

**Food and Nutrition for People Living with HIV/AIDS:
A Brief Resource Assessment**

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Background

According to the USDA, 15% of the American population is food insecure, a number that has remained unchanged since 2008¹. Among PLWH/A in Oregon, the 2012 numbers are higher: 17% are food insecure and 16% are hungry².

People receiving services from Oregon's Ryan White care coordination program have access to some food and nutrition assistance. In 2007, HIV case management clients in the Part B service area were asked about their food needs as part of the annual client satisfaction survey; 57% said they had needed help with food and groceries in the past 12 months. The most common source of financial help for food came from food stamps, accessed by 47% of respondents. Other common sources of help were food banks/pantries (27%), friends and family (25%), and grocery vouchers from case managers (23%).

The HIV Medical Monitoring Project (MMP) study measures food and nutrition needs differently. According to 2011-2012 MMP data, 29% of the respondents received meal or food services. Among those who reported they did not receive assistance, 6% said they had an unmet need. Partially met need is not assessed; therefore, we do not know how many people got help, but still needed more.

Focus groups conducted in 2007 identified a number of themes surrounding food-related needs and gaps. As supported by the scientific literature, PLWH/A have unique nutritional needs that extend beyond health promotion and disease prevention. Identified barriers to eating for optimal health included lack of transportation, lack of appetite, depression and fatigue, but the most commonly cited barrier was lack of income, which is also the most common reason for low food security and hunger among all Oregonians. Although participants shop at discount stores, buy in bulk and pool resources, in order to stretch limited resources, they are often still short at the end of the month.

Many communities in Oregon are served by food banks, food distribution programs through churches, and congregate meal programs, but PLWH/A found these resources only marginally helpful. Most had used these programs, but cited multiple barriers including lack of access, long waits, concerns about food safety and types of food offered, and feelings of stigma and discomfort related to competing for scarce resources with other individuals and groups in need, particularly women with small children. Furthermore, these resources continue to be stretched thin as record numbers of Oregonians depend on them.

Purpose of the Assessment

Oregon's HIV Care and Treatment program contracted with PDES to conduct a resource assessment of food and nutritional service providers across Oregon (e.g., food banks, congregate meal programs) to determine the availability, accessibility, and appropriateness of existing services to serve populations with chronic illnesses, such as PLWH/A.

¹ Household Food Security in the United States in 2012, A report summary from the Economic Research Service, USDA.

² Data from Medical Monitoring Project, 2011-2012.

Methods

PDES reviewed previous HIV Care and Treatment reports related to food and nutrition, scientific literature, and MMP food security data, as well as conducted a web-based search of available resources in Oregon. With input from Oregon's HIV Care and Treatment Program, PDES developed a list of potential interviewees who have in-depth knowledge of food and nutrition programs across the state. Because Oregon Food Bank (OFB) plays such a significant role as a provider of emergency food, as well as leads the state in addressing long term solutions to hunger, the initial interview list targeted OFB providers, including the statewide services coordinator and 6 service providers within OFB's regional food network representing southern, eastern, coastal and mid-valley Oregon. The interview list also included a consultant who facilitates the Positive Self-Management Program and Healthy Eating Courses for PLWH/A in Oregon.

We interviewed four respondents: 1 from OFB's home office, 2 from OFB's regional food network, and the consultant. Although attempts were made to reach the others on the list, we determined the four respondents provided the information necessary to inform next steps, so we concluded data collection.

Overview of Available Resources

While counties, and the communities within them, have many food and nutrition resources available that are specific to their locations, the majority of these resources and service providers fall under the umbrella of one of two organizations, Oregon State University's Extension Service and the Oregon Food Bank. Rather than conduct an extensive search on available resources within each county, we limited this search to better understand the food and nutrition landscape in Oregon overall and to assess whether any changes have occurred since the previous assessment was completed in 2007.

Oregon State University's Extension Service

The OSU Extension Service provides educational outreach to convey research-based knowledge to communities across the state. Its Nutrition Education Program teaches Oregonians how to make better food choices, handle food safely, and manage their resources so they do not run out of food before the end of the month. The information is shared through nutrition education classes and indirectly through their website, newsletters and mail. Their Food Hero website offers recipes, cooking and nutrition tips, and a monthly newsletter offering tasty and healthy low cost meal recipes and ideas.

Oregon Food Bank

In order to achieve its mission of eliminating hunger and its root causes, OFB distributes food through 21 regional food networks and works with approximately 950 partner agencies, including 450 food pantries. Through this network, in the past year, OFB distributed over one million emergency food boxes containing a 3-5 day supply of food for a family of four. In addition to distributing emergency food through food boxes and congregate meals, OFB also addresses more permanent or long-term solutions

to food insecurity and nutrition through education programs, community organizing and advocacy. Anyone with internet access can visit the OFB website and use their food finder service located under the “Get Help” tab. Clients input their zip code for a list of available service providers in their area. Each provider tab includes the type of service, hours, location and contact information. Possible services provided are: food box, meals, harvest share and community basket. Access and distribution process vary by service provider.

Findings from Interviews

Serving People with Special Needs and/or Chronic Illness

Recognizing the need to address special dietary needs/restrictions, OFB has recently begun to implement short- and long-term solutions:

- Shopping Style Pantries

Rather than having the pantries provide pre-assembled food boxes, there is a statewide shift to a shopping or grocery style environment where clients select from the available stock to fill their own food box. This enables clients to choose foods that better fit their dietary needs. Not all pantries are set up for this type of distribution, but OFB is encouraging their partner agencies to move toward this model when feasible.

- Nutrition Education

This approach targets both service providers and clients. The regional food networks provide education in a variety of forms. Two examples include educating food pantries on certain chronic illnesses and their associated dietary needs, so they can direct clients to preferred foods and hosting courses for people with chronic illness (e.g., diabetes) to learn about their specific nutrition needs, find support, and share ideas. OFB partners with community-based social service agencies to offer a *Cooking Matters* series, sponsored by Share our Strength, that provides hands-on cooking and nutrition education to agencies’ “resource-limited” clients.

- Fresh Produce

OFB has an initiative to increase produce distribution by 50% over the next 5 years. Currently, about 15-30% of the overall emergency food provided is fresh, but OFB would like to see more variety and greater amounts of fresh produce. In order to reach this goal, the regional food networks are working closely with local farmers, developing more community gardens, and encouraging community members to “plant a row” for the food bank. In April 2014, Oregon’s state legislature passed a crop donation tax credit so farmers can now benefit from donating crops to hunger relief.

- Recipes and Demonstrations

In conjunction with increased amounts of fresh produce, the regional food networks offer recipes and cooking demonstrations for in-season fruits and vegetables through the pantries, farmers' markets, or stores. In the future, they hope to include recipe information on their websites.

Addressing Barriers

We specifically asked about the main barriers to getting assistance from community-based food programs that PLWH identified in the 2007 focus groups: access; concerns about food safety and types of food offered; and stigma, discomfort and competition for scarce resources. Every respondent said these issues are not unique to people living with HIV and shared ways that their programs and initiatives try to address and reduce these barriers to ensure no one goes hungry.

- Access

While regional food networks cannot mandate hours of operation, they encourage their food banks and pantries to keep hours that fit a variety of schedules. All of the respondents indicated they would like to know if there is an underserved area or a way to improve access within their network. As an example, Access Food Share of Jackson County has a mobile food pantry that travels to underserved communities or locations that cannot house an indoor pantry. Because the mobile pantry is a new service, they are looking for partners and ways to utilize it. For people unable to pick up a food box due to illness or work schedule, most food banks will give food to a proxy with a letter from the client explaining the situation.

- Food Safety and Type

As mentioned earlier, community food providers are trying to address client concerns related to food type by offering more fresh produce, recipes and cooking demonstrations and a shopping style pantry. The food banks and pantries follow strict requirements regarding the safe handling and distribution of perishable food. However, for other non-perishable types of food, clients should be educated that the "sell by" or "best by" dates are guides and do not correlate to food safety. An expired can of food may lose some of its nutritional value, but is still safe to eat; therefore, canned and packaged goods may be eaten beyond their dates at no risk to the consumer.

- Stigma, Discomfort and Competition

All respondents indicated they serve anybody, and do not discriminate: "Everyone is welcome." If any client experiences otherwise, they want to know about it. Marion-Polk Food Share asks pantries to loosen residence restrictions so that a client not wanting to access services in their neighborhood may go to another pantry outside their neighborhood or county. Some pantries may be resistant to changes in residence rules (?), but with increased education for providers

and clients, people should be able to get their needs met. Respondents reiterated many times that “no one should be hungry” and that there is enough food to meet the demand within the emergency food system. While some pantries indicate they have enough food for clients to have one food box/month, they also said it is rare that a pantry turns people away on distribution day.

Healthy Eating Course

This class grew out of the Positive Self-Management Program and allows participants to further explore solutions to the many barriers to healthy eating identified by PLWH in the 2007 focus groups. The only connections to available community resources are what the class participants discuss; otherwise, the topic is not formally included on the agenda. Because the class meets one time for a few hours, it does not require the same weekly commitment as the PSMP. The class will likely be available as a webinar this fall.

Recommendations

The food and nutrition landscape for people with limited resources has seen some shifts recently that could be beneficial to PLWH/A. Access to the food pantries is improving with extended hours, increased locations, mobile service and a determination to ensure underserved areas or populations are covered. In addition, service providers want to hear from clients on ways to improve services or how to meet their needs. Shifting to a grocery “shopping” style of distribution within food pantries should help clients have more control over the types of food they receive from emergency food sources. And the initiative to increase the proportion of fresh produce should improve the variety of food. In addition to the HIV-specific healthy eating course, OFB regional food networks provide educational opportunities to help clients with eating healthy on a budget, cooking in-season produce, and understanding the importance of healthy food choices when suffering from a chronic illness.

Increased communication between the OFB regional networks and HIV care coordination teams could help reduce barriers clients experience when trying to access emergency food services. In addition, an updated resource list, including web-based resources, could help care coordinators make referrals to more appropriate services as well as support their clients in healthier eating and improved nutrition.

Most of the barriers mentioned by PLWH/A are not unique to people with HIV disease, but are similar challenges to those most people on limited budgets face. Therefore, agencies working toward improved nutrition and access to healthy food are open to feedback and communication, in order to better serve the PLWH/A community.

Helpful Websites and Resources

The following websites may be helpful resources for clients, care coordinators, and program planners.

www.oregonfoodbank.org

www.marionpolkfoodshare.org

www.foodforlanecounty.org

www.mccac.com (Mid-Columbia Community Action serves Hood River, Sherman, Wasco)

www.capeco-works.org (Capeco Food Share serves Gilliam, Morrow, Umatilla and Wheeler)

www.ccno.org (Community Connection serves Baker, Grant, Union, Wallowa)

www.extension.oregonstate.edu/community/nutrition (OSU's Extension Services Nutrition Education Program)

https://8b862ca0073972f0472b704e2c0c21d0480f50d3.googledrive.com/host/0Bxd6wdCBD_2tdUdtM0d4WTJmclU/good-and-cheap.pdf (cookbook with easy, nutritious recipes for resource limited families and individuals)

<https://www.foodhero.org/> (OSU Extension Services webpage with links to recipes, cooking tips and tools and monthly newsletter)