



# Food is Medicine: Best Practices and Evaluation Considerations for Clinic-Community Partnerships



Elizabeth  
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**HUNGRY FOR ACTION**

OKLAHOMA'S ANTI-HUNGER  
CONFERENCE 2023

#HungryForActionOK



**Food is Medicine:**

**Lessons from a pilot  
project within the Kansas  
safety net system**



**Sunflower Foundation**

# Investing in People and Places for a Healthier Kansas

ABOUT SUNFLOWER FOUNDATION

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OUR MISSION

*Serving as a Catalyst for Improving  
the Health of All Kansans*

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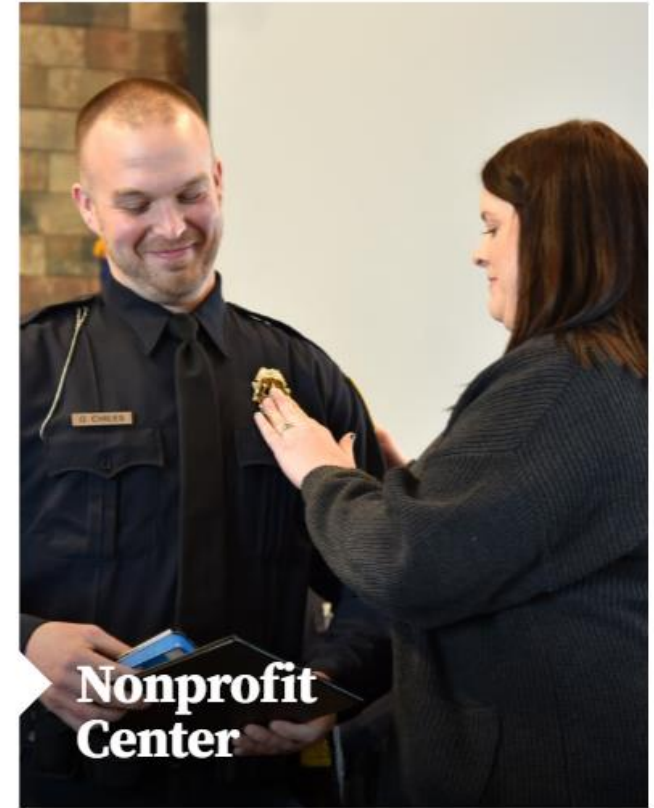


# Investing in People and Places for a Healthier Kansas

ABOUT SUNFLOWER FOUNDATION

OUR WORK

# Investing in Communities



## Investing in People & Places

Through capacity building, support of the built environment, advocacy, collaborative learning and strengthening access to quality health care, our work reflects our responsiveness to the health needs of Kansans in three strategic areas – Healthy Communities, Health Systems, and our Sunflower Nonprofit Center. We serve all 105 Kansas counties and the state's four Sovereign Native nations.

Food is Medicine Journey began during COVID



**Food is Medicine (FIM)** refers to a spectrum of services and health interventions that recognize and respond to the critical link between chronic conditions and nutrition insecurity. FIM interventions remain distinct from the broader blanket of anti-hunger services, as the focus is on nutrition as part of a prevention/treatment plan for chronic disease management.



**Treatment**

**Prevention**

**Clinician & Program  
Recipient Nutrition  
Education**

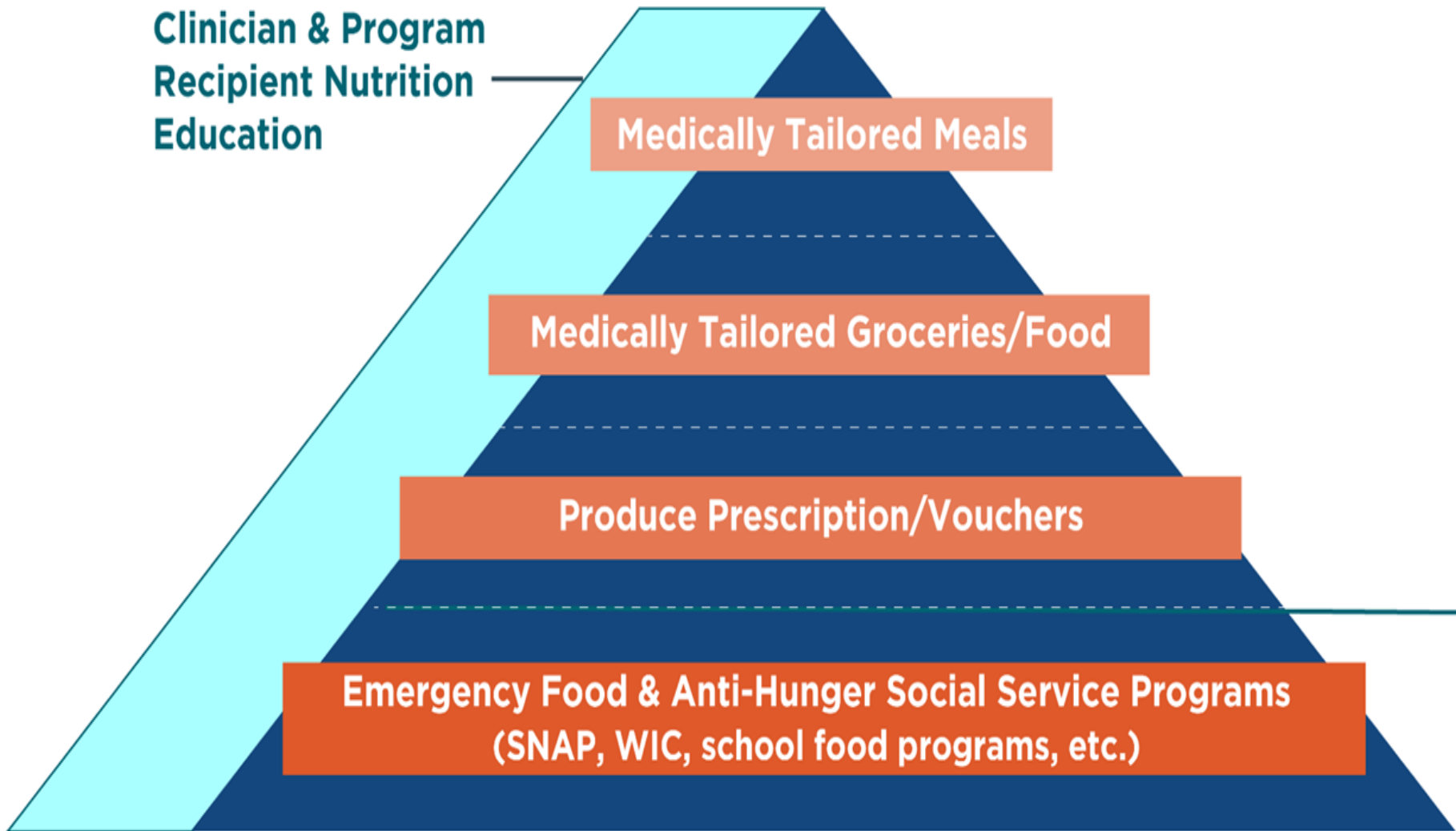
**Medically Tailored Meals**

**Medically Tailored Groceries/Food**

**Produce Prescription/Vouchers**

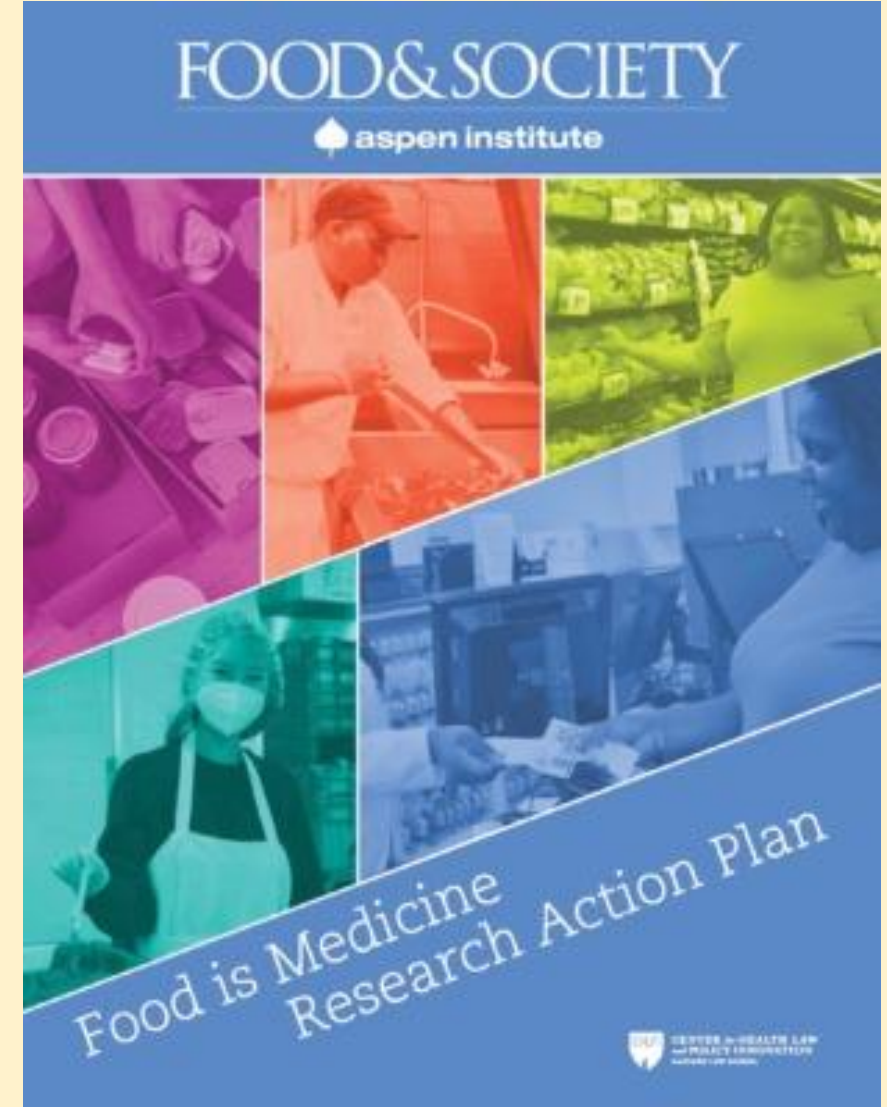
**Emergency Food & Anti-Hunger Social Service Programs  
(SNAP, WIC, school food programs, etc.)**

**Priorities for Health Care Funding**





- A recent meta-analysis by the Aspen Institute stated that FIM interventions are associated with increased nutrition security, improved dietary intake, and improved participant mental health.
- Specific health outcomes vary according to intervention type, length and targeted population – just like any pharmaceutical intervention.
- FIM interventions (medically tailored meals, medically tailored groceries, and produce prescriptions) are not only replicable and scalable but also effective.
- Significant gaps in the research remain, particularly in regards to the feasibility and effectiveness of FIM interventions in “real-life” clinical settings, especially in rural areas.



## The FIM Kansas Project

Currently, the majority of published reports on FIM occur in large, vertically-integrated “closed-loop” healthcare systems, often in urban areas close to academic centers. Sparse data exists on FIM work in “stand-alone” healthcare clinics that serve in the safety net system; e.g. Federally Qualified Health Centers (FQHCs) Rural Health Clinics - especially in rural areas, the majority of which are USDA-defined food deserts. And yet, this is where some of the sickest, oldest and poorest Americans receive their care.

# Starting point for Food is Medicine: Community or Clinic?



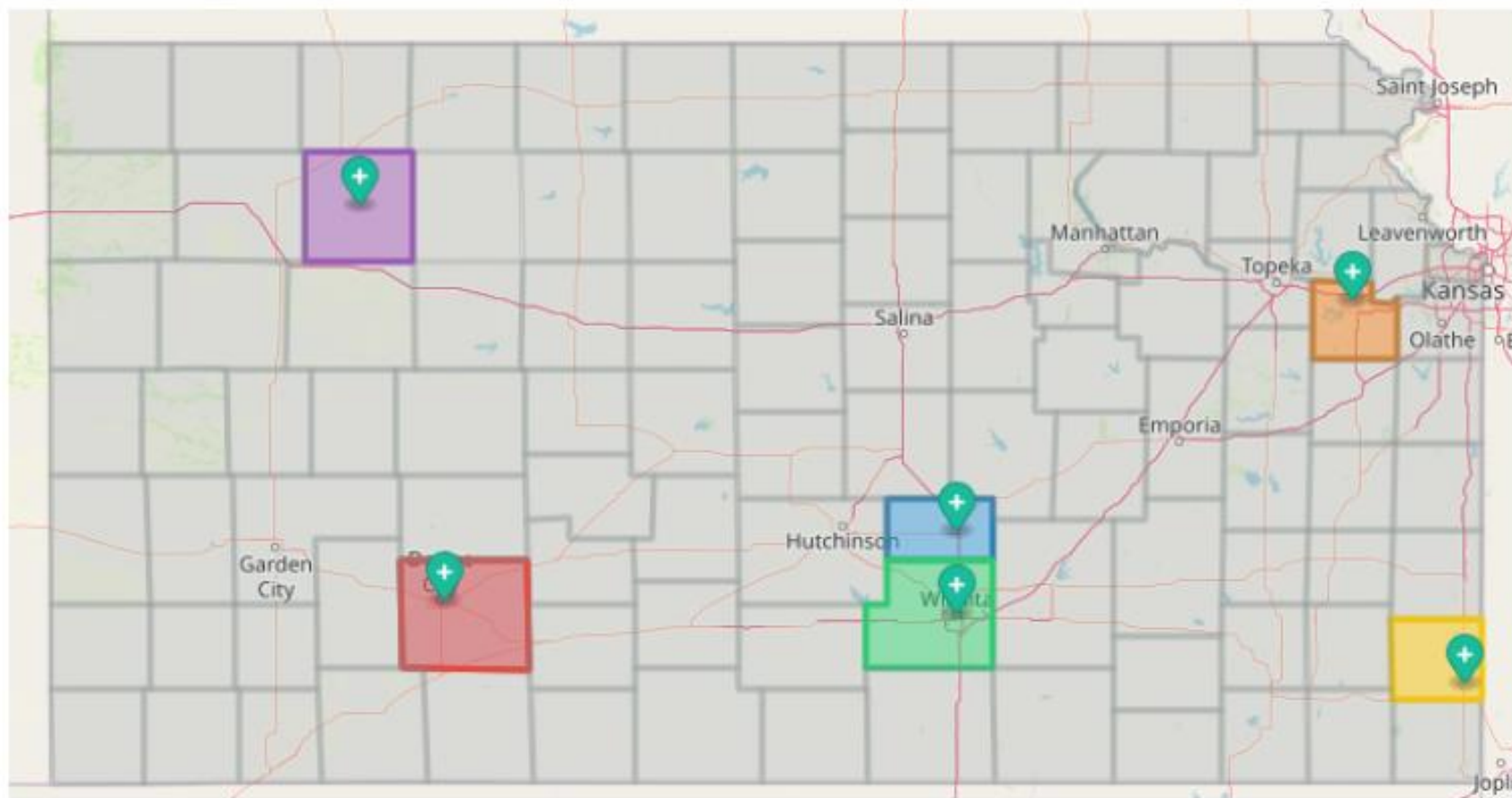
There is no one right answer, but the Kansas FIM initiative starts at the clinic level and then reaches out to community partners. The focus is more specific than local food pantries offering healthier options in general, or clinics providing emergency sustenance to hungry patients. It's about using food as part of a medical intervention for a select set of patients who face chronic, diet-related conditions - and often, nutrition insecurity.

# Why start in healthcare clinics?

- Best opportunity for long-term sustainability via reimbursement, as the U.S. healthcare system is one of our few systems of care with potential for long-term payment plans.
  - Medicaid 1115 waivers
  - Attention to HRSN via MCO's and private payers
- Research points to potential impact of healthcare providers in motivating behavior change in patients.
- Currently, our best option for a system to diagnose and treat dietary-related chronic diseases – and at some point, prevent them.
- Integration of food into the medical model is important step in transforming healthcare from a system designed for sickness and downstream treatment to one designed for wellness and upstream prevention.



# Food is Medicine FQHCs



**Hoxie Medical Clinic**

**Genesis Family Health**

**Health Ministries Clinic  
(HMC)**

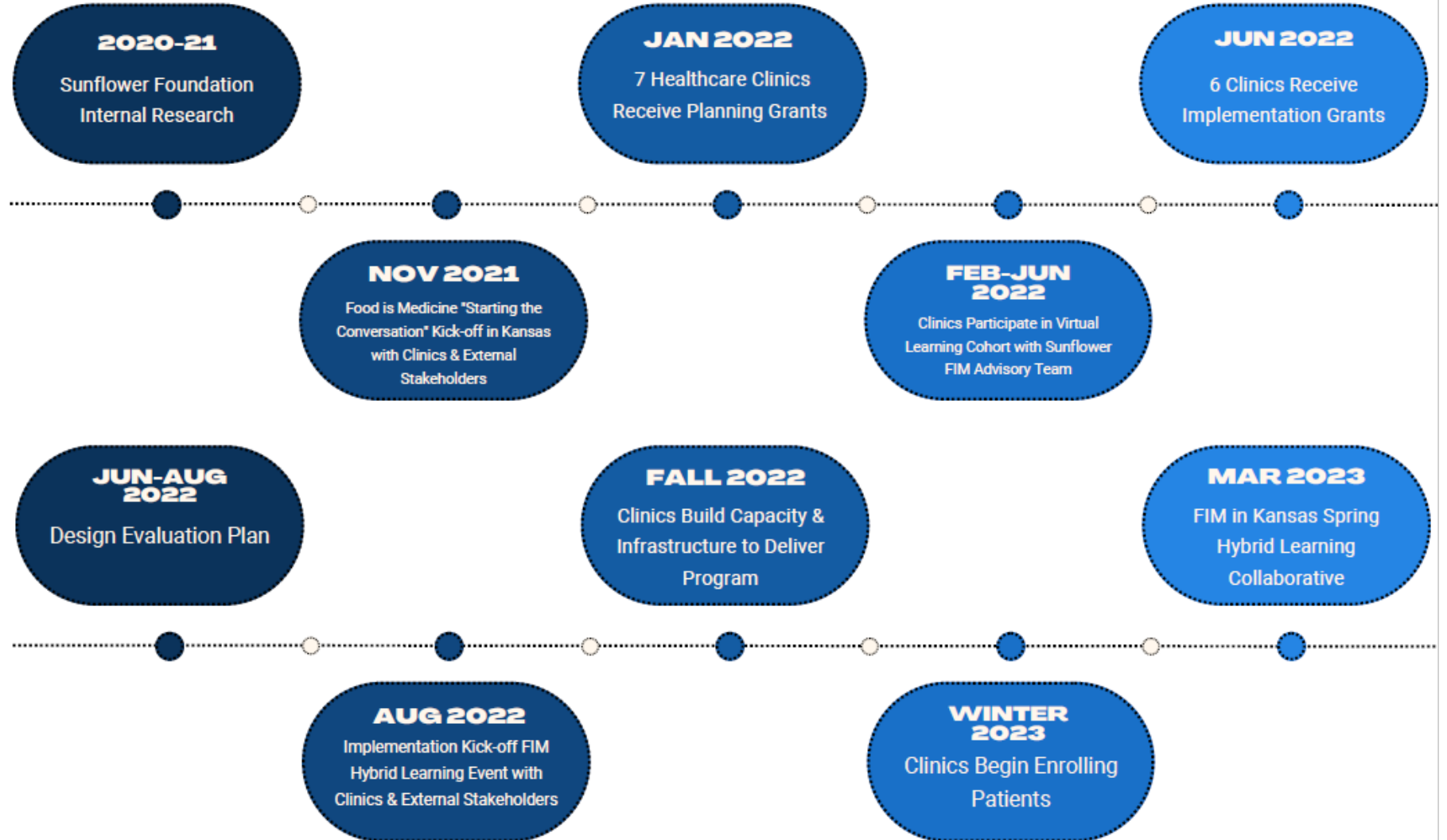
**HealthCore Clinic**

**Heartland Community  
Health Center**

**Community Health Center  
of Southeast Kansas  
(CHCSEK)**

# Food is Medicine Timeline

an overview of Sunflower Foundation's three-year journey into a food is medicine initiative



# FIM Clinic Planning Phase

1

Exploring Priority Populations

2

Exploring Current Screening & Referral Systems

3

Selecting your FIM Model (3 sessions)

4

Operationalizing Outcomes & Building the Logic Model for your FIM program

5

Group Presentation of Logic Models, Wrap Up, Next Steps

## SESSION AGENDA

### Session 1: Who Is Our Priority Population?

- Welcome & Purpose of Scoping/Planning Phase (Sunflower staff)
- Brief Review of Agenda
- Discuss ethics related to universal vs. segmented FIM approaches
- Giving yourself "permission" to start with a smaller population (i.e., quality/higher individual impact vs. quantity/lower individual impact)
- Better define each priority population identified in applications as candidates for FIM intervention
- Introduce concept of "Reach" at both the patient (how many patients within defined population want FIM) and the provider-level (how many providers will prescribe this?)
- Review homework assignment

### Session 1 Homework Time & Optional Check-In

- This is your time for the following:
  - Meet, check-in and plan with clinical team in person
  - Meet and check-in with Sunflower staff and consultants via Zoom (1:1 meetings can be arranged)
  - Work on homework assignment

### Session 2: Screening & Referral

- Report back on Session 1 Homework
- Introduce concept of "screen and intervene" systems for FI and FIM interventions; standardized screening ensures equitable access
- Include fidelity and effectiveness of current systems
- Reinforce concept of "Reach" at both patient-level & provider-level

### Session 2 Homework Time & Optional Check-In

- This is your time for the following:
  - Meet, check-in and plan with clinical team in person
  - Meet and check-in with Sunflower staff and consultants via Zoom (1:1 meetings can be arranged)
  - Work on homework assignment

### Session 3a: Decision Time – Picking Your FIM Model

- Report back on Session 2 Homework
- Program activities for each FIM model (e.g., food ordering, patient management, etc.)
- Rolling vs. closed-enrollment models
- Review duration of assistance in each model and support strategies after "graduation"

### Session 3b: FIM Case Studies

- Case studies of FIM interventions from other parts of the country will be invited to share their experiences and answer questions.

### Session 3 Homework Time & Optional Check-In

- This is your time for the following:
  - Meet, check-in and plan with clinical team in person
  - Meet and check-in with consultants via Zoom (1:1 meetings can be arranged)
  - Work on homework assignment

### Session 3c: FIM External Stakeholders Join the Conversation

- Multiple external stakeholders (e.g., Kansas Food Bank, Harvesters, KSRE SNAP-Ed & EFNEP, KS Food Action Network, etc.) are interested in assisting clinics in their FIM initiatives. This session will facilitate a structured conversation among clinics and stakeholders to promote the most effective future partnerships.

### Session 4: Selecting Outcomes & Logic Model

- Report back on Session 3 Homework.
- Process Evaluation vs. Outcomes Evaluation: Why both are important (and doable)
- Logic model: putting it all together
- Outcomes and Payer/Policy Perspective

### Session 4 Homework Time & Optional Check-In

- This is your time for the following:
  - Meet, check-in and plan with clinical team in person
  - Meet and check-in with consultants via Zoom (1:1 meetings can be arranged)
  - Work on homework assignment

### Session 5: Final Wrap-Up

- LOGIC MODELS
  - Clinics present logic model; other clinics provide feedback.
  - Discussion on outcomes and payer/policy perspective.
- NEXT STEPS
  - Sunflower staff explain streamlined Final Report/Application-for-Implementation process
  - Sunflower staff share tentative schedule for Implementation process & Summer 2022 in-person Learning Collaborative at Sunflower Powerhouse Education Center in Topeka



# Kansas FIM Pre-Implementation Phase Overview

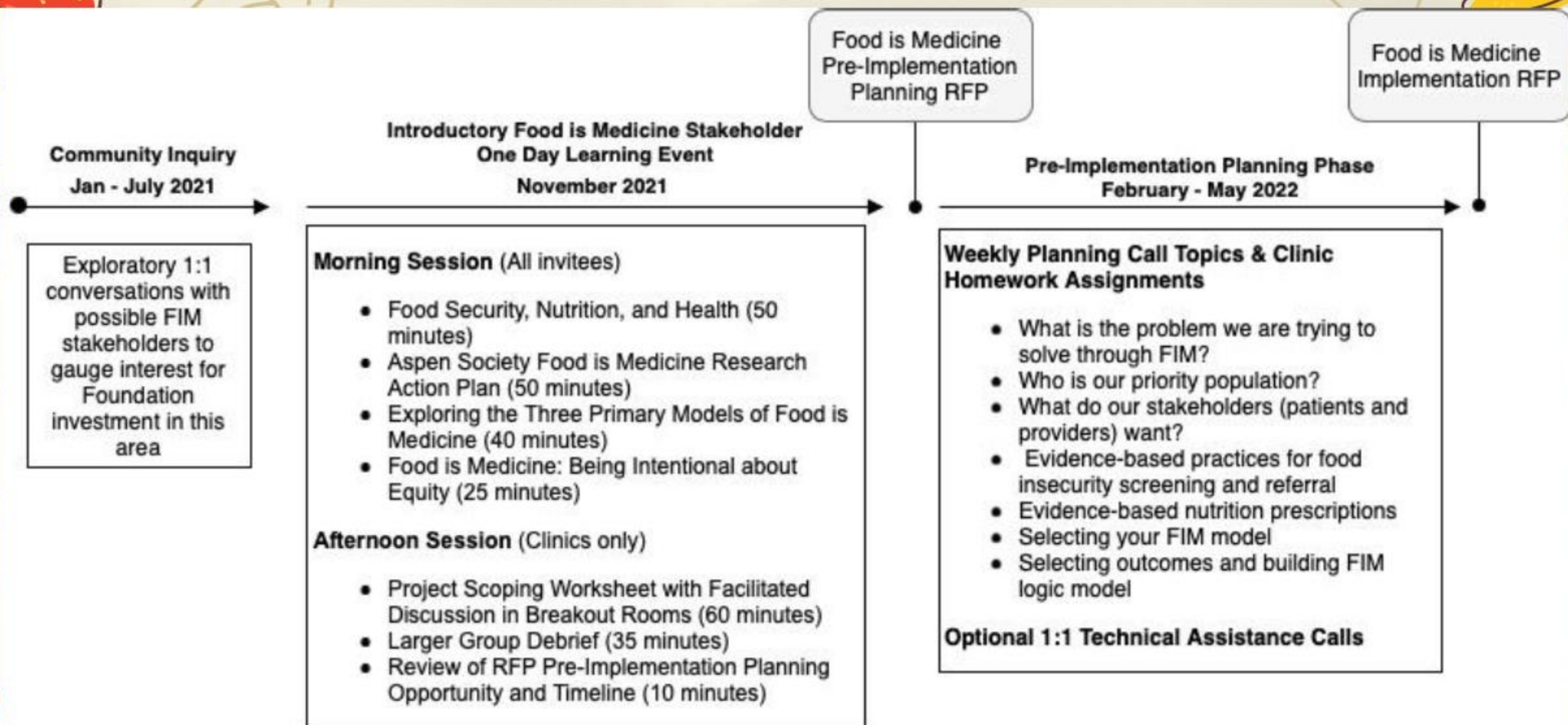


Figure 1. Overview of pre-implementation planning approach for food is medicine (FIM) interventions across multiple clinic sites in Kansas.

# FOOD IS MEDICINE MODELS

## Medically-tailored meals

Fully prepared meals designed by a Registered Dietitian Nutritionist (RDN) to address an individual's medical diagnosis, symptoms, allergies, medication management, and illness side effects.



## Medically-tailored groceries

Distributions of unprepared or lightly processed foods that recipients are meant to prepare for consumption at home. Contents are either sufficient for preparation of nutritionally complete meals or provide a significant portion of the ingredients necessary for balanced meals.



## Produce prescriptions

Distributions of produce, or vouchers/restricted debit cards that can be redeemed for produce, made available to recipients based on a health condition or health risk.



# Sunflower Foundation Support to FIM Clinics



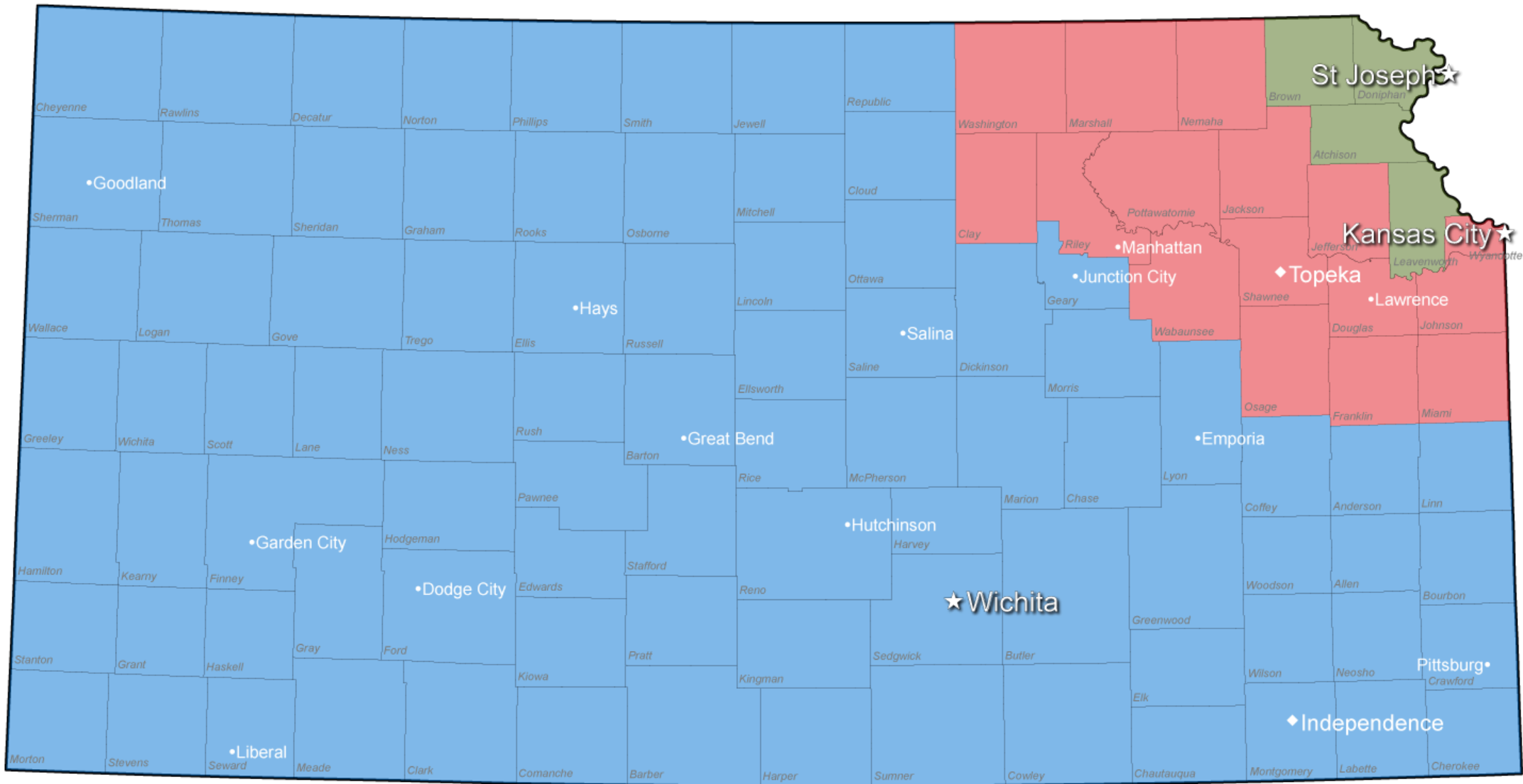
Planning

Implementation

Evaluation

# Ongoing implementation support

- Project management support from Sunflower Foundation
  - TA as needed from advisory team, esp dietetics
  - Regular check-in calls with Sunflower, advisors, other FIM clinics
  - TA and networking webinars for all clinics
  - In-person Learning Collaboratives
- Grant support
  - Implementation funds – clinic staff, physical or IT infrastructure, supplemental food, education materials
  - “Line of credit” at regional food bank
  - Patient incentives to participate in evaluation process



## State of Kansas - Food Bank Service Areas

The Kansas Food Bank based in Wichita, Harvesters Community Food Network based in Kansas City, Mo., and Second Harvest Community Food Bank based in St. Joseph, Mo., are all member food banks of Feeding America, the national network of food banks. Each provide services to hundreds of member agencies across the state of Kansas, including: food pantries, soup kitchens, homeless shelters, domestic violence shelters, schools, and many others who are all engaged in providing help and bringing hope to our fellow Kansans who find themselves in need.

★ Home City • Satellite Location ◆ Major City

# Views From the Field

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Stories from Clinics  
& Food Banks



Sunflower Foundation



# Heartland Community Health Center



## Overview

### TARGET POPULATION

Heartland patients with a diagnosis of either pre-diabetes or Type 2 diabetes with a comorbidity of depression.

### LENGTH OF INTERVENTION

A total of 30 patients will undergo a 6-12 month intervention.

### IMPLEMENTATION STRATEGIES

- Food is Medicine Enrollment Kit
- Medically Tailored Meal Kits - Healthy Plate Method
- Group Classes
  - "Gut and Mental Health Connections"
  - "Designing the Diabetic Plate"
  - "Reading Nutrition Labels For Health"

## EARLY WINS

Positive feedback from class participants; building relationships with patients has a positive impact on provider relationship and motivation for lifestyle changes

Effective referral workflow from Care Teams to Care Cupboard Coordinator

New partnership with Free From Market, for supplemental food options to increase variety & collaboration with community partners and local growers

## LESSONS LEARNED

Importance of having different options for tracking patient progress to provide feedback:

- Veggie Meter
- Continuous Glucose Monitoring (CGM)

Standardizing class curriculum & organizing patients into cohorts to partake in classes with peers

Identifying barriers to medically tailored meal kit distribution:

- Accessibility to the pantry for distribution during pantry hours (9-5 M-F) to accommodate participants schedules vs by appointment only

## CHALLENGES

Staffing and provider time to focus on program promotion and patient education

Finding adequate space for group classes

Opportunity to provide 1:1 coaching and instruction for participants who face certain barriers





**Group Cooking Class: How to Make Hummus**

## Heartland Care Cupboard



**Harvesters' Nutritionist-Led Class**

"Knowing if a patient is experiencing [food insecurity] we now have a program to refer them. Even if they aren't experiencing food insecurity, but are struggling with managing their diabetes and what to eat/cook, to have this program to refer patients has been a special resource. Patients are feeling like they are being heard and it's become a positive outlet for them." - **Behavioral Health Therapist, Alex Rodenbeek**

# Community Health Center of Southeast Kansas



## Overview

### TARGET POPULATION

CHCSEK patients with a clinical diagnosis of diabetes and an A1C greater than 9%.

### LENGTH OF INTERVENTION

3 cohorts of 10-15 patients and their families will participate in the program for 12-13 weeks.

### IMPLEMENTATION STRATEGIES

- Welcome Kit with Kitchen & Pantry Basics
- Weekly Medically-Tailored Groceries
- Weekly Check-In Calls with Diabetic Health Coach
- Diabetic Education Classes
- SNAP-Ed Classes
- Dietitian Visits

## EARLY WINS

Awarded GusNIP Produce Prescription grant, allowing expansion of FIM initiatives

MOU in place to strengthen relationship with SNAP-Ed

Improvement in food options for medically-tailored groceries

- Frozen vegetables!

## LESSONS LEARNED

Evaluation of the program thus far shows need for a Food Procurement Officer

SNAP-Ed fits some but not all of Food is Medicine needs

## CHALLENGES

Coordinating workflow among all departments in a large healthcare system

- ex: Billing Department

Finding adequate space to store the food

Onboarding and orientation of new staff to the FIM program





# Hoxie Medical Clinic



## Overview

### TARGET POPULATION

Hoxie patients with a clinical diagnosis of diabetes.

### LENGTH OF INTERVENTION

A total of 16 patients will undergo a 12-month intervention with three separate phases.

### IMPLEMENTATION STRATEGIES

- Biweekly Prepared Frozen Meals (3 months)
- Biweekly Meal Kits (3 months)
- Food Vouchers (6 months)
- Weekly Check-In Calls
- Cooking Classes & Peer Support Group
- Targeted Support to Local Pantries

## EARLY WINS

Robust partnerships with local entities

- The Elephant Bar & Bistro
- Food Pantries & Public Health Departments

## LESSONS LEARNED

Flexibility with the program is key for supporting the patients and clinic staff

Collaboration with community partners is a powerful support tool

## CHALLENGES

Shifting strategies with single-person households that don't want to necessarily cook an entire meal

Identifying a meal kit organization that would be a good fit for the program

Provider collaboration and active participation in the Food is Medicine program

Limitations of volunteer-led pantries in rural areas





# Health Ministries Clinic

HMC is currently in the transition period between the planning and implementation phases, with an understanding of the broad direction in which they will continue.

Key components and strategies that have been determined include:

## **Targeting Patients with Diabetes**

### **Key Partnerships with Local Entities**

- Local nonprofit, The Porch, will store food and possibly aid in distribution

### **Physician Champion-Led Cooking Classes**





# HMC Med Kitchen

HMC's cooking classes utilize a holistic approach to health in order to inspire a love for cooking and healthy foods in their patients.

Students are pre-identified patients with diabetes, and are allowed to bring a guest of their choice, many electing to bring a spouse or child.

These courses, which emphasize cost-effectiveness, are a great way to build trust and develop connections between provider and patient.



# HealthCore Clinic



## Overview

### TARGET POPULATION

HealthCore patients with an A1C level greater than or equal to 9%.

### LENGTH OF INTERVENTION

4 cohorts of patients will undergo 3 months of intervention, ultimately totaling 12 months.

### IMPLEMENTATION STRATEGIES

- Weekly Food Boxes
- Diabetes Education Courses
- Monthly Primary Care Provider Visits
- SNAP-Ed Cooking Courses

## EARLY WINS

Standardization of Diabetes Education Trainings

Accessibility of Food is Medicine materials to Spanish-speaking population

Promising early A1C reductions

- Patient Success Stories

## LESSONS LEARNED

Necessity of clinic engagement with patients for active participation

## CHALLENGES

Coordinating several moving pieces to make one effective & cohesive program that works for the patient

Allocating staff time & integrating the FIM process to existing job duties

Logistical issues with successful & consistent weekly food delivery to patients

## Food is Medicine Welcome Kit



## Supplemental Weekly Food Box Example



## SNAP-Ed Cooking Course with Food Pantry Items



**FOOD IS MEDICINE**

**EVALUATION  
UPDATES**



Insert data slides here

# Process Evaluation

- **Goal:** Assesses the **implementation process**
  - ✓ What's going well?
  - ✓ What are the challenges?
  - ✓ Is the intervention being implemented according to plan?
  - ✓ Who is the intervention effective for?
  - ✓ Under what conditions is the intervention effective?









# Major Themes



## Implementation

Celebrations and  
Challenges

## Capacity

Staff Turnover  
Hiring New Staff  
Knowledge and Skill

## Food

Food Boxes

## Partnerships

Food Bank Partnerships  
Other Local/Community  
Partnerships



# Theme 1: Implementation

## Successes

“Our providers have been really excited about this program and have already been talking with their patients. They are ready to get going because they know it will benefit many of their patients.”

“We have patients that know about the program and have been asking when they can start...these are the ones that are ready to make [behavior] changes and now we have the pieces to be able to help them with that process.”

“We’ve had many parts of the program for awhile, but now I would say they are more integrated and include the food boxes. That’s an important component that we haven’t had until now.”



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# Theme 2: Capacity

## Staff Turnover

"We have a lot of problems with staff turnover."

+

## Hiring of New Staff

"It's taken a lot of work over many months to train our staff...how can we invest this amount of time when current staff leave and we need to train new staff."

+

## Knowledge and Skill

"We have patients from different backgrounds and education [levels]. We need to have someone they are familiar with, but can also teach them what they need [to know] to be successful."

## Capacity

- Extent to which adequate number of appropriate staff and partners are involved with the program
- Extent to which professionals have adequate knowledge, skills, and abilities to develop and implement the program



# Theme 3: Food



“The quality of the food has been a concern...especially for our diabetic patients.”



“Patients have been upset about the lack of choice [of food items]. And there is a lack of options and availability for some foods that we would like to order.”



“We know that with the food bank we get items that will be in season and that may not always work for our patients who have dental problems or difficulty chewing.”



# Theme 4: Partnerships

## Space

Partnerships with community organizations for storage and education

## Food


Local sourcing or other external partners for food procurement

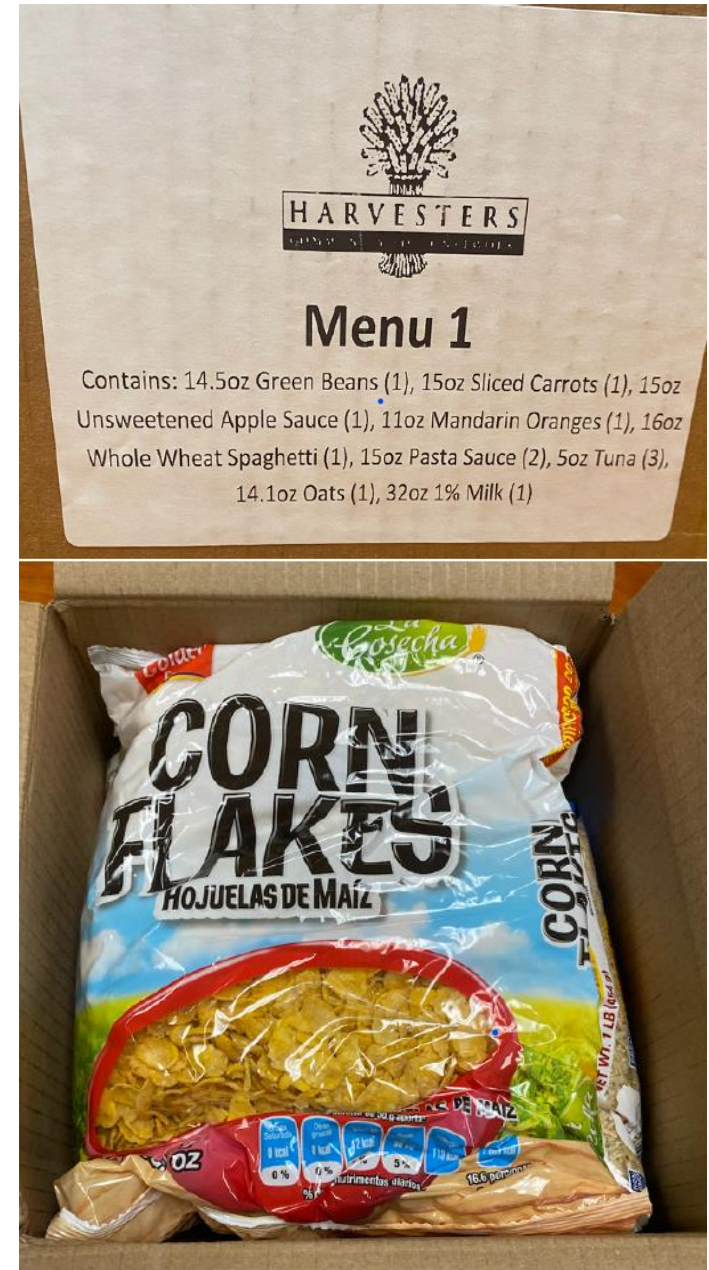
## Education

K-State Research & Extension, Registered Dietitians, Peer Support Groups



Even with temporary grant funds to purchase healthy foods, there is no “system” available to fill that role...

- Currently, Food Banks can only deliver on limited basis (sometimes only monthly).
- Even with national supply chains, “healthy food boxes” from Food Banks can have very limited and sometimes detrimental options. 
- Clinics have limited storage space and low capacity to procure/distribute food; they need to be able to tap into a “system” that provides FIM options.
- Local food pantries often have limited hours, accessibility, infrastructure and capacity for healthy food and FIM procurement, storage and distribution.



# THERE IS A NEED...

The few other states doing this work have pointed to the needs of “**intermediaries**” – nonprofits, CBO’s and social purpose entrepreneurs filling the gap between clinic and patient, playing the critical role of procuring, aggregating and distributing foods appropriate for Food is Medicine interventions. The food pantry system could play an important role, but only with significant change and assistance. In order for FIM interventions to become reimbursable, future payers want to invest in an FIM “system,” not just individual clinics.

## Food is Medicine in North Carolina:

Healthy Food Prescriptions  
Now, and in the Future



[Download the Report.](#)



Learning Collaborative Slides as time allows

Policy slide here as time allows

*Thank You*



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OUR MISSION

*Serving as a Catalyst for Improving  
the Health of All Kansans*

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# Collaborative Learning in ACTION!

Don't forget to visit the  
debrief boards between sessions!

Share what you learned and  
resources that might help others.



# Scan to Give Session Feedback

...and find lots of other resources!



#HungryForActionOK