

Introduction

The postpartum period is a critical time for mothers, especially those experiencing food insecurity. Mothers facing food insecurity are more susceptible to mental health disorders, weight retention, and lower breastfeeding rates when compared to their food-secure counterparts.

Launched in 2023, the Food is the Best Medicine (FBM) program addresses food insecurity among postpartum women in Austin, Texas, by providing weekly deliveries of fresh produce, meal kits, and culturally tailored meals.

Study purpose: To assess the effectiveness of 3 versions of FBM intervention:

- FBM-Control: Food deliveries only
- FBM-CHW: Food deliveries plus two in-home visits from Community Health Workers (CHWs)
- FBM-Virtual: Food deliveries along with virtual support via the Foodways platform



Figure 1: Contents of a Food Box delivered Weekly. Produce and pantry staples worth \$15 (bottom image) along with 6 fully pre-cooked meals (top image) and meal kits (not displayed). Meal kits require no measuring and can be cooked in a single pan

Study Design & Methods

Study Design: A randomized controlled trial with 150 postpartum, food-insecure women, comparing three groups: (1) FBM-Control (n=50) (2) FBM-CHW (n=50) and (3) FBM Virtual (n=50)

Recruitment : Hospital social workers recruit postpartum patients who answer affirmative to "In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?"

Additional Inclusion criteria:

- 1) Postpartum less than 30 days
- 2) Literate in English or Spanish,
- 3) Live in the program service area
- 4) 18 years - 45 years old

Data Collection: Data collection occurred via via SMS at baseline (T0) , immediately upon completion of interventions (T1) and 3 months after completion of the intervention (T2) to evaluate diet quality, food security, breastfeeding, mental health, and resource utilization.

Interventions: All participants received weekly food deliveries for 8 weeks, which included fresh produce, pantry staples, and prepared meals:

- (1) FBM Control: Food deliveries only
- (2) FBM CHW Group:
 - Initial welcome call from a Community Health Worker (CHW) to assess needs
 - Two home visits from CHWs to provide education on available resources
- (3) FBM Virtual Group:
 - Access to online support through the Foodways platform
 - Reminders to utilize Foodways for accessing additional resources

Resources provided for both groups:

- Food Assistance: SNAP, WIC, food bank locations, healthy recipes
- Child/Baby Support: Head Start, insurance/Medicaid, diapers, nursing assistance
- General Assistance: TANF, rent and utility support, legal aid, emergency shelter

Partners and Funders



Learn more about FBM:



Supported by : AHA Health Care x Food Initiative, Danone Institute North America, Austin Public Health, Ascension Seton Foundation

Preliminary findings evaluating two enhanced versions of the Food is Best Medicine intervention

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Limitations & Challenges

Data collection is not complete and results are preliminary. The figures display responses from participants' pre-tests and post-tests, which include 25 individuals in the FBM-Virtual group, 44 in the control-Control FBM group, and 47 in the FBM-CHW group .

Conclusion & Next Steps

Key insights:

- **Positive trends in outcomes for all 3 groups**
 - Drop in depression prevalence
 - Improvement in food security
 - Significant increase in High Food security among all groups after the intervention period
 - Increase in fruit & vegetable consumption among all groups
- **FBM-CHW group engaged with the intervention more than the Virtual group**
 - FBM-CHW: 73 home visits with 300+ resources shared
 - FBM-Virtual: The average engagement time for visits to Foodways lasted about 1 minute
 - Participants in all groups demonstrated a clear need for additional resources

References:



Preliminary Outcomes

Figure 2. Sociodemographic Characteristics of All FBM Participants n = 113

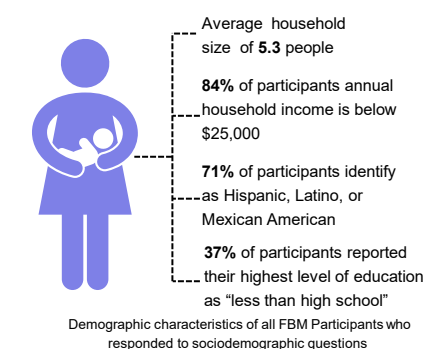


Figure 4. High Food Security Among Participants in the FBM-Control, FBM-CHW, and FBM-Virtual Groups n = 87 participants

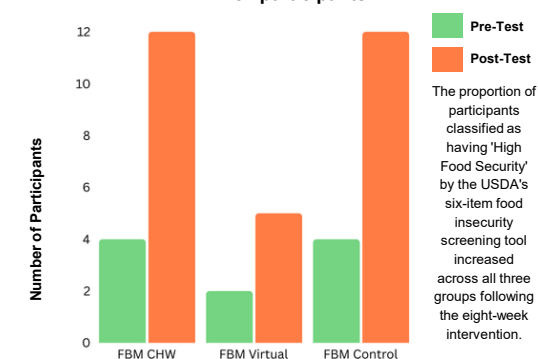


Figure 6. Low Food Security Among Participants in the FBM-Control, FBM-CHW, and FBM-Virtual Groups n = 87 participants

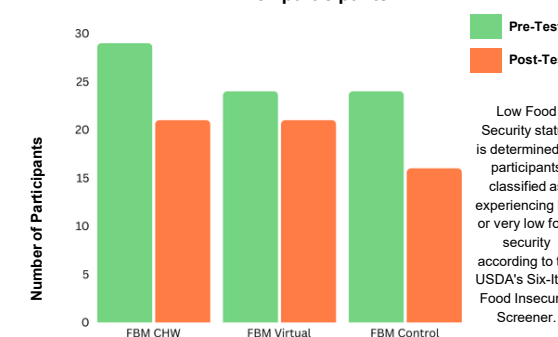
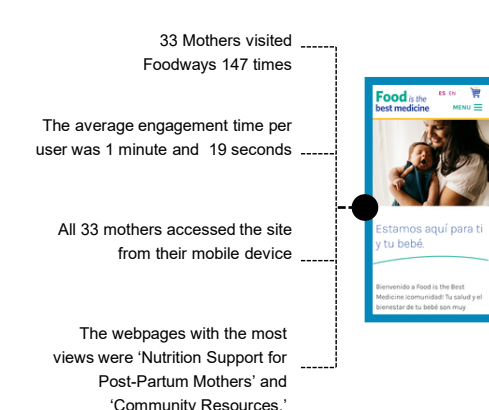
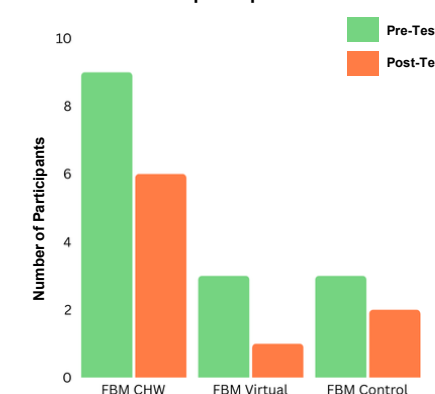


Figure 7: Utilization of Foodways for Virtual Participants n = 50



Data was collected using Google Analytics from 147 visits to the FBM site by 33 of the 50 enrolled virtual participants
*Data is collected from moms who completed the program as well as those still participating in the month of October 2024

Figure 3. Comparison of Depression at Baseline and Post-test Among Participants in the FBM-Control, FBM-CHW, and FBM-Virtual Groups n = 116 participants*



The figure illustrates a reduction in mothers exhibiting major depression symptoms, as measured by the Edinburgh Postnatal Depression Screening (EDPS), in all three groups
*The table shows results for mothers with EDPS scores of 12 or higher, although all 116 participants were screened

Figure 5. Self-reported increase in FV consumption at Completion of the Eight Week Intervention Among Participants in the FBM-Control, FBM-CHW, and FBM-Virtual Groups n = 114 participants

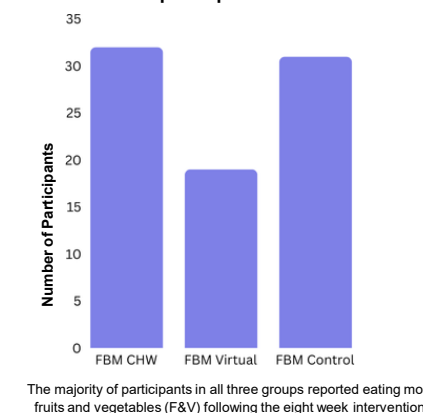


Table 1: Community Health Worker (CHW) Resources Referred and Utilized by FBM-CHW Group Participants n = 75 visits

Resources	Number of Times Resources were Shared with Moms by CHW	Number of Times Moms Reported using CHW Provided Resources	Number of Times Moms Reported they were Already Using a Resource
Diaper Bank	44	4	0
Food Bank	43	3	2
WIC	5	1	42
SNAP	18	4	12
Rental Assistance	38	4	0

This table outlines the resources provided to moms by CHWs during 75 visits to 45 households. It lists the five most common resources shared and the number of moms that used them, along with how many had used these resources prior to CHW involvement



FBM Evaluation