

Feeding America’s Response to Diabetes and Food Insecurity

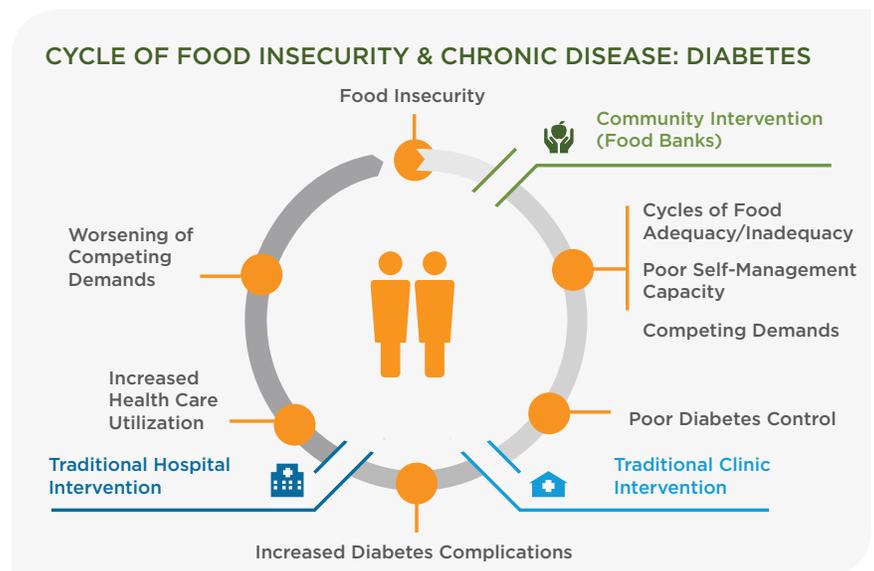
Diabetes affects 29.1 million people in the U.S., or 9.3 percent of the population. The prevalence of diabetes—especially type 2 diabetes—has dramatically increased over the past 50 years, disproportionately affecting low-income people who live with food insecurity and other social and economic challenges. Access to healthy food, self-management support and regular primary care are critical to achieving blood sugar control and preventing diabetes-related complications. However, many adults with diabetes—particularly those living in low-income communities with high rates of food insecurity—lack access to these services. Feeding America’s *Hunger in America 2014* study found that one-third of the households we serve report having a member with diabetes. In addition, two-thirds have had to choose between paying for food and paying for medicine or medical care. Health and hunger are interconnected.

FEEDING AMERICA DIABETES RESEARCH

Through Feeding America’s initial Diabetes Pilot (2011-2014), three member food banks offered clients diabetes-appropriate food, education, blood sugar monitoring and referrals to primary care physicians. This pilot study saw **improvements in client health**, including **improved blood sugar control, medication adherence** and **dietary intake**, as well as **reduced diabetes distress**. The success of the pilot confirmed that this model is highly desirable to food banks, clients and to health care partners and is feasible to implement in this unique community-based setting.

The data from this pilot project is promising and the next phase requires that we rigorously evaluate the program’s effectiveness using a randomized controlled trial (RCT) design. This trial design will ensure that we accurately understand the benefits that can be expected from implementation of similar diabetes interventions across our network of food banks.

In early 2015, we began designing an RCT, with a waitlist control group, to evaluate the effectiveness of using food banks to identify food-insecure clients with uncontrolled diabetes and to provide food, education, emotional support and links to primary care. *The Feeding America Intervention Trial for Health - Diabetes Mellitus (FAITH-DM)* will be implemented through three partner food banks and will reach a large number of high-risk, underserved food-insecure adults with poorly managed diabetes. The diabetes research trial intervention will help provide diabetes management services that are frequently unavailable, inconvenient or poorly adapted for this population.



Adapted from Seligman HK, Schillinger D. N Engl J Med 2010;363:6-9.



Our primary outcome of interest is improved blood sugar control for intervention group participants compared to participants in the waitlist control group. Our secondary outcomes include reduced depressive symptoms, reduced hypoglycemic episodes, improved food security and food stability, improved medication adherence and reduced diabetes distress. We also will conduct a health care utilization analysis, looking at how the intervention may impact variables such as emergency room visits, hospitalizations and primary care physician visits.

OVERVIEW OF DIABETES RESEARCH TRIAL: JULY 2015 - JUNE 2017

- National Partners include Feeding America; Dr. Hilary Seligman and her research team at the University of California, San Francisco's Center for Vulnerable Populations; and the Urban Institute.
- Feeding America has selected three member food banks to participate in the multi-site, 24-month research trial.
- We will enroll approximately 720 clients with a new or pre-existing diagnosis of poorly controlled type 2 diabetes (defined as HbA1c \geq 7.5%, a measure of blood sugar control over time) who are visiting food pantries affiliated with three participating food banks.
- Fifty percent of study participants will be randomized to receive the six-month intervention immediately (intervention group).
- The remaining study participants (control group) will receive the six-month intervention after receiving traditional pantry services for a six-month waiting period.
- Modeled on our large pilot study and refined based on lessons learned, the intervention will include four core elements:
 1. Point-of-care HbA1c testing to screen for undiagnosed diabetes among clients with no reported diabetes history, and monitor glycemic control among those clients with previously diagnosed type 2 diabetes
 2. Collaboration with local community health clinics to allow prompt primary care referrals from the food pantries
 3. Biweekly food boxes over the six-month intervention period containing diabetes-appropriate foods and fresh produce
 4. Diabetes self-management education, including written materials, group classes and one-on-one reinforcement of diabetes self-care behaviors

THE LEADING EDGE OF ADDRESSING HUNGER, PROMOTING HEALTH

Feeding America strives to support our clients in not only getting the nutritious foods they need but the healthcare services they require to live healthy, productive lives. We serve more than 46 million people across the country. With our broad reach and extensive partnerships, Feeding America is well positioned to meet the needs of people where they are and to galvanize the public and health professionals to join us in the fight to end hunger so that we can all promote health. We are on the leading edge of this comprehensive approach to food security. But we cannot do it alone. We can help solve the underlying issues of hunger with your help.

Together, we can solve hunger.

Long-Term Vision

Our long-term goal is to demonstrate the efficacy of food bank-led, community-based interventions for underserved, low-income and food-insecure adults with type 2 diabetes. Through the diabetes research trial, we will quantify the effectiveness of the intervention and more fully understand the role that food banks can play in community-based diabetes care. The results will help guide Feeding America network food banks as they develop programs that support client health through appropriate food offerings, self-management resources and referrals to primary care.



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