

Abstract

Cardiometabolic impacts of a large-scale, partnership-based regional food prescription program

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Objective. To estimate cardiometabolic change among participants in a food prescription program implemented at scale.

Methods. A secondary analysis of participant data collected from health care partners (n=16) and food pantries (n=15) in Houston, Texas between May 2018 and March 2021 assessed change in multiple cardiometabolic markers. Exposure was defined as any visit to a food pantry after receipt of prescription. Linear and logistic regression models estimated change in outcomes by exposure status and number of food pantry visits, and the odds of a clinically significant change in outcomes as a function of visits, respectively.

Results. Exposed patients experienced a -0.28% (p=0.007) greater change in HbA1c than unexposed patients, over six months. Differences across exposure categories were seen with systolic blood pressure (-3.2, p<.001) and diastolic blood pressure (-2.5, p=0.028), over four months. The odds of any decline in HbA1c (OR=1.06 per visit, p<0.001) and clinically meaningful decline in HbA1c (OR=1.04 per visit, p=0.007) showed a linear association with visit frequency.

Conclusions. Our study of an at-scale food prescription program involving multiple health care and food pantry sites provides robust evidence of a modest decline in HbA1c levels among participants.

