NEW LEGISLATIVE SESSION, NEW LEGISLATORS
WHAT’S NEXT FOR FAMILY MEDICINE?
PG. ........ 8

UPDATE FROM THE COLORADO ACADEMY OF FAMILY PHYSICIANS FOUNDATION
PG. ........ 24

A RESIDENT’S EXPERIENCE AT THE WONCA WORLD CONFERENCE
PG. ........ 35
Could a partnership between a non-profit restaurant and family physician clinics work to address food insecurity? Let’s consider the issues and opportunities.

Food insecurity affects nearly 630,000 people in Colorado. Feeding America reports that more than 80,000 people living in Denver County are food insecure. Food insecurity refers to the inability to afford nutritionally adequate and safe foods – enough food for an active and healthy life. With inadequate food supplies, dietary variety decreases and consumption of energy-dense foods increases. People living with food-insecurity consume fewer weekly servings of fruits, vegetables, and dairy. These dietary patterns are linked to the development of chronic disease, including hypertension, hyperlipidemia, and diabetes.

According to the US Department of Health and Human Services, Office of Disease Prevention and Health Promotion, food insecurity is a key issue in the Economic Stability domain – the first of the five place-based domains of the Healthy People 2020 Social Determinants of Health topic areas.

Federico Roncarolo, MD PhD, Postdoctoral fellow in the Public Health Research Institute at the University of Montreal and Louise Potvin, PhD, Professor in the School of Public Health at the University of Montreal in their article, Food insecurity as a symptom of a social disease, analyzing a social problem from a medical perspective (Can Fam Physician. 2016 Apr; 62(4): 291-292), present food insecurity within a medical context, encouraging a better grasp of this issue and an understanding of the role of the family physician in addressing food insecurity. The authors believe that family physician clinics are ideal settings to promote the help that patients experiencing food insecurity need; while a referral to community services by family physicians might increase patients’ willingness to participate in community programs. As an example, the authors suggest that the co-location of health care and social services such as on-site emergency food boxes can increase accessibility and patient use of services and improve program efficiencies.

So All May Eat (SAME) takes a unique approach to addressing food insecurity through the SAME Café in Denver. Based on the belief that everyone deserves to eat healthy, locally-grown food regardless of ability to pay, this participation-based, non-profit restaurant serves nutritious meals six days a week in exchange for contributions of time,
produce, or money. The Café menu offerings, which change daily, include two soups, two salads, and two pizzas, with at least one vegetarian choice in each category. Gluten-free and vegan options are also available.

Founded in October 2006 with the mission of creating community through access to healthy food, the Café succeeds with the help of many regular volunteers assisting in the daily operations of the Café, the donations of hundreds of pounds of produce given through partnerships with local gardens and farms, and the generous financial support from the community.

Last year, the Café served more than 11,000 meals at its E. Colfax location near downtown Denver. A $50,000 grant this fall from the Colorado Health Foundation provides the essential support for the operation of a food truck—a vehicle that will help the Café serve an expected 75% more healthy meals in neighborhoods beyond the E. Colfax area. In addition to the meals served, the food truck will also include a mobile food market component, offering ready-to-use fruits and vegetables, recipes, serving suggestions and additional ingredients. This mobile food market service will give people an opportunity to try a vegetable or fruit in a meal, decide if they like it, and have the necessary resources to re-create the meal at home.

What if So All May Eat partnered with family physicians and brought the SAME Food Truck to family physician clinics or offices to serve meals and offer fruits and vegetables to patients? Could a partnership between a non-profit restaurant and family physician clinics work to address food insecurity?

More information about SAME Café and how you can be involved is on their website: https://www.soallmayeat.org.

Nate Flory is the volunteer coordinator and intern at SAME Café. Nate moved to Denver from Pittsburgh, PA to be a full-time volunteer at SAME for a year of service through the Urban Servant Corps.

Ann Cohen is the development coordinator for SAME through her service with the Ignatian Volunteer Corps. She retired in 2016 from her nutrition faculty position at the University of Missouri-Columbia and brings her over twenty years of experience with foundation and government funding for food and nutrition program development to her work at SAME.