



GOD'S LOVE
WE DELIVER®

Food is Medicine and Prevention: The Importance of Good Nutrition in Treatment and Policy



Our Mission

The mission of God's Love We Deliver is to improve the health and well-being of men, women and children living with serious illnesses by alleviating hunger and malnutrition.

We are dedicated to cooking and delivering the specific, nutritious meals a member's severe illness and treatment so urgently require.



Core Principles

For 30 years, we have never wavered from our three core principles.

Being sick and hungry is a crisis that demands an urgent response:

- **We deliver each client's first meal on the next delivery day**
- **We never have a waiting list**
- **We never charge clients for their meals**



Mission in Action

- 16 million meals since our founding in 1985
- Deliveries in all 5 boroughs of New York City, Westchester and Nassau counties and in Hudson County, NJ
- 5,000 meals prepared and delivered each week day
- 1.3 million individually tailored meals delivered this fiscal year



Our Clients Today

- In the last year:
- Over 5,000 unique clients, dependents and caregivers
- 25% HIV+
- 53% female, 5.6% children
- 35% black/AA, 38.5% white, 22.1% Hispanic, 4.4% other/unknown
- 90% live at or below FPL

God's Love We Deliver is Unique

God's Love is the only organization that:

- Focuses on people with serious illnesses
- Cooks and home delivers meals that are individually-tailored and nutritious
- Offers flexible service plans and delivery schedules
- Freshly prepares all meals on site:
 - No preservatives
 - No starters
 - No fillers



Food is Medicine for PLWHA

While adequate food and nutrition is important for all people, proper nutrition is **critical** for the management of HIV/AIDS.



Why is Nutrition Important?

- Helps the immune system fight infections
- Builds and maintains muscle
- Helps achieve or maintain healthy weight
- Reduces risk of chronic disease
- Helps medications work better
- Increases energy levels

What is Healthy Eating?

A well-balanced diet provides:

- Protection food – fruits & vegetables
- Energy food – grains & starches
- Growth food – protein
- Extra energy – fats, oils and sweets
- Water – 8 cups a day (at least)

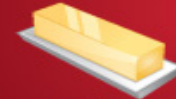
LESS



Salt



Saturated Fats



Solid & Trans Fats



Added Sugars



Fast Food



Refined Grains

MORE



Seafood



Whole Grains



Lowfat Dairy



Healthy Oils



Fruits & Vegetables



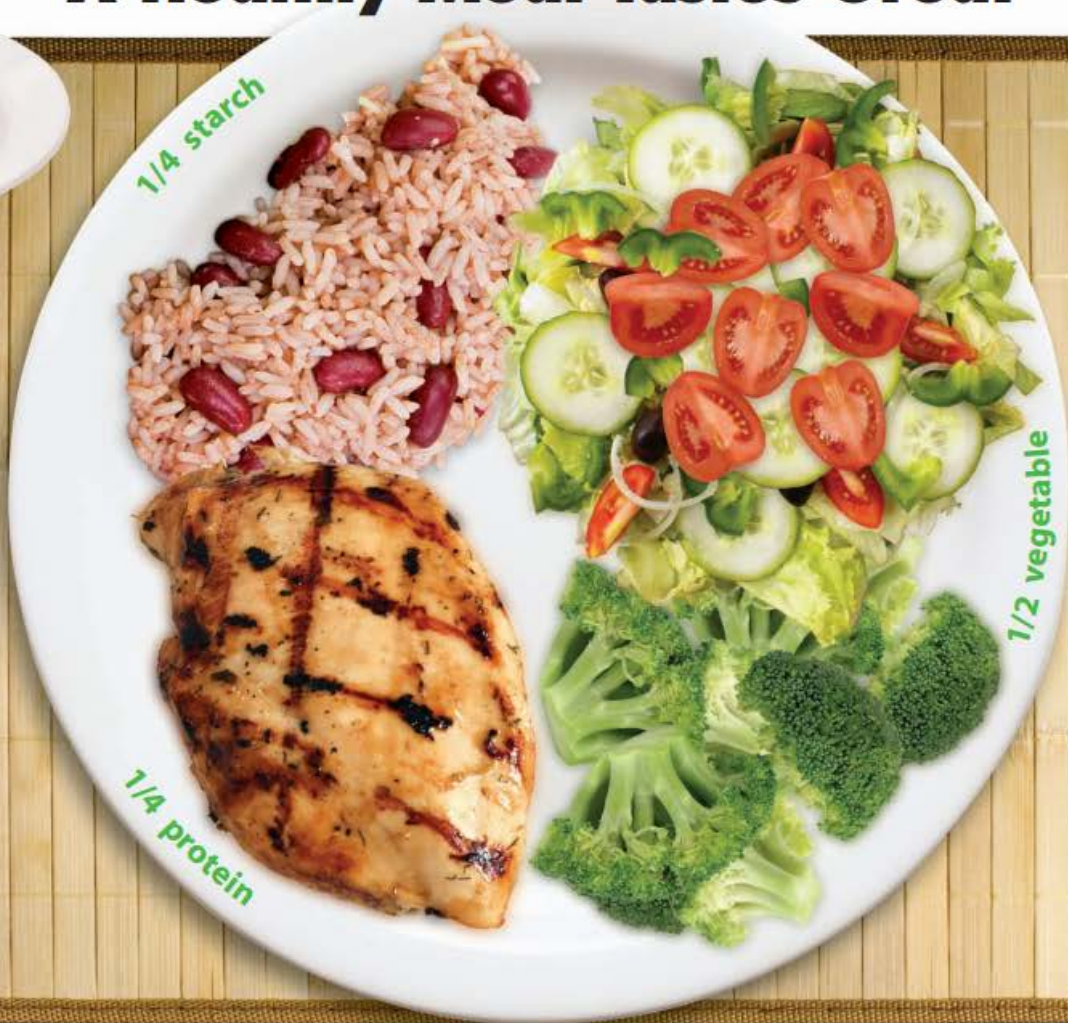
Lean Protein

My Plate Planner

A Healthy Meal Tastes Great



The Plate Method is a simple way to plan meals for you and your family. You don't have to count anything or read long lists of foods. All you need is a 9-inch plate.



Nutrition Focus on Women

HIV & Bone health

Bone loss normally occurs after age 35 and speeds up after menopause. HIV increases risk for bone loss.

- Get enough calcium & vit D –through food and supplements (needs increase with age)
- Stop smoking
- Do moderate weight bearing exercise
- Speak to your medical provider about bone health



Nutrition Focus on Women

Heart Disease

- Myth – affects only men
- Heart Disease is the #1 leading cause of death in women (and men) in the US
- Largely preventable through diet & lifestyle changes



Nutrition Focus on Women

HIV & Heart Disease

For those living with HIV:

- 70-80% increased risk of a heart attack
- 60-70% smoke compared to 20% of general population
- Higher rates of:
 - High cholesterol
 - High blood pressure
 - Diabetes

How to Lower Risk

- Achieve a healthy blood cholesterol level through a healthy eating pattern
- Achieve a healthy body weight
- Attain a desirable blood pressure
- Quit smoking!



Dietary Fats

These FATS contribute to high blood cholesterol:

- Saturated fats
 - Increases cholesterol levels
 - Aim for 13 grams or less
- Trans fats
 - Increases LDL (bad) cholesterol & decreases HDL (good) cholesterol
 - Aim for *none*

Dietary Fats – Healthful Choices

Mono & Polyunsaturated fats

- Help reduce LDL (bad) cholesterol

Food sources:

- Olive oil, canola oil, safflower oil, avocados, peanut butter, nuts & seeds
- Soybean oil, corn oil, sunflower oil, salmon, mackerel, herring & trout



What is blood pressure?

- Blood exerts pressure on the arteries as it pumps through – this is blood pressure
- Blood pressure is measured as two numbers:
 - systolic pressure (when the heart beats)
 - diastolic pressure (when the heart relaxes between beats)
- When this pressure is high you have high blood pressure or **hypertension**
- Hypertension = a reading of **140/90 mm Hg or greater**

Hypertension

- No symptoms
- Increases workload of heart & contributes to:

Narrowing arteries

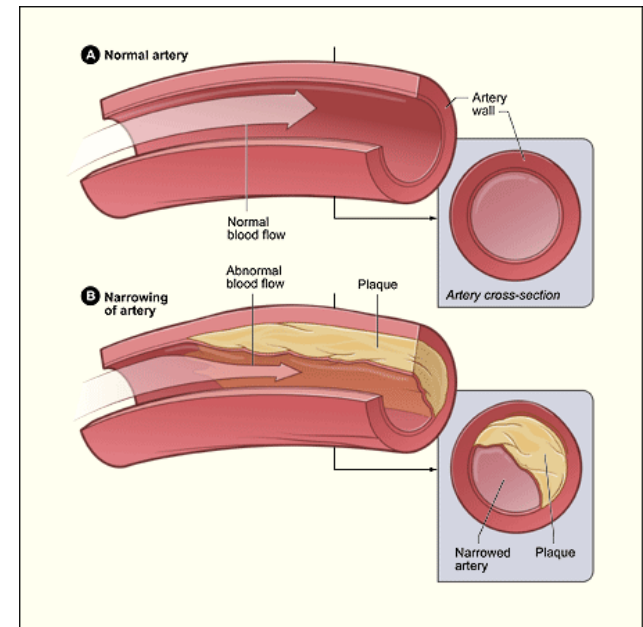
Heart attacks

Stroke

Congestive heart failure

Kidney disease

Blindness



How to Lower Your Risk

Medications

Lifestyle changes – huge impact can be made here!

- Diet
- Weight loss
- Exercise
- Smoking cessation
- Stress reduction
- Monitoring



Heart Healthy Eating Patterns

Do eat:



- Fruits & vegetables
- Whole grains
- Low fat or non-dairy products
- Lean meats, fish, nuts & beans
- Alcohol in moderation (if at all)
 - 1 drink/day for women
 - 2 drinks/day for men

Should I Exercise? YES!

Benefits of exercise:

- Improves immune function
- Decreases body fat, increases muscle
- Lowers blood pressure
- Decreases stress
- Lowers bad cholesterol, increases good cholesterol
- Improves glucose (sugar) levels
- Makes bones stronger

Do whatever activity you like & is safe for you!

Always speak to your medical provider before starting any type of exercise

What counts as exercise?

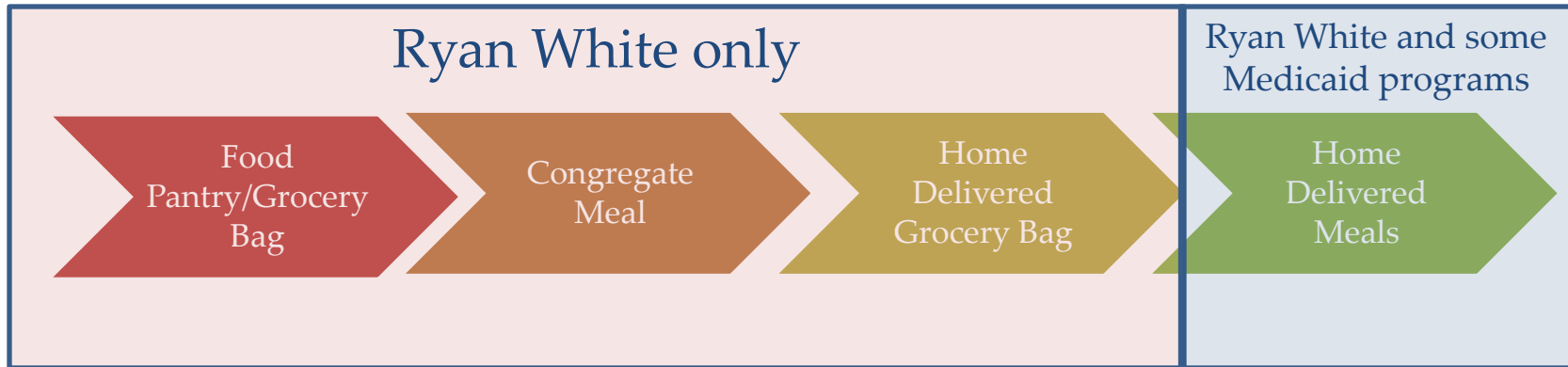
- Walking
 - Get off subway/bus 1-2 stops before yours and walk
- Gardening
- Household chores
- Taking the stairs
- Playing with children
- Chair exercises



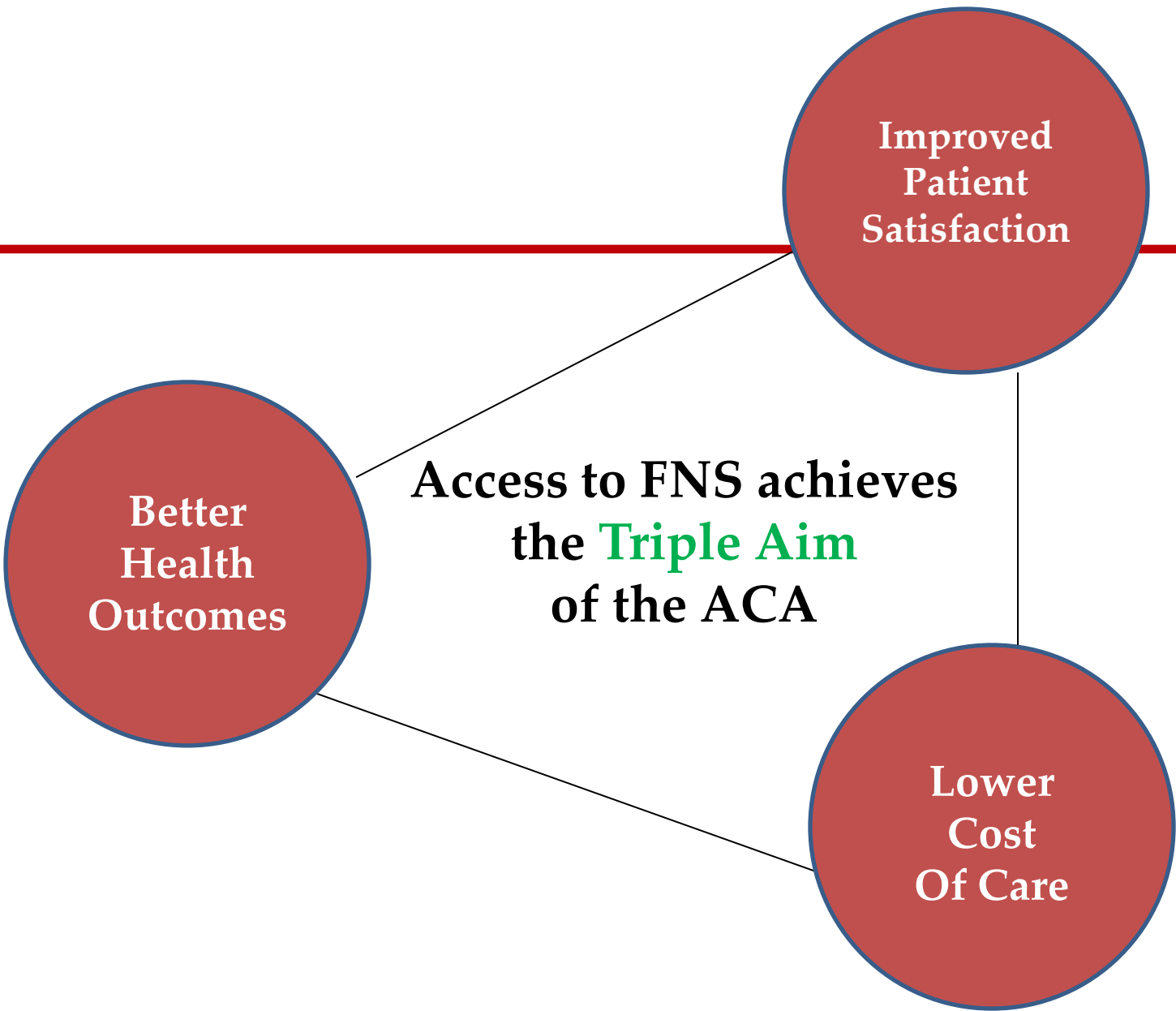
Food and Nutrition Services in Policy

Ryan White FNS Care Continuum

Addresses HIV/AIDS from prevention through management and treatment.



Intensity of symptoms and illness →





Better Health Outcomes with FNS

PLWHA who are food insecure have:

- **Poor health outcomes** (statistically significant)
 - Lower CD4 counts
 - Less likely to have undetectable viral loads
 - Increased morbidity and mortality
 - Poorer mental health functioning
- **Poor medical care outcomes** (statistically significant)
 - More missed primary care appointments
 - More emergency room visits
 - Less use of ART

Medical Nutrition Therapy (MNT) is associated with

- improved outcomes related to energy intake and/or decreased symptoms
- improved outcomes related to weight gain, CD4 count, and quality of life



Lower Cost of Care with FNS

Research shows that adding medically tailored food to a care plan dramatically reduces healthcare costs for PLWHA from \$50,000/month to \$17,000/month.

Nourished clients have:

- Fewer emergency room visits
- Fewer missed primary care appointments
- If hospitalized:
 - costs were 30% lower*
 - length of stay reduced by 37%*

Malnourished clients have:

- More emergency room visits
- Hospital stays that are 3x longer
- Inpatient costs that are 3x higher
- A likelihood of rehospitalization that is 2x as high



Improved Patient Satisfaction

Clients overwhelmingly report that our services help them:

- Live more independently
- Eat more nutritiously
- Manage their medical treatment and medications more effectively



Nutrition is an Inexpensive Intervention

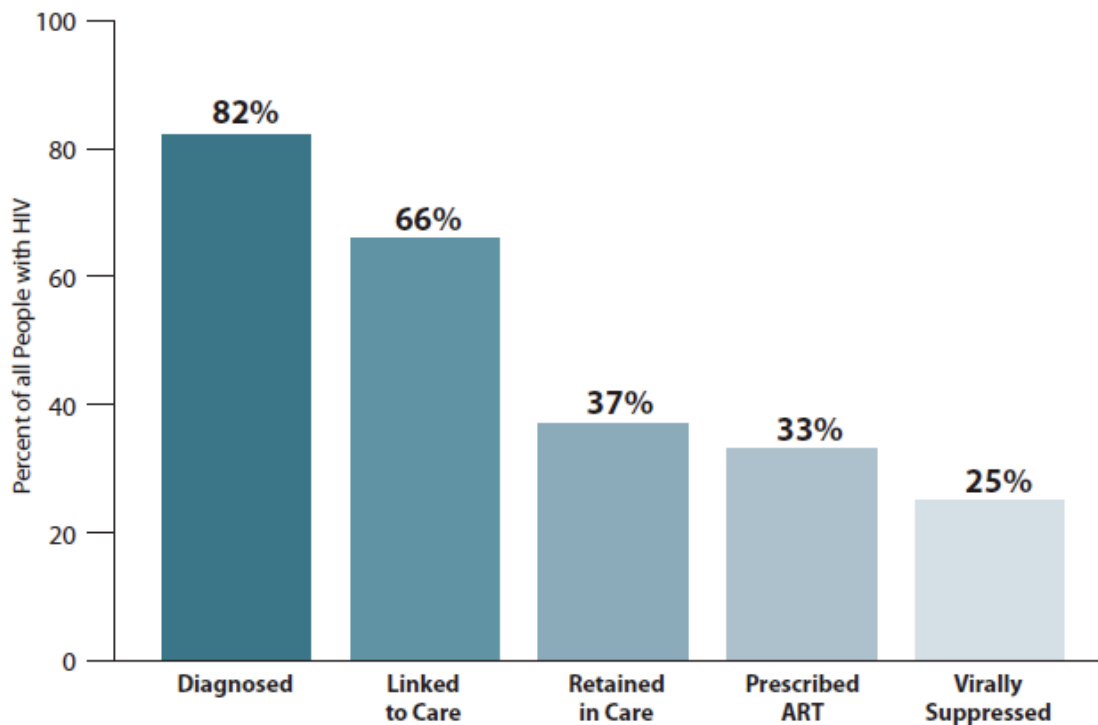


Feed someone for 1/2 a year
for the same cost as 1 day in the hospital

[#foodismedicine](#)

FNS – Impact on the Treatment Cascade

OVERALL: Of the 1.1 million Americans living with HIV, only 25 percent are virally suppressed.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

JULY 2012



Office of National AIDS Policy



Goal 1: Reducing new HIV infections



Goal 2: Increasing access to care and improving health outcomes for PLWHA



Goal 3: Reducing HIV-related disparities and health inequities

Other Policy Initiatives

**AN AIDS-FREE
GENERATION
STARTS WITH ME**

2020

AIDS-FREE NY  **AIDS-FRE** 

FNS at the Crossroads of Healthcare Reform

Why is Ryan White Still Important?

- Ryan White is the **gold standard** for managing the care of high-need, high-risk individuals with an infectious disease.
- **Need for support services** for PLWHA will continue to be paramount
 - Medicaid does not provide support services
 - Medicaid does not cover immigrants (except in certain states)
- **Need for medical services** in states that are not expanding Medicaid



Achieving a more coordinated national response to the HIV epidemic

To do this, FNS must be included in all healthcare reform efforts, including Ryan White and the ACA

1. **Ryan White** remains crucial for prevention and treatment of HIV/AIDS, even with some integration of FNS in the ACA through Medicaid
2. **The ACA** - There is a tremendous variation in coverage of FNS outside of Ryan White by state
 - Even with some progress on home delivered meals within the ACA and state Medicaid Expansion, key services like pantry bags and congregate programs will be a longer fight

Contacts

Lisa Zullig

Director of Nutrition Services

lzullig@glwd.org

212-294-8157

Alissa Wassung

Director of Policy & Planning

awassung@glwd.org

212.294.8171

REFERENCES

1. M. S. Cohen *et al.*, "[Prevention of HIV-1 Infection with Early Antiretroviral Therapy](#)," *N. Engl. J. Med.* **365**, 493-505 (2011). HPTN 052
2. Palar K, Laraia B, Tsai A, Weiser SD (2013). Food insecurity is associated with sexually transmitted infections and HIV serostatus among low income adults in the National Health and Nutrition Examination Survey (NHANES) (1999-2010). Presented at the American Public Health Association 141st Annual Meeting, Boston, MA, November 5, 2013.
3. Aidala A, Yomogida M, Vardy Y & the Food & Nutrition Study Team. Food and Nutrition Services, HIV Medical Care, and Health Outcomes. New York State Department of Health: Resources for Ending the Epidemic, 2014. Available at https://www.health.ny.gov/diseases/aids/ending_the_epidemic/docs/key_resources/housing_and_supportive_services/chain_factsheet3.pdf
4. [Weiser SD](#), [Frongillo EA](#), [Ragland K](#), [Hogg RS](#), Riley ED, Bangsberg DR. Food insecurity is associated with incomplete HIV RNA suppression among homeless and marginally housed HIV-infected individuals in San Francisco. *J Gen Intern Med.* 2009 Jan;24(1):14-20. doi: 10.1007/s11606-008-0824-5. Epub 2008 Oct 25.
5. Gurvey J, Rand K, Daugherty S, Dinger C, Schmeling J, and Laverty N. Examining Health Care Costs Among MANNA Clients and a Comparison Group, *J Prim Care Community Health*, 4(4):311-7 (June 3, 2013)
6. Su Lin Lim, Kian Chung Benjamin Ong, Yiong Huak Chan, Wai Chiong Loke, Maree Ferguson, Lynne Daniels. Malnutrition and its impact on cost of hospitalization, length of stay, readmission and 3-year mortality. *Clinical Nutrition* 31 (2012) 345-350. 345
7. Jencks, SF, Williams MV, Coleman EA. (2009) Rehospitalizations among Patients in the Medicare Fee-for Service Program. *N Engl J Med* 360:1418-28.
8. Jensen GL, et al., *Recognizing Malnutrition in Adults: Definitions and Characteristics, Screening, Assessment, and Team Approach*, *J. Parenteral and Enteral Nutrition* (2013)
9. Corkins MR et al., *Malnutrition Diagnosis in Hospitalized Patients: United States 2010*, *J. Parenteral and Enteral Nutrition* (2013)