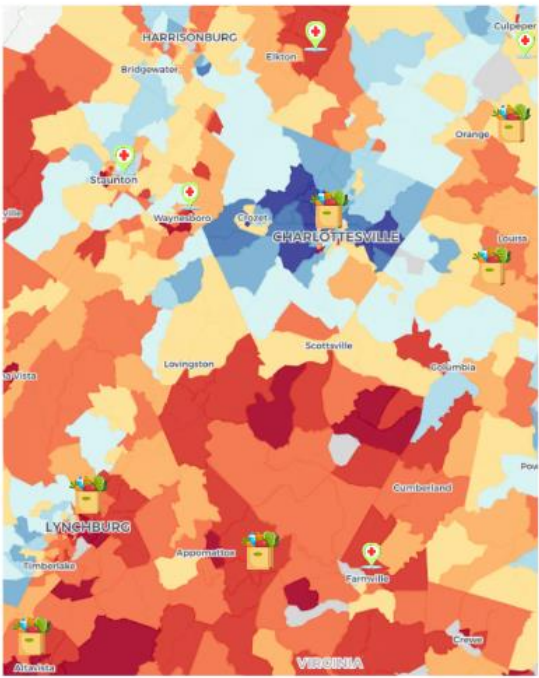
UVA Dialysis Food Pharmacy

Central Virginia Health Disparities and Food Insecurity

Health disparities run throughout central Virginia. The Area Deprivation Index (ADI) looks at neighborhood by census block showing socioeconomic disadvantage state. The map shows the UVA Dialysis area and levels of disadvantage.

Key

- UVA Dialysis Center
- Dialysis Center with Food Pharmacy



Research has shown that Food Insecurity is a prevalent problem disproportionately affecting racial minorities and patients with kidney disease.

NHANES III results found that among individuals with Chronic Kidney Disease (CKD), food insecurity was independently associated with a higher likelihood of developing End Stage Kidney Disease (ESKD).

Cornell University found that clinic based food pharmacy patients were less than half as likely to experience food security than clinics without the program.

What are we Doing?

UVA Dialysis partnered with Sentara and the Blue Ridge Area Food Bank and has spent the last three years putting Food Pharmacies in dialysis clinics. At the summer of 2023 there are 6 Food Pharmacies stretching across the region. It reaches over 500 patients and their families.



What now?

We need your help to continue and expand the Food Pharmacy program to all UVA Dialysis Clinics. We are looking for partners and advocates who want to help us increase food access, decrease health disparities, and create a healthier Virginia now and for the future.



References: Neighborhood Atlas, produced by the Applied Population Lab, UW-Madison, Starr MC, Wightman A, Munshi R, Li A, Hingorani S: Association of food insecurity and acute health care utilization in children with end-stage kidney disease. JAMA Pediatr 173: 1097-1099, 2019; Wilson G, Molaison EF, Pope J, Hunt AE, Connell CL: Nutritional status and food insecurity in hemodialysis patients. J Ren Nutr 16: 54-58, 2006; Banerjee T, Crews DC, Wesson DE, Dharmarajan S, Saran R, Rios Burrows N, Saydah S, Powe NR; CDC CKD Surveillance Team: Food insecurity, CKD, and subsequent ESRD in US adults. Am J Kidney Dis 70: 38-47, 2017; Wang E, Gilbert A, Wessels A. The Food Pharmacy Network: An Alternative Method for Addressing Food Insecurity and an Assessment of Its Effectiveness (OR02-08-19). Curr Dev Nutr. 2019 Jun

Simple, budget-friendly recipes are provided that incorporate foods patients receive.

FRESH PRODUCE SPOTLIGHT



Cucumbers are low in calories but high several important vitamins and minerals. Eating cucumbers with the peel provides the maximum amount of nutrients.

Bell Peppers are an excellent source of vitamin C, vitamin A, and fiber.

Bell peppers also have antioxidant properties, which can help to protect against cardiovascular disease and may also help to protect against inflammatory conditions, such as arthritis.

Both are a good option to use in place of crackers or bread with chicken or tuna salad! And as a bonus have less phosphorus.



Do you need an easy high protein snack to keep in the car for after dialysis?

Try this!!

Ingredients

- 1/2 cup peanut butter
- 3-4 tablespoons sweetener (maple syrup/honey/sugar)
- 1/2 cup apple sauce
- 2 teaspoons cinnamon
- 2 cups quick oats

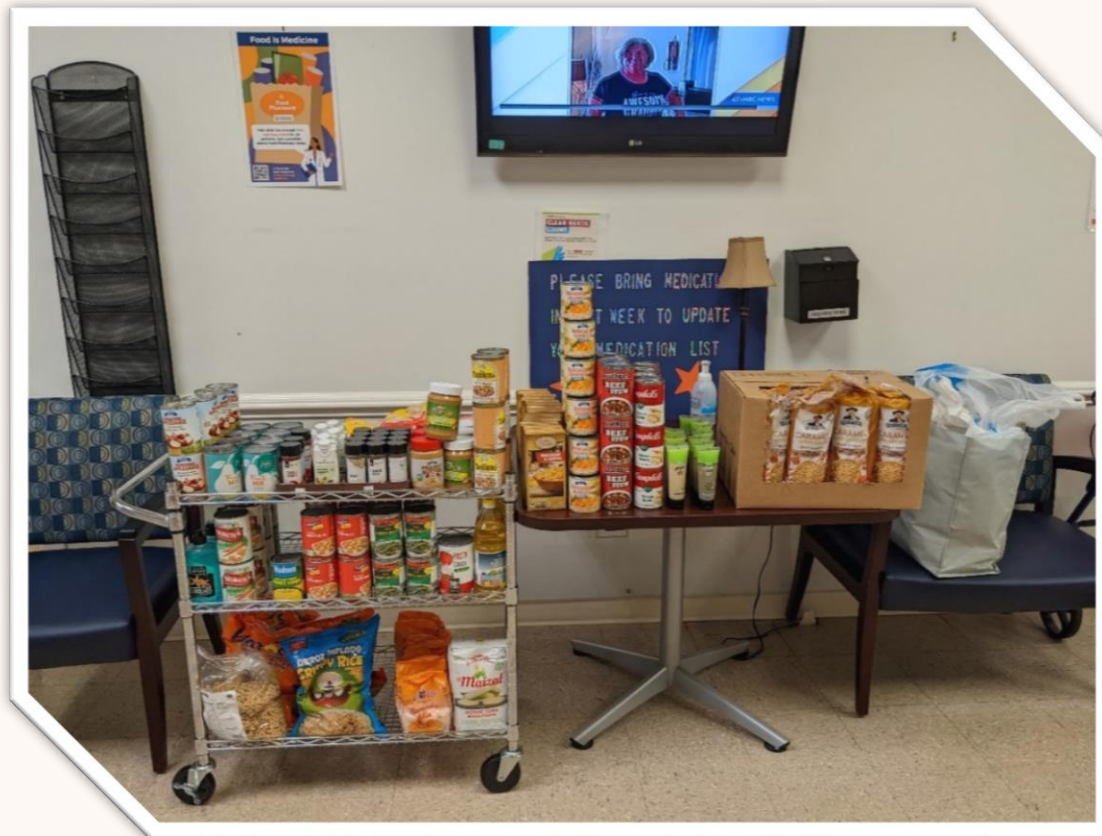
Super easy to make!

Just mix all the ingredients in a bowl and form into 1-inch balls.

Store in an airtight container in the refrigerator or freezer.

UVA ORANGE DIALYSIS

Shopping/Patient-choice method



UVA LYNCHBURG DIALYSIS

Pre-packed bag
method



Food Pharmacy



What this program includes:

- A free bag of healthy, kidney-friendly foods
- Renal nutrition education
- Simple, low-cost recipe ideas that use the foods provided
- Referral to other community food resources

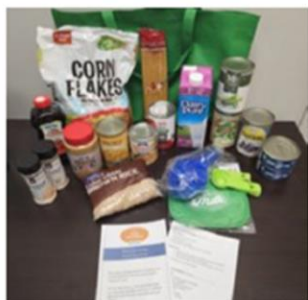


What's in a bag?

Shelf-stable

- Fruits
- Vegetables
- Protein
- Grains
- Condiments
- Spices
- Others

Fresh Produce
When available



Our history

- The UVA dialysis Food Pharmacy was started March 2020 in collaboration with the Blue Ridge Area Food Bank
- ~215 bags provided each month in 4 dialysis units.
- Over 300 dialysis patients served (>30% of total patients)
- March 2023 - two additional units began providing food.

What we need!

Funding for this program is more vital than ever. We expect an increase in participation as food prices increase and SNAP benefits decrease starting March 2023.

Current cost ~\$8/bag with proteins included.

Our goals include:

- Expanding to all UVA dialysis units.
- Increase variety of foods offered.
- Offer more fresh produce and protein.



Patient Impact

At UVA Orange unit 61% of the participating food pharmacy patients surveyed:

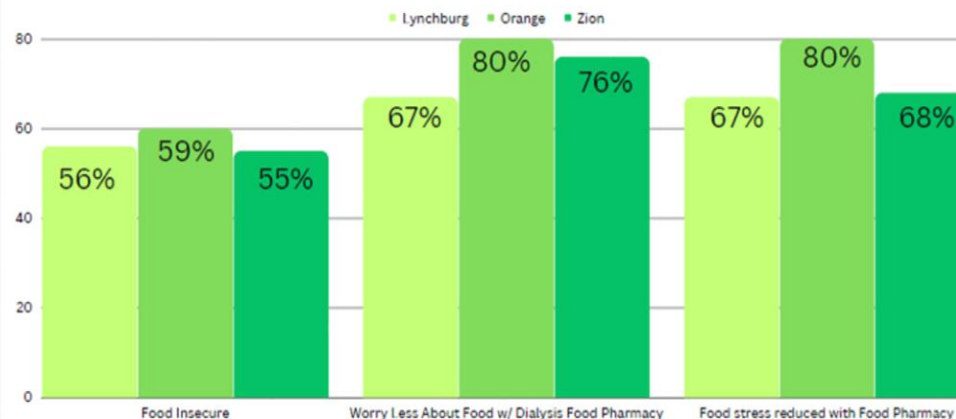
- ✓ 60% indicated they have food insecurity.
- ✓ 80% indicated they worry less about food because they know they can pick food up at Dialysis.
- ✓ 80% indicated that food from dialysis has reduced stress about having enough food to feed themselves and/or family.



For more information contact Lesley at 434.485.1608 or llm4n@uvahealth.org



Food Pharmacy Impact



55% of all UVA Dialysis patients surveyed indicated they are food insecure.



"I am very thankful that you have food here. It really helps."

"The food helps me make it from month to month when my money runs out- The service is greatly appreciated"

"The program has really helped me. Because some things I can't afford. The money runs out. With the program, I know that there's food coming."

All patients at UVA Lynchburg, Orange, and Zion Dialysis Centers were offered a survey on food security and the food pharmacy.

Other Ideas to Address Food Insecurity

- Partnering with food bank/local food pantries
- On-site Kidney-friendly Garden
- Lobby Days
- Referral to External Resources
- Awareness of Local Programs that Support Food Access



Partnering with Local Food Agencies

- Separate from the food pharmacy
- A local food bank delivers weekly food bags of fresh produce, fresh proteins, and canned goods
- However, patients must apply and meet the food bank requirements

Pros

- More frequent deliveries
- Fresh protein

Cons

- More eligibility requirements
- No say in food options





Herb Garden

- Patients have an increased interest in the herbs grown on site
- Helps to encourage lower sodium use
- Herbs can easily be dried in the microwave to increase shelf life



Lobby Day Ideas

“Farmers Market” lobby day

- Promotes intake of kidney-friendly fruits and vegetables
- Produce locally sourced from donations



“Container Gardening” lobby day

- Patients provided with a vegetable seedling to take home and plant





Referral to Outside Food Resources

- SNAP/WIC eligibility
- Providing list of local food pantries
- Meals on Wheels
- Medically-Tailored Meal programs

Healthier Tips for Shopping at Food Banks

For People with Chronic Kidney Disease



- ✓ Choose fresh or frozen-fresh foods when possible
- ✓ Rinse canned meats or vegetables before use
- ✓ Limit foods with “phos” in the ingredients
- ✓ Look for lower salt/sodium items

Ask your Registered Dietitian Nutritionist (RDN) about foods not listed here.



Proteins:

- Beef, pork, chicken, turkey, fish, or wild game (fresh or frozen)
- Beans, peas, and lentils*
- Canned: tuna, chicken, or salmon (rinse before using)
- Eggs



- Choose proteins labeled as “All Natural”, when possible.
- Limit frozen dinners, pizza, and breaded meats.
- Limit other salty foods such as ham, bacon, hot dogs, corned beef, bologna, sausages, American cheese, cheese sauces or products, canned chili, soups or stews, and canned pasta meals.

* Check with your Registered Dietitian Nutritionist (RDN) on how these fit in your meal plan.

Vegetables (fresh, frozen, or canned):

- Asparagus
- Cabbage
- Carrots
- Cauliflower
- Chickpeas or garbanzo beans (canned)
- Corn
- Cucumbers
- Green beans
- Greens: collard, mustard, or turnip
- Lettuce
- Okra
- Onions
- Peppers
- Radishes
- Water chestnuts (canned)



- Rinse canned vegetables to remove some salt or choose “no salt added”, if available.
- Limit salty items such as tomato sauce/paste, salsa, olives, pickles, sauerkraut, and other pickled items.

Fruits (fresh, frozen, canned, or pouches):

- Apple
- Applesauce
- Berries (all types)
- Cherries
- Clementine
- Fruit cup
- Grapes
- Lemon or lime
- Mandarin orange
- Pear
- Pineapple
- Plum
- Tangerine



Awareness of Local Programs Supporting Food Access

- Farm Market Fresh program for Older Adults
- Community Health Station-UVA
- Produce Prescription Programs
- COVID Care Kits



COVID CARE KITS
Central VA Health District

What is the COVID Care Kit Program?
The COVID Care Kit program facilitates delivery of kits to recipients in the Central Virginia Health District who face limitations accessing food and other necessities when isolating due to a positive COVID-19 infection. The COVID Care Kit Program also delivers kits and provides resources for necessary services to those affected by long COVID or have been recently hospitalized.

Who is Eligible for a COVID Care Kit?

- Only residents in Amherst, Appomattox, Bedford, Campbell, or Lynchburg are eligible for the CVHD COVID Care Kit Program.
- Must have a positive COVID lab and be in isolation or live in a household with someone who has recently tested positive for COVID. Alternatively, applicants can have long COVID with a previous positive COVID test or recently been hospitalized due to COVID.
- Must have a limitation for getting the need met.

Apply Here

What is in a COVID Care Kit?
Items included in the Care Kit will vary based on availability

- Household groceries and 1 meal per household member
- PPE: Face Masks
- COVID home test kits for household members
- Packet of local community resources

UVA Health Office of Diversity and Community Engagement

Fifeville Neighborhood
We heard you

1st & 3rd Tuesdays
5:00 – 7:30 p.m.
Starting June 6th

Abundant Life
782 Prospect Avenue
Charlottesville, VA 22903

We are bringing health to your neighborhood!

All Services Are FREE!

Featuring

- Drop-in Blood Pressure and Blood Sugar Checks
- Healthcare Navigation
- Medicaid Assistance
- Financial Assistance Navigation
- Nutrition Information and/or Counseling
- Pay-What-You-Can Farm Stand*

Rotating Services

- Acupuncture
- Narcan Distribution
- CPR Training
- Many More

These services will be offered every session.

* Pay-what-you-can farm stand is a gap program offered through December 2023 as the Fifeville Neighborhood considers food security options.

To find out what is being offered each session, scan the QR code, visit <https://tinyurl.com/5fmdrv6d>, call 434-202-8034, or visit the [Abundant Life Facebook page](#).

UVA Health UVA Health Office of Diversity and Community Engagement is grateful to Abundant Life Ministries, our community partner, for allowing us to use one of their houses for our community health station in Fifeville.

For information or to give us feedback on services you would like in the community, contact: Jackie Martin at jgm9u@uvahealth.org or 434-243-8352

Take away points



New KDOQI Guidelines support a shift towards plant-based, whole foods.



Address food insecurity in the clinical setting and connect patients to resources available.



Find creative ways to overcome barriers to accessing healthy foods.

Food Banks

Local Resources

Gardens/Farmers Markets



Questions

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*Thank you to **Katherine Zebrowski, MS, RDN,**
for her creative and technical support with
this presentation*

