

Q1 Please provide your contact information below.

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Q2 Please describe your company or organizations overall goals and mission.

The mission of the Mary Mitchell Family and Youth Center is to improve the lives of families and youth in the Bronx through programs that expand opportunities, develop leadership and build community.

Q3 Please indicate which category your organization falls under. **Community Based Organization**

Q4 Innovation Executive Summary. Please describe the innovation, and how it addresses the social determinants of health. Please identify how the innovation addresses the 6 innovation criteria (i.e. ROI, scalability, feasibility, evidence based support for innovation, relevance to the Medicaid population and speed to market).

The Mary Mitchell Center runs a food buying club called La Canasta. Five days per week we purchase fresh fruits and vegetables from the Hunts Point Market and dry beans and whole grains from Restaurant Depot, then we divide the food into bags and distribute the bags to drop-off sites in the Bronx. This past year we did a pilot project with St. Barnabas Hospital using food as medicine for patients with uncontrolled diabetes. It is a study so we got IRB approval to access patient's records. We acted in partnership with the Interns and Residents to pass the IRB, identify patients and engage them in two activities; 1. weekly La Canasta bags - free for all patients, and 2. monthly Life Enhancement Clinic activities for a smaller group. We wanted to be able to see if there is a difference in outcomes between patients that just get food bags and those that get food bags and monthly support from doctors. A program like this in Pennsylvania had great success helping patients to control their diabetes and thus get fewer expensive treatments like amputations and eye surgery. We worked with 60 patients, 15 of which participated in the LEC.

Return on Investment - When people change the way they eat, they can better control their diabetes and thus get fewer expensive treatments like amputation and eye surgery. The La Canasta, food as medicine, Program costs around \$3,000 per patient per year for

weekly food distribution (this rate would come down with greater enrollment). This investment can save thousands of dollars that would have been used for the more expensive treatments.

Scalability - This year the La Canasta Program grew from once per week to five days per week. We learned valuable lessons about staffing, timing and refrigeration. We can use these lessons learned to scale the program. First to fully use the resources that we have (space, staff and transportation) and then how to grow beyond our current resources. It is possible for La Canasta to expand from 60 patients to 160 patients with our current resources. To grow beyond that number would take a larger space, more staff, additional tacking systems and another van.

Feasibility - The Bronx is fortunate to be the home of the Hunts Point Market. Most of the food eaten in NYC, New Jersey and Connecticut comes through the Hunts Point Market. This resource makes the feasibility of providing fresh food access to Bronx residents very high. The infrastructure for dividing and distributing the food is in place and the Bronx can offer plenty of potential staff. The Bronx has a desperately high unemployment rate particularly among young people. They would benefit from working with La Canasta on this project. We can hire locally and the only other significant expense would be additional space (which is available for rent) and additional vans (this cost would need to be covered by the program or possibly by local elected officials). Finally there is the issue of data collection. It would be better for us if SBH was responsible for collecting and analyzing the patient personal data and for us to collect and analyze the patient feedback. If we are responsible for managing patient personal data that would be another significant expense.

Evidence-Based Support for Innovation - A similar program including food distribution and support services has been studied in a Pennsylvania health system and it was found that the average cost savings was \$25,000 per patient. In addition, we are doing a study with the patients in our current program. At the end of our program we will be looking at patient personal health data to see if there is any change. We have already done a survey with 38 of the patients and they self report making healthier food choices (96%), using a greater variety of fruits and vegetables (78%), eating the food every week (90%) or sharing it with family, health workers or neighbors. No one reported throwing any food away. We were also given a list of other items people would like to get in the bag. Of course, we will not know until we analyze the personal health data whether or not using the bag leads to improvements in overall health outcomes. We will get the results to the pilot in October 2018.

Relevance to Medicaid Population - The Bronx has high rates of diabetes and other food related diseases which is no surprise because while there are plenty of calories available at bodegas, fast food stores and grocery stores; most of the "food" is heavily processed and not healthy. It is also true that there are high numbers of new immigrants who often have a history of cooking fresh food. We believe that with access to fresh fruits and vegetables, whole grains and dry beans the food related health outcomes can be improved. In the Bronx 31% of adults are obese and 14% have diabetes. The Bronx has a high rate of avoidable adult diabetes hospitalizations at 503 per 100,000 adults. La Canasta can address this health crisis.

Speed to Market - La Canasta, food as medicine, Program is already running in the Bronx through St. Barnabas Hospital. As a pilot we have to track two groups of people and manage several sources and types of data. Once the study concludes it will be easier to enroll patients in the program on an ongoing basis. We have built relationships with the Interns and Residents as well as the program staff at three SBH Clinics. It would be relatively easy to expand the program to another 100 patients. We could likely reach that number two months after starting registration. Expanding to another 160 patients will take additional space, additional staff and another van.

Q5 Was your innovation implemented? If so, please explain when, the number of people impacted, and the results.

Yes (please specify when and the estimated number of people impacted):

93 patients were registered. 60 patients remained active in food distribution and 15 were active in the LEC. The participants have self reported a positive change in their eating habits. We will analyze the patients personal health data at the end of the pilot to determine the impact on these data. We should have the analysis done by November 2018.

Q6 Please identify the SDH Domain that your innovation addresses. (Select all that apply.)

Neighborhood and Environment

Q7 I give the Department of Health the right to share the information submitted in this application publicly (for example: on the DOH website). I understand that there is no monetary reward/reimbursement for my submission or for attending the summit should my innovation be selected.

I consent to have my innovation shared

