

Food as Medicine: Linking Hunger Relief with Healthcare

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Field Site: La Casa Norte, Chicago, IL
February 2018

Acknowledgements

Thank you to: Open Arms Ministry, Marillac St. Vincent's, Chicago Hope, The West Town Health Market, Jamila Cervantes and Erica McCoy- Emerson Hunger Fellows at Oregon Food Bank, Funke Aderonmu- Emerson Hunger Fellow at D.C. Greens, Carrie from Dominican University, our survey team from UIC: Katherine and Colin, and several other people whose conversations guided me through the ideas in this presentations. Also, thank you to Maggie You Ming Tsai, Valery Martinez, and Melissa Texcahua for reviewing and editing my paper. I am always grateful for your feedback and support. Thank you to anyone else who read my report in its initial stages.

Lastly, thank you to La Casa Norte for allowing me to interact with the Humboldt Park community and the Northwest Food Partners' Network. My favorite part of my field site was having the opportunity to be in the food pantries and hot meal programs, talking to the people who came to us in need and understanding their need and dire situation.





Introduction

Hunger is a health issue. This report outlines the way in which emergency food programs can help end hunger by partnering with the medical field to provide their clients more services. There are several means a food pantry or hot meal program can implement to add healthcare into their existing programming. I focus particularly on four methods, which can be easily incorporated into an existing food operation. Additionally, I provide examples of the best work from my field site placement in Chicago and across the country.



Executive Summary

According to recent USDA estimates from 2016, 12.3% percent of households were food insecure, meaning that at least some time of the year these household had reduced or disrupted eating patterns due to lack of money and other resources to obtain food. (Coleman-Jensen 2017) In order for individuals to live a healthy, active lifestyle they need to be able to access enough food, however the number of households that are not able to attain this status are still high. Food insecurity has been shown to have a permanent effect on individuals who experience hunger or food scarcity. (Coleman-Jensen 2017) Hospitals and other medical providers have recently begun to exam their role in food insecurity, realizing they can have an impact in helping those who are experiencing food scarcity. (Health Research & Educational Trust 2017) There is a new trend across sectors who provide aid to redefine their part in helping end hunger.

Emergency food programs distribute food to food insecure individuals in their community to help address the problem. Emergency food programs are primarily food pantries, but can also be hot meal programs, mobile food distributors, and other programs designed to feed those in need. Many of these programs are effective in distributing food, but they can go beyond providing food aid to offering more services. Some services that are easy to provide through partnerships are health and nutrition programming which can be easy to incorporate into established pantries' services. These can be particularly helpful for low-income clients who otherwise would not be able to access or afford these services.

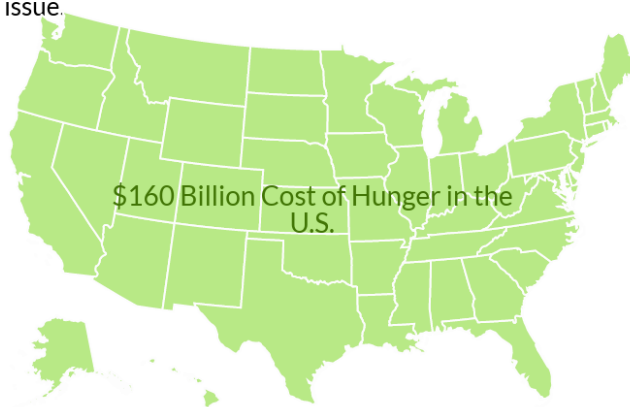
Emergency food programs can use the four methods outlined below to provide health programming for their clients:

1. Providing medical assistance inside the pantry by a certified medical practitioner.
2. Partnering with a local mobile clinic for clients to receive medical evaluations
3. Conducting nutrition education classes and workshops for clients with food from the pantry.
4. Creating a prescription for food program which can help those who are food-insecure or recently diagnosed with a long-term illness or disease.

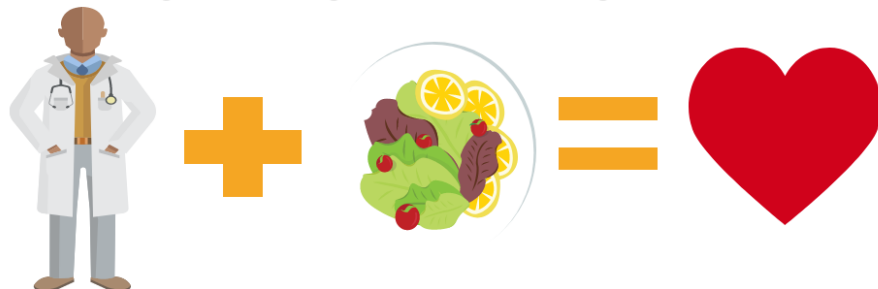
These four methods can help pantries improve the health outcomes of their clients, establish partnerships with local medical practitioners, and increase the impact of their programming in the community in addition to improving health aid in their community.

Hunger and Health

One hundred and sixty billion dollars is the estimate from Bread for the World's Cost of Hunger in the United States report. (Cook 2018) According to their latest count, at least \$160 billion accounts for the cost of healthcare directly caused by hunger and food insecurity. This amount is more than the combined annual expenses of state and federal funds for higher education. Though many attribute recent findings to the setbacks felt by the Great Recession, that economic crisis produced the largest number of food insecure households since the federal government began tracking in 1995. (247) The truth is the number of individuals who are experiencing food insecurity has not decreased since and the costs of healthcare have risen in parallel. (252) Bread for the World's is one of many new reports and research studies demonstrating that hunger and food insecurity are healthcare issues. If we are to end hunger we have to treat it as a public health issue.



Food insecurity can have detrimental impacts for all those experiencing this situation, but can disproportionately impact the most vulnerable populations. The USDA findings show that minorities, children, and the elderly are populations largely affected by food insecurity. Furthermore, families with single-parent households, mainly Black and Hispanic households, and households with incomes near or below the federal poverty line experienced food insecurity at higher rates. (Coleman-Jensen 2017) Often, these are the populations who frequent food pantries with a high need for necessities. Studies find that even marginal food insecurity disparities can impact children's behavioral, academic, and emotional development through their maturity from infants to adolescents. (Shankar 2017) Moreover, the impacts of living in a food insecure environment can lead to chronic illness, long-term lack of financial resources, and higher cost of healthcare expenses. All these factors combined tell providers that the populations coming to pantries are those who are most in need of health interventions, as long-term food scarcity can affect their health. Lastly, it is important that emergency food programs evaluate their role in their clients' health outcomes, since we now know the lasting effects of hunger on an individual's long-term health.





Why emergency food programs?

Food pantries and hot meal programs are the best line of defense to address hunger and food insecurity in communities. Many critics argue that these programs are not enough to fix the problem, that they are a Band-Aid fix, which is completely true. What people need to end their cycle of poverty is higher wages, lower cost of living, a bigger safety net, and more affordable housing. (Arnold 2004) In order to effectively end poverty and hunger we need to provide a better quality of life for all individuals, particularly helping those who are low-income. However, any of these policy initiatives would be too long a wait for families who are in immediate need. A family of four experiencing a crisis needs emergency food aid at this moment, their need is immediate. Therefore, emergency food programs are the best place to address food insecurity in our communities.

The better question is how can emergency food programs empower their clients beyond emergency food aid? One way free food program can go beyond addressing food insecurity is by bridging the gap between emergency food provisions and the healthcare system. How best to help your clients than by taking care of their immediate needs, such as their current health issues, particularly for those who are unable to afford the medical attention they need. Pantries interact with the most vulnerable populations; therefore, they are in the best position to help.

Indeed, there are several programs across the country who have partnered with the medical field to provide a comprehensive approach to their food distribution. The best example is the Preventive Food Pantry at Boston Medical Center, currently the only medical center with a fully operating pantry and nutrition classes catered to their patients. (Preventive Food Pantry: A Part of your Medical Care 2018) This pantry was created by doctors who became concerned when several patients explained they were having trouble affording nutritional foods for their families. They realized the best care they could provide to their patients was food, so they established the Preventive Food Pantry. Their operations have grown exponentially, and their success is seen in the increase of individuals they serve as well as the health

outcomes of their patients. (Preventive Food Pantry 2018) To access the pantry a patient “must obtain a referral through a screening process performed by their BMC primary care physician,” this is a small questionnaire which measures if a person is food insecure. (Preventive Food Pantry: A Part of your Medical Care 2018) The screening includes “an individual’s special nutritional needs and the number of people in their household.” (Ibid) The patient is then sent to the pantry where “their food options have been pre-selected based on the family’s dietary restrictions.” They are able to choose which include meats, fresh fruits and vegetables from a list of healthy options, to help create a diet plan. Often, patients are also often referred to nutrition-centered cooking classes which can help them use the food from the pantry to create healthy meals. (Food Demonstration Kitchen 2018)

BMC’s pantry is the best example as it provides full health services to the patients, but there are many other pantries, food banks, and medical centers that have followed the new initiative to think of food as medicine. One example of a client-centered design is at my field site placement La Casa Norte, a non-profit that provides services to youth and families experiencing homelessness. They have designed an innovative Nutrition Center that will be inside their new Foundation Project. In this building, they will be able to provide many services to the community, but in particular their food pantry and community café are programmed to provide the best practices to their community members. Moreover, the Foundation Project will also house a medical clinic from a partnership with Howard Brown Medical Hospital. This allows La Casa Norte to think more about the intersection of nutrition and wellness. In this center, they have the potential to provide prescription for food from their food pantry and provide nutritional education classes to supplement the food, along with the other programming already included in the center.

However, not all programs can re-design their space nor have the capacity to build a medical clinic next to the existing program. There are ways in which smaller and mid-sized emergency food operations can incorporate health programs into their current services. These vary in sized but can be adapted to fit based on resources and capacity.



Medical Assistance On-Site

One of the simplest methods is providing clients access to a medical practitioner in at your program location to interact with the patients during client hours. A food pantry or hot meal program could collaborate with a nearby medical hospital or other health service provider to place a specialist in their pantry. This individual would ideally be able to examine and prescribe medication to the clients who come during their visit. The practitioner would bring all their own supplies and be offered a room with privacy for the client. This way any client can come in with a health need of a question and be offered immediate help. The medical personnel would also be able to issue prescriptions for specific medication or offer referrals to patients who need more specialized care. This method can be helpful to clients as they can attend the food pantry, but also be attended to by a physician in the same facility. This can also save clients' money and even save their life, as they are treated before medical problems escalate and they end up in the emergency room.

This method is recommended for smaller to mid-size pantries with additional rooms near the program space.

Open Arms Ministry, Logan Square, Chicago, IL

Open Arms Ministry, created from an alliance between New Community Covenant Church's Open Arms and St. Luke's Lutheran Church's Elijah's Pantry, seeks to support and partner with those experiencing homelessness, poverty, and food insecurity. (Open Arms Ministry 2017) Open Arms provides two programs for the community: a drop-in program and a shopping-style pantry. Their drop-in a space provided for homeless and other individuals who need a place indoors and a plate of food. Their pantry is designed to be a client choice experience, mimicking a grocery store. Their programs seek to address poverty and homelessness in their community and provide the individuals experiencing these situations a supportive, caring community. (Ibid)

Open Arms staff realized their clients needed basic medical care, so they reached out to Heartland Alliance. Heartland Alliance pays for a nurse and a doctor to visit the site twice a month for 2 hours to treat the clients with their basic health needs. The nurse arrives prior to the doctor to screen the clients, so when the doctor arrives there is already a list of people waiting for services. Open Arms' facility has a private room where the doctor can see and treat patients privately. Doctors are able to prescribe medication and offer referrals in case they need more medical attention. The doctor at Open Arms has also referred several clients to substance abuse programs to help them overcome their addictions. The referrals to outside facilities help patients understand their health concern needs more care and builds trusts within community partners. Although the doctor visits take place during hot meal hours on Wednesdays, anyone from the community can come in to receive the free services. (Washington 2018)



Wesley Nurses provided by Methodist Healthcare Ministries

Provided by Methodist Healthcare Ministries of South Texas, Inc., Wesley Nurses attend food pantries to provide minor services for clients. These include blood pressure and sugar check performed by the visiting nurse. They can also answer minor questions and provide referrals for those with more health concerns. The program sees pantries as an opportunity to treat patients, but also to be a part of the community. Their goal is to build trust and a network of support by providing quality care. Overall this program wants to make an impact in the lives of the members of the community who are most in need. (Scheler 2015)

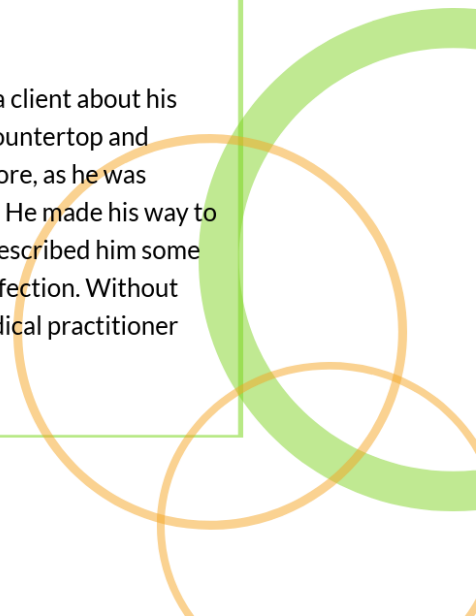
The Wesley nurses provide services to many community programs and they partner with several food pantries to provide the services to community members. They reach more than 80 sites across the San Antonio area of Texas. All the services they provide are free and the programs are accessible to all community members. Wesley nurses believe in a holistic approach to their services and provide health education and health promotion with their community partners.

Recommended tips for implementation:

- Sign-ups to see the medical practitioner can happen in two ways: directly with the medical specialist or during client intake to access the food pantry.
- Allow the practitioner privacy as she treats the patients, to secure client confidentiality as some clients might be unwilling to disclose their health issues with others.
- Be willing to let the nurse stay as long as needed. Some days there may be more people to see than on others, if someone is waiting to see the specialist they should be allowed to stay until they are seen.

Field Insights

During one of the doctor's visits at Open Arms Ministry, I was conversing with a client about his troubles. He had been in pain the previous night, because a knife fell from his countertop and landed right in the middle of his foot. He had tended to his wound the night before, as he was unwilling to go the emergency room since he could not afford to cover the visit. He made his way to Open Arms that morning to see the doctor, who treated his wound properly, prescribed him some medication, and gave him instructions on how to care for the wound to avoid infection. Without the medical attention provided he probably would not have been seen by a medical practitioner and the wound might have become infected without proper care.





Mobile Medical Clinic


Mobile medical clinics, which are medical clinics on wheels, bring health services to those who need it most. They can improve access to healthcare and overall health outcomes in underserved communities, moreover they save money to both providers and patients as it cuts out transportation costs. Due to unawareness of their services mobile clinics are often underutilized, but can help achieve the aims of “improving care, improving health, and saving health care costs.” (Mobile Health Clinics in the United States 2013) Some mobile clinics are specialized to only screen for certain diseases or only deliver vaccinations, which can expedite their services. Others are equipped to assist clients with basic health needs and can provide prescriptions or referrals depending on the clients’ health situation. (Start A Mobile Clinic: Tips & Tools 2009-2018)

Partnering with a mobile clinic can provide free services to the clients who visit the pantry. This is especially helpful in low-income areas with limited access to other low-cost healthcare options. Furthermore, this is ideal for pantries who do not have space for a medical practitioner to be inside their pantry but still want to provide the service. The mobile clinic can even park outside where the clients’ line-up before the pantry to receive the services, this can help for those who do not want to lose their place in line. Lastly, the mobile clinic does not have to come every time the pantry opens, however at least once a month is recommended to capture a good amount of people.

Recommended for smaller to mid-size pantries that operate their pantry without extra space.

Outside In, Portland, OR

Outside In is an organization dedicated to helping to empower and support LGBTQ youth who are experiencing homelessness. Among other services, they offer a hot meal program as part of their services to the youth. They are a federally qualified medical center which operates a mobile care unit to provide services to the community who are unable to visit their center. Their goal is to provide medical care to help patients lead healthy lives, all the while understanding that poverty, homelessness, and lack of access to healthcare can be a barrier for many clients. They offer a myriad of services, including physical exams, cold and flu care, as well as an herbalist for alternative medicine. Their goal is to provide as many services to those who are unable to access healthcare due to poverty. (Medical Services n.d.)





Community Food Pantry- Carrollwood/ Northdale, Tampa, Florida

The Village Presbyterian Church started a food pantry in 2008, which has grown since to now serve over 400 families monthly. The pantry has hosted a nurse in the pantry to see the clients who attend pantry, but they realize they could provide more health-related resources for the community. They reached out to BayCare Mobile Medical Clinic to visit the pantry annually to provide general health information, blood pressure readings, and diabetic screenings. The services offered by the clinic were available to the community at large. The event was advertised to food pantry clients, on social media, and at other community partners. Their first event serviced 45 participants, the second had over 80 participants, and they expect over a hundred for their next event. They recommend reaching out to providers in your area to see if anyone is available to provide services for clients. (Community Food Pantry Carrollwood/Northdale 2017)

Recommended tips for implementation:

- Announce when the mobile clinic will be at the pantry well in advance so clients can plan their visit around that date.
- Have volunteers manage the line to avoid conflicts with the people who are lined up but have signed up to see the doctors.
- The ideal place to park the mobile clinic would be at the facility parking lot.

Field Insights

I was at a food pantry discussing the community resources available to the community members in the area with a pantry coordinator. Often, we were able refer clients to other resources, such as health clinics, but for many sources were too far for public transportation. Transportation is often a barrier in low-income communities, particularly for the elderly and disabled clients. During the course of our discussion, the coordinator turns to me and asks, “Do you know of anyone who can bring a mobile clinic to treat our patients?” They explained how they did not have enough space nor spare funds to partner with a hospital to provide a nurse in the pantry. Therefore, the solution for them would be to have a separate mobile unit outside of the pantry to provide basic health services at no cost to the clients. They had the space to park a mobile clinic and would be able to attract participants, but did not find someone who could bring a mobile clinic to their site.



Nutrition Education Classes

Nutrition classes can help support participants as they shop, prepare, and eat healthy, affordable foods. Unlike regular nutrition classes these nutrition classes should be adapted to fit the needs of clients. Food at the pantries is sourced from either the local food bank, private donations, or food rescue, which is often the lowest cost food and low selection of food. Most pantries aim to offer their clients nutritionally and culturally-appropriate food. More often than not, pantries can't be as selective with their donations and will distribute items which their population of clients do not recognize and therefore do not know how to cook.

This becomes an issue when we consider how clients interact with the food from the pantry and if they are eating healthy meals. Pantries can go beyond offering food to their clients by providing them with nutrition classes during their visits. Classes can use food from the pantry, volunteers can prepare the class curriculum and the food, and classes can be tailored to engage the food pantry clients. Following guides such as "Food Pantry Nutrition Classes: A Guide for Nutrition Educators," "Cooking Matters," or the SNAP-Education Toolkits, their classes can include factors such as diseases, disabilities, seasonality, and other factors which can affect clients' nutritional intake. Additionally, they should be focused on healthy-eating behaviors, elicit participation, and also allow for feedback from clients to improve the classes.

This method is recommended for all pantries, incorporated at different scales depending on their capacity.

Irving Park Community Food Pantry, Chicago, IL

In partnership with Dominican University, Irving Park Community Food Pantry offers nutrition education classes to their clients during pantry. The classes are planned and led by a group of undergraduate interns enrolled in the dietetics program at Dominican. These classes are designed around the food from the pantry and delivered in a simple manner to the clients. The students do their best to engage clients and teach them fundamental behavioral changes they can apply to their everyday lifestyle and teach healthy eating habits. The students also obtain feedback through evaluation forms to know how the content from classes was received by the clients. Although this program is still in its preliminary stage, it shows the shift in pantries of all sizes moving towards educating their clients.



Oak Park River Forest Food Pantry, Oak Park, Chicago, IL

Oak Park River Forest food pantry acknowledges that hunger and health affect an individual's access to nutritious foods. They go beyond providing nutritious food at their pantry to offering nutrition education sessions to help clients learn about the items from the pantry. They offer "cooking demonstrations, recipes, and samples of dishes made with items" from their pantry selection to engage their clients. (Nutrition and Health Education n.d.)

The Nutrition Education Coordinator and Dietician on staff has interns to help prepare short nutrition lessons. The interns "effort to teach pantry clients the value of the food they're selecting and how to make the most of it," using brief handouts and recipes that clients can follow to create their meals at home. Their demonstrations and educational material are intended to focus on behavioral choices, such as selecting items with lower glucose and sodium contents. Overall their goal is to inform their clients on how to make the best decisions to make when selecting food, inside and outside of the pantry. (Summers n.d.)

Recommended tips for implementation:

- Often attempts to teach nutrition is presented impersonally and without account for the clients' situation, but being able to present the information in an intentionally engaging format will help participants learn more.
- If you feel this will occupy more space and time than your pantry can afford, putting up informational boards and handing out recipes is a good way to still offer education with significantly less time.

Field Insights

While helping out at a food pantry during a site visit I was placed in the fresh groceries section, which turned out to be the most interesting placement for me. I realized most clients were passing by my section without selecting more than a couple of items, if any at all. Upon realizing this, I attempted to engage them in conversation about how to prepare certain items. In one of the boxes there were some Poblano peppers, the majority of the clients were of African descent and almost none of them could identify the peppers. I started telling one lady how to make "chiles rellenos," she smiled politely but replied shortly that she would not know how to cook them so she wouldn't take them. The pantry coordinator informed me this was a normal occurrence, her clients often overlooked the vegetables for uneasiness of not being able to prepare them.



Food Prescription Program (FRx)

Often referred to as a “prescription for food” or “fresh food by prescription” these pantries are set-up as preventive tools to help combat hunger and health issues for clients in need. Following the model of Boston Medical Center’s Preventive Food Pantry, but adapted to fit individual programs, pantries can use the food from their shelves to provide an inclusive health experience for individuals with health issues. Usually, patients see a physician and are referred to the pantry for fresh food based on their health needs assessment. (Preventive Food Pantry: A Part of your Medical Care 2018)

The physician can use the Hunger Vital Sign™ which consists of two questions designed to assess their clients’ food insecurity: Within the past 12 months, were you worried whether your food would run out before you got money to buy more?


Within the past 12 months, did the food you bought not last, and you didn’t have money to get more? The answers scale from “often true” to “sometimes true” to “never true.” If the person answers either or both questions with “often true” or “sometimes true” then they are food insecure or at risk of being food insecure. (Sheward 2016) This way a medical practitioner can refer clients who have concerns about their access to healthy fresh food. Then, pantries can cater items to clients who are referred by physicians as they shop through the pantry. The program can be designed to treat both food insecure and those diagnosed with certain diseases.

This method is recommended for pantries mid-size and up, adapted to fit their size depending on their capacity.

Eat and Be Well Medical Pantry, Oak Park, Chicago, IL

West Suburban Medical Center in collaboration with Temple Jeremiah food pantry offers a prescription for food program designed to loop nutrition and wellness close together. Patients receive a prescription for “nutritious food” from the food pantry, mostly consisting of lean meats and fresh produce, through a physician. They have their prescription filled and six weeks after they have a follow-up appointment with their physician to renew their prescription. (DNS Contributor 2017)

The doctors who prescribe the food are employed by West Suburban Medical center, the food is supplied by the Greater Chicago Food Depository, and the food is distributed by Temple Jeremiah. This combination of organizations helps create a program catered for patients to understand how their health connects to their nutrition. It also provides a caring environment for patients, since many need the support system. The main goal of the program is to help those who are food insecure and those diagnosed with certain diseases improve their overall health through food. (Eat and Be Well: Medical Food Pantry n.d.)



West Town Health Market, West Town, Chicago, IL,

Created by Presence Health, the West Town Health Market was an initiative to provide more fresh food to the West Town community and the surrounding areas. Through a grant from the Food Insecurity Nutrition Incentive (FINI) Grant Program, they were able to partner with small farmers and urban agriculturists to provide groceries to their clients at no cost. Clients were referred through two ways: a prescription for food program through healthcare specialists and through vouchers distributed by social service providers in the area. The market was held at Presence St. Mary and Elizabeth Medical Center, outdoors in the summer and indoors during the colder season, in hopes of engaging community members who were food insecure to understand more about their nutrition and health status. (Groch 2017)

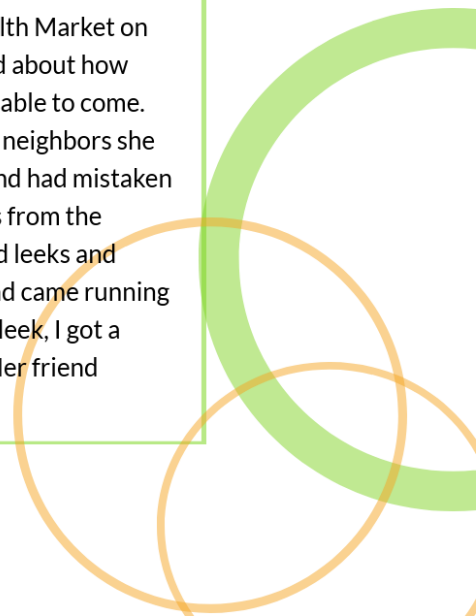
Although the vouchers were more popular for community members, many physicians referred their clients through prescriptions. At the end of their season they were able to distribute over \$2,000 in food prescription coupons. Moreover, it was not only the ability to gain access to healthy, fresh food, but the prescription that came from a healthcare professional that added an additional importance to the program as it was essentially a needed medical treatment. Patients, especially those who were low-income, were able to get the nutrition education to use the healthy food once they used the health referral. (Ibid)


Recommended tips for implementation:

- Provide physicians a form that's easy to fill out, designed to look like a prescription that patients will take to the pantry.
- Provide a one-on-one consultation with patients during their food pantry visit to explain the needed changes to their diets.
- Create a follow-up routine, through which a patient who receives food will be able to return to the doctor and the food pantry if needed.

Field Insights

At a community meeting, we were discussing the effects of the West Town Health Market on those who attended the market. Community members and organizations talked about how great it had been, particularly for the senior and disabled individuals who were able to come. One elderly lady vividly recollected a description of an incident with one of her neighbors she had brought to the market. The neighbor had received leeks from the market and had mistaken them for onions. When she told her friend how much she “enjoyed these onions from the market” and how delicious they were, her friend informed her those were called leeks and promised to take her again to the next market. At the next market day, her friend came running over to her with one hand in the air and the other on her cane, yelling “A leek, a leek, I got a leek.” The lady responded with surprise “Oh, well let's get you to a bathroom.” Her friend looked at her very seriously, “No! I got the last leek at the market.”





Any of these programs implemented at any scale would provide a significant improvement to emergency food programs. The need is there, we see it when community members come in crisis unable to acquire access to basic healthcare. It is even more disheartening to know the major obstacle for most people in accessing these programs is financial inability; simply they do not have the capital or would have to short-change some other aspect of their life to be able to afford the care. The conversations with many individuals in the field is what made me realize the potential food pantries and hot meal programs have to connect folks in need to more resources.

Researchers continue to prove the connection between food insecurity and health is more tragic than people acknowledge, but those of us in the field are witnesses to the phenomenon. While it warms our heart to be able to provide quality, fresh food to those in need, it would be amazing to help them improve their quality of life through healthcare so they may not be in need any longer. While we continue to understand how we can provide more quality services to our community members and grow our programs, we can also continually seek to find more ways to effectively end hunger, and ultimately poverty.

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