

How Health Systems Can Promote Healthier Eating

Amanda Parsons, MD, MBA, Elizabeth Spurrell-Huss, MSW, LCSW, MPH, Sean C. Lucan, MD, MPH, MS

Ann Fam Med 2017;15:583. <https://doi.org/10.1370/afm.2155>

THE INNOVATION

Community-level interventions that address food access and support healthier eating hold promise to reduce the costs of obesity and diet-related chronic diseases—both for communities and for accountable care organizations (ACOs) that serve them. Montefiore Health System (an ACO), has devised a 3-pronged community strategy aimed at (1) increasing the supply of and (2) the demand for healthier foods, and (3) reducing the promotion and availability of less-healthy options through advocacy and leadership.

WHO & WHERE

Montefiore Health System (MHS) cares for over 400,000 patients in the Bronx, New York and offers a variety of services through its hospitals, outpatient practices, and various community initiatives. The health system targets neighborhoods in the Bronx where obesity rates are highest for community-focused food-related initiatives.

HOW

Using geographic information systems (GIS) and electronic health record (EHR) data, MHS identifies “hotspots” in patient communities. In neighborhoods “hotspotted” for high obesity rates, MHS deploys a number of interventions including partnering with local bodega owners to address challenges related to healthy-food supply. Staff provide technical assistance to owners, including training sessions on stocking and pricing healthy items, improving signage and displays for marketing healthy foods, and completing assessments to measure progress. The health system also partners with a large local wholesale distributor to ensure healthy items are available, discounted, and promoted for bodega owners. To increase consumer demand,

Conflict of interest: AP. and E.S.-H. report none. S.L. and some of the research referenced in this manuscript are supported by the Eunice Kennedy Shriver National Institute of Child Health & Human Development of the National Institutes of Health under Award Number K23HD079606. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

CORRESPONDING AUTHOR

Amanda Parsons, MD, MBA
Montefiore
3324 Rochambeau Avenue
Bronx, NY 10467
aparsons@montefiore.org

MHS addresses healthy eating for high-risk patient populations through the evidence-based Diabetes Prevention Program,¹ and through diabetes, obesity, and hypertension group visits at outpatient practices. In obesity-hotspot neighborhoods, staff lead workshops on food preparation and food-label reading, and provide “taste tests” of healthy foods. MHS also distributes “Health Bucks,”² vouchers to help patients afford fresh fruits and vegetables at local (including health-system–hosted) farmers’ markets. Additionally, clinics have experimented with “fruit-and-vegetable prescriptions” where patients get a prescription to “take” fruits and vegetables like they would to take any medication. Patients and community groups provide feedback on various initiatives through advisory committees and through health-needs assessments. Supply-demand integration occurs through initiatives like “bodega walks” and “farmers’ market walks”, where staff lead patients on walking tours to healthy food sources and educate them on healthy eating. Further, patients and community groups are connected to participating bodegas and encouraged to use these stores for healthy catering at community events. Regarding advocacy and leadership, MHS cofounded the Bronx Bodega Workgroup, a multisector coalition of organizations that collectively advocates for reforms supporting healthy food environments. Internally, MHS promotes healthy vending and catering standards throughout campus cafeterias and vending machines and is committed to discontinuing sales of unhealthy foods/beverages while at the same time ensuring salads and fruits are uniformly available. The health system also supports local reforms aimed at reducing sugary-drink consumption, for example, by using poster boards based on the Centers for Disease Control & Prevention’s “Rethink your drink” campaign³ to teach local communities about healthy beverage options. Additionally, MHS researchers examine unhealthy-food availability, promotion, and consumption in local communities, while calling for healthy options.⁴⁻⁸

LEARNING

ACOs have responsibilities to patient communities and might focus their work beyond hospital beds and clinic walls. MHS’s diverse activities, taken together, provide a rich framework for improving promotion of, access to, and consumption of healthy foods in local communities. Engaging patients in their communities may help facilitate behavior change and help health systems address the substantial burden of diet-related chronic diseases.

Key words: population health; community health; food and nutrition; diet-related diseases; obesity; diabetes; health systems; accountable care organizations

Author affiliations, references, and supplemental materials are available at <http://www.AnnFamMed.org/content/15/6/583/suppl/DC1>.