On September 26th, the second White House Conference on Hunger, Nutrition and Health took place in Washington DC, more than 50 years following the initial conference convened during Richard Nixon’s presidency. The 2022 conference highlighted the immense role of food security and nutrition in human health and affirmed the concept of food as medicine. The conference also provided an opportunity to unveil a new National Strategy on Hunger, Nutrition, and Health that rests upon five pillars:

1. Improving food access and affordability
2. Integrating nutrition and health
3. Empowering all consumers to make and have access to healthy choices
4. Supporting physical activity for all
5. Enhancing nutrition and food security research

The National Strategy highlights the central role of equitable and life course approaches across all five pillars that serve as its foundation.

(Continued on page 3)
The PRC’s 5-year core research project is assessing the feasibility and health impacts of a virtually-delivered Diabetes Prevention Program (vDPP) facilitated by community health workers (CHWs) to address various social determinants of health (SDOH) that could serve as barriers to program participation.

After completing our pilot study in 2021 as part of Year 2 activities, we spent Year 3 of the study recruiting and enrolling the first two cohorts of study participants from communities in Greater New Haven and the Lower Naugatuck Valley. Recruitment was conducted on a rolling basis.

Of the 46 participants who have enrolled in the study, nine participants thus far have completed the one-year intervention.

Participants in Cohorts 1 and 2 have provided valuable feedback on the program and its components, which has led us to revise the Program Implementation Pathway (PIP) Evaluation framework used to guide project activities (described in more detail in the Spring 2022 issue of our Newsflash).

As of October 2022, we’ve started Year 4 of our project, and are now recruiting our third and final cohort of participants (see page 4).

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**PROJECT TIMELINE**

**YEAR 1**

- Select a v-DPP platform for program delivery
- Review literature on relevant topics
- Interview key informants and residents
- Finalize study assessment instruments

**YEAR 2**

- Recruit and enroll pilot study participants
- Pilot-test the v-DPP program
- Develop/Revise PIP framework

**YEAR 3**

- Recruit and enroll participants for year-long v-DPP
- Start intervention & assessments
- Conduct preliminary data analyses
- Further revise the PIP framework

**YEAR 4**

- Conduct final data analyses
- Develop dissemination toolkit
- Share results and toolkit with audiences

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The PRC is expanding its current partnership with Wholesome Wave to offer two new produce prescription initiatives to address food insecurity and health equity in Hartford and in the Lower Naugatuck Valley of Connecticut. They will be co-designed with representatives of the communities served using Wholesome Wave’s Fidelity, Equity, and Dignity (FED) Framework. In addition to using project findings to inform local and national policy, these efforts will refine tools for implementation and evaluation, developing a model and metrics for replication of Produce Prescription Programs based on FED principles.

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**CORE RESEARCH PROJECT**

**Improving Health in Low Income Communities: Virtual Delivery of a Diabetes Prevention Program Facilitated with Community Care Coordination**

The PRC’s 5-year core research project is assessing the feasibility and health impacts of a virtually-delivered Diabetes Prevention Program (vDPP) facilitated by community health workers (CHWs) to address various social determinants of health (SDOH) that could serve as barriers to program participation.
White House National Strategy (continued)

We applaud the White House for promoting an inclusive strategy that links improved food systems with health care systems to ensure that families are protected against the harms inflicted by food insecurity on their mental and physical health. This strategy also seeks to prevent the obliteration of financial security among families faced with reallocating resources to cover the costs of treating chronic health conditions, which further compounds the risk for food insecurity.

We’re also thrilled that the White House strategy embraces the first 1000+ days of life (gestation, infancy and early childhood) as a key window of opportunity for promoting food security and health during this critical window of time for human development.

RECENTLY-FUNDED PROJECT

Effects of Daily Inclusion of Eggs in a Heart-Healthful Dietary Pattern on Endothelial Function, Cardio-Metabolic Risk Factors and Diet Quality

In 2023, we will begin a clinical trial to examine the effects of eating eggs in the context of the Dietary Approach to Stop Hypertension (DASH) diet. The DASH diet is recommended by the American Heart Association and recently tied for first place in U.S. News & World Report’s Best Heart-Healthy Diets.

The DASH diet features vegetables, fruits, low-fat dairy products, whole grains, fish, and poultry. It includes eggs, but limits egg yolks to 4 per week due to their cholesterol content, and the long-standing belief that foods high in dietary cholesterol raises blood cholesterol levels. Yet recent studies haven’t supported a connection between dietary and blood cholesterol levels and cardiovascular risk.

Because eggs are rich in protein, vitamins, and minerals, and are satiating, it is important to learn whether there are beneficial effects of consuming eggs in the context of health-promoting diets.

Our study will assess the impact of 2 eggs per day as part of the DASH diet on the cardio-metabolic risk measures and diet quality of 45 adults who are overweight and have high blood cholesterol. They will follow 2 variations of the DASH diet (with or without eggs). Funding for this study is provided by the Egg Nutrition Center.

We are proud that our PRC is already engaged with diverse components of the White House National Strategy in full partnership with community-based organizations, healthcare organizations, and the USDA GusNIP initiative. This includes our work on produce prescription programs that use person-centered approaches co-designed with the communities they serve to increase access to fruits and vegetables in low-income communities.

Our alignment with the National Strategy reinforces our determination to continue our contributions to the co-design, implementation, evaluation and sustainability of produce prescription programs and other key food and health security approaches for many years to come.

### DASH Eating Plan

<table>
<thead>
<tr>
<th>Eat This</th>
<th>Limit This</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vegetables</td>
<td>Fatty meats</td>
</tr>
<tr>
<td>Fruits</td>
<td>Full-fat dairy</td>
</tr>
<tr>
<td>Whole grains</td>
<td>Fat-free or low-fat dairy</td>
</tr>
<tr>
<td>Fish</td>
<td>Sugar sweetened beverages</td>
</tr>
<tr>
<td>Poultry</td>
<td>Sweets</td>
</tr>
<tr>
<td>Beans</td>
<td>Vegetable oils</td>
</tr>
<tr>
<td>Nuts &amp; seeds</td>
<td>Sodium intake</td>
</tr>
</tbody>
</table>

www.nhlbi.nih.gov/DASH
Lose weight and improve your health!

The Healthy Me program can help lower the risk for type 2 diabetes. It may also help manage other health conditions such as high blood pressure and high cholesterol.

This free online program provides:

- Webinars
- Year-long team support from a lifestyle coach and a community health worker
- Weekly weigh-ins at home
- Gift card rewards for losing weight
- Up to $200 for completing the program

To qualify to enroll, you need to:

- Be at least 18 years old
- Live in Ansonia, Beacon Falls, Derby, Naugatuck, Oxford, Seymour, or Shelton
- Visit Griffin Hospital in Derby for a prediabetes screening

For more information and to find out what else is involved:

scan here or call 203-732-1125

This program is part of a research study to find the best ways to support people in achieving their healthy lifestyle goals.

Study Title: Improving Health in Low Income Communities: Virtual Delivery of a Diabetes Prevention Program, IRB# 2000026747
Study funder: Centers for Disease Control and Prevention (CDC), Cooperative Agreement Number 5 U48DP006380
NOW RECRUITING!

Have You Been Diagnosed with Multiple Sclerosis?

The Yale-Griffin Prevention Research Center and the Multiple Sclerosis Treatment Center at Griffin Hospital are teaming up to study the use of Fecal Microbial Transplant (FMT) in people with multiple sclerosis.

Emerging research on gut health has shown that changes in the gut bacteria can help reduce symptoms of various conditions.

For this study, we are looking at the effect of fecal microbial transplant (oral capsules) on gut bacteria in people with multiple sclerosis, and whether that affects the progression or further development of multiple sclerosis.

If you would like to participate in this study, you must be:

- 18 to 55 years of age and diagnosed with multiple sclerosis (MS)
- Not currently receiving MS treatment (with the exception of interferon beta or glatimer medications)
- Willing to come to Griffin Hospital 8 times over 4 months

Receive $800 to participate!

For more information, please call 203-732-1125.

Study Name: A Pilot Study of Oral FMT (Fecal Microbial Transplant) in Subjects with Multiple Sclerosis, Griffin Hospital IRB # 2018-09
Principal Investigator Joseph Guarnaccia, MD
2018-09 Form 13. Recruitment flyer version 06-01-2022
The 2022 Valley Community Index was unveiled on November 15th in Shelton at a meeting of Lower Naugatuck Valley community partners. This periodic assessment of the economy, health, and quality of life in the Valley serves as a Community Health Needs Assessment for Griffin Hospital and the Naugatuck Valley Health District (NVHD). The 2022 edition was produced by Data Haven using data from federal, state, and local government agencies, along with feedback from Valley residents.

The 2022 Index focused on an assessment of six key areas: (1) changing demographics of Valley communities; (2) community health; (3) childhood and education; (4) seniors and aging; (5) economic opportunity; and (6) community life in the Valley.

Here are some of the key findings from the 2022 Index:

• The rate of Valley households with low incomes (below twice the poverty level) is 19% overall and as high as 33% in Ansonia and 32% in Derby.

• 40% of Valley households struggle to satisfy basic needs such as housing, transportation, childcare, food, and healthcare.

• Food insecurity rates are twice as high among women than among men, and more than twice as high among Black adults than among White adults.

• Valley residents with low incomes (less than $30,000 per year) have measurable differences in health status compared to those with high incomes (more than $100,000 per year).

• From 2015 to 2021, the Valley’s five leading causes of premature death were accident and injury, cancer, overdoses and other poisoning, heart disease and stroke, and COVID-19.

• Overall premature death rates in the Valley were 11% higher than the statewide average and were particularly high for overdose deaths (21% higher) and heart disease (18% higher).

A panel representing several Valley organizations provided a rich discussion around the issues identified in the 2022 Index. Panel members included Patrick Charmel (Griffin Health Services), Jessica Kristy (Naugatuck Valley Health District), Reese Morales (Ansonia Public Schools), David Morgan (TEAM, Inc.), and Bill Purcell (Valley Chamber of Commerce).

The findings from the Valley Community Index will be used by Griffin Hospital, the NVHD, and a group of community partners to develop a Community Health Improvement Plan (CHIP). The aim of a CHIP is to identify and implement strategies to improve community health that address the unique needs and resources of a specific community. The group will select the top priorities for the new CHIP, create workgroups for each priority area, and develop specific goals for each priority area.

For more information about plans for the CHIP and to be part of the process, contact PRC Co-Director Beth Comerford at beth.comerford@yalegriffinprc.org.
Recent Presentations at CHPA and APHA Conferences

The following PRC presentations took place in November 2022 at the annual conferences of either the Connecticut Public Health Association (CHPA) or the American Public Health Association (APHA).

<table>
<thead>
<tr>
<th>Conference</th>
<th>Topic</th>
<th>Title</th>
<th>Presenter(s)</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPHA</td>
<td>Virtual Diabetes Prevention Program (Core Research)</td>
<td>Utilizing the Program Impact Pathways (PIP) Evaluation Framework: A Novel Approach for Refining Interventions and Informing Evaluations</td>
<td>Sofia I. Morales, MPH, CPH</td>
<td>Oral</td>
</tr>
<tr>
<td>CPHA</td>
<td>Virtual Diabetes Prevention Program (Core Research)</td>
<td>Implementing a Virtual Diabetes Prevention Program in the Lower Naugatuck Valley and New Haven: A Mixed-Methods Study</td>
<td>Toni-Anne Yapp, MPH candidate</td>
<td>Poster</td>
</tr>
<tr>
<td>CPHA</td>
<td>COVID-19 Vaccine</td>
<td>Developing Theory-based Messaging to Increase COVID-19 Vaccine Confidence and Uptake in the Lower Naugatuck Valley and Beyond</td>
<td>Jackson Higginbottom, MPH</td>
<td>Oral</td>
</tr>
<tr>
<td>CPHA</td>
<td>COVID-19 Vaccine</td>
<td>Utilizing the Program Impact Pathways (PIP) Framework in New Haven for COVID-19 Vaccine Confidence and Uptake</td>
<td>Allison Beaulieu, MPH</td>
<td>Oral</td>
</tr>
<tr>
<td>CPHA</td>
<td>COVID-19 Vaccine</td>
<td>Cross-sector Collaboration as a Response to Public Health Threats: Increasing COVID Vaccine Confidence and Uptake in New Haven</td>
<td>Mariel Vicente, MPH</td>
<td>Oral</td>
</tr>
<tr>
<td>CPHA</td>
<td>Produce Prescription</td>
<td>A Focus on Respect and Dignity in Programming: Understanding Client Experiences of Produce Prescription Programs</td>
<td>Ngozi Okoli, MPH candidate</td>
<td>Oral</td>
</tr>
<tr>
<td>APHA</td>
<td>Breastfeeding</td>
<td>How Latina Women Mitigate Negative Breastfeeding Care Experiences and Its Implications for Healthcare Quality: A Qualitative Study</td>
<td>Sofia I. Morales, MPH, CPH</td>
<td>Oral</td>
</tr>
<tr>
<td>APHA</td>
<td>Community Supported Agriculture (CSA)</td>
<td>Barriers, Facilitators, and Benefits of Community Supported Agriculture Programs among SNAP Recipients</td>
<td>Bailee Rue, MPH</td>
<td>Poster</td>
</tr>
</tbody>
</table>

LET’S STAY IN TOUCH

To let us know what you are doing and how our research might assist you in your work, contact PRC Co-Director Beth Comerford, MS at beth.comerford@yalegriffinprc.org.

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www.cdc.gov/prc