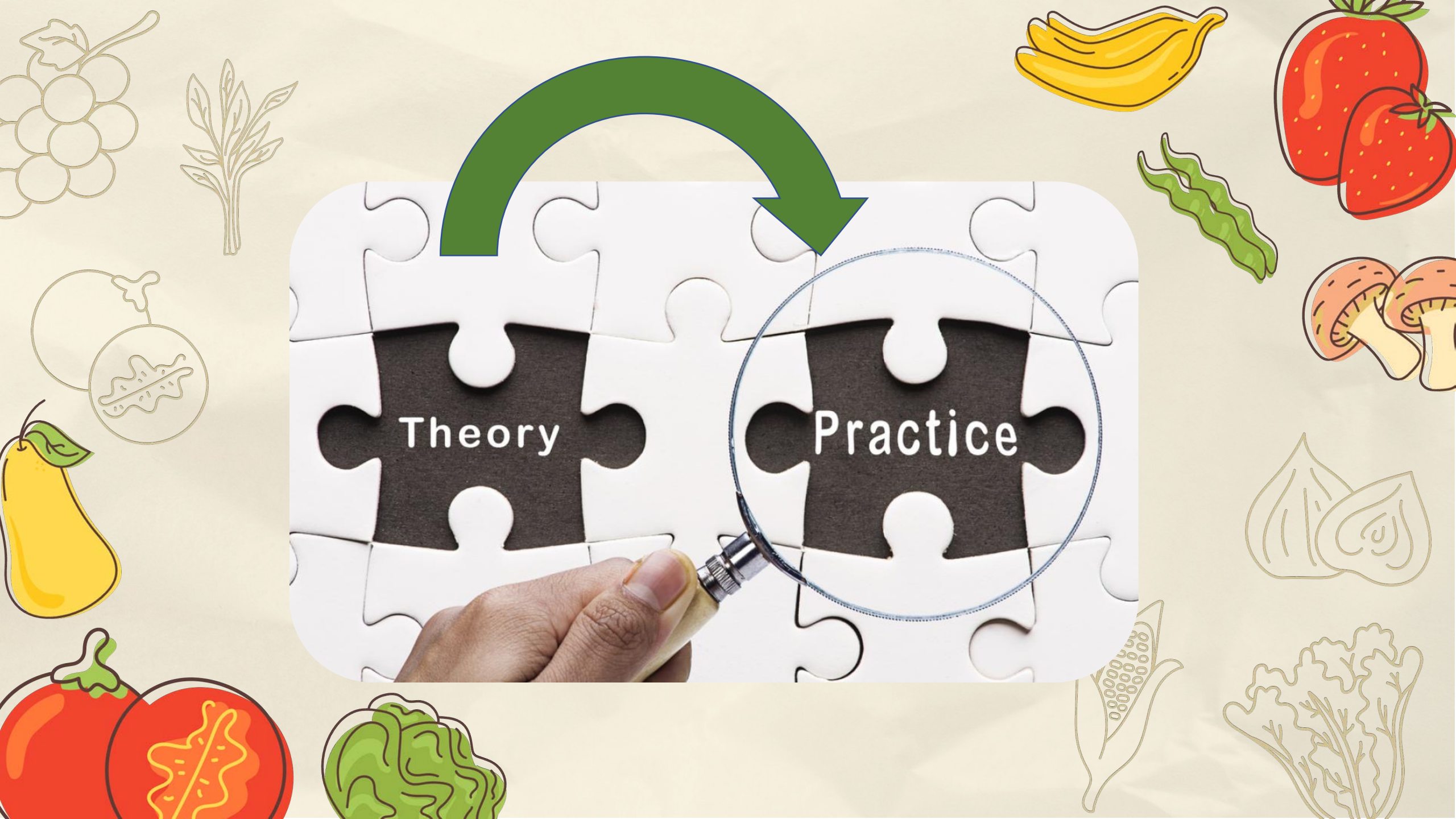


Bridging the Gap between FIM as a Concept  
to FIM as a Foundational Healthcare Process:

**Evaluation & Dissemination Updates  
from the Sunflower Foundation FIM EATeam**

Friday, March 31 | FIM Learning Collaborative





## We are Committed to:

**Supporting Clinics** to identify and implement  
**FIM Best Practices** in feasible ways

**Sharing Key Lessons Learned** throughout the  
pre-implementation and implementation process

**Capturing a Variety of Outcomes Data** to ensure  
relevancy of findings to patient, provider, payer,  
food systems, and other FIM stakeholders

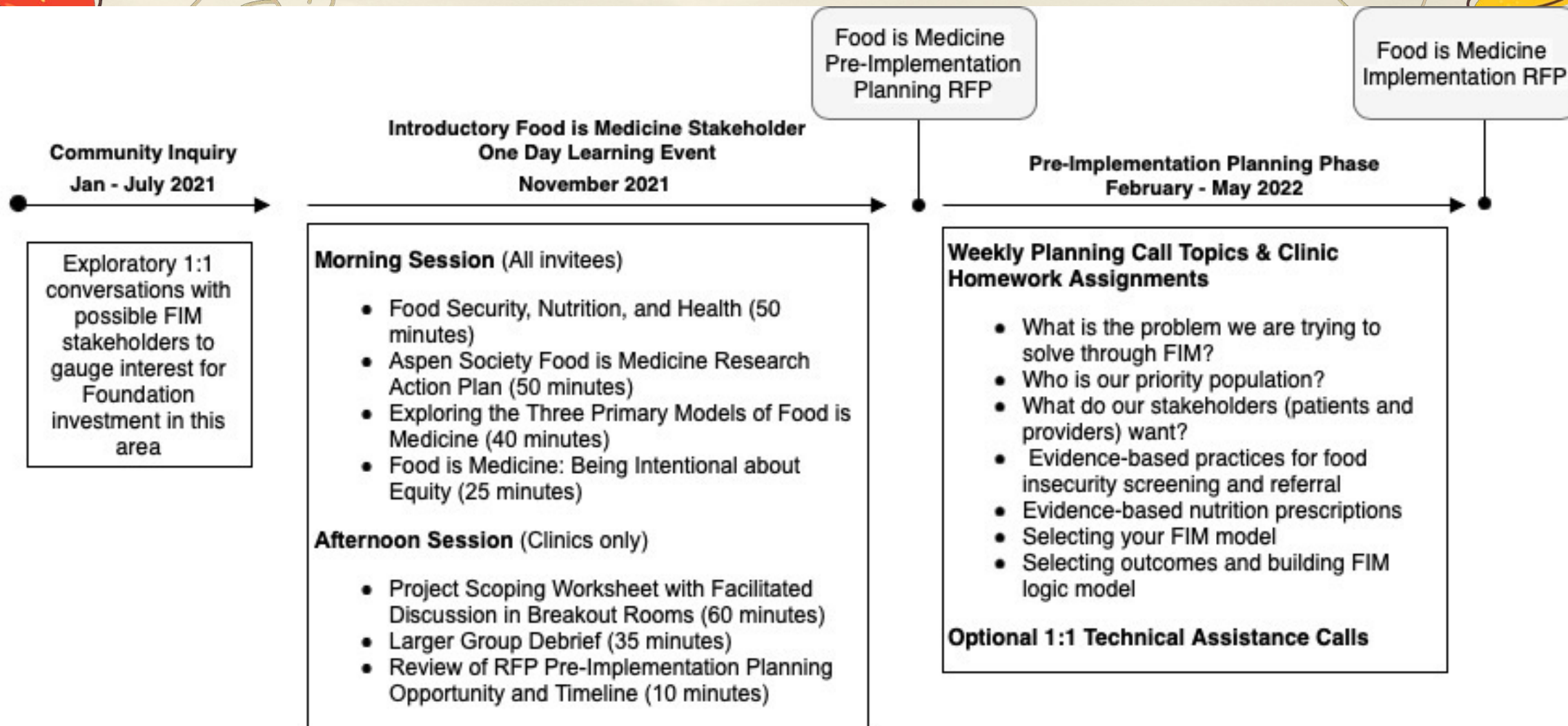
**Soliciting Feedback from Participant Stakeholders** to  
ensure **Diverse Perspectives are Incorporated** during  
the dissemination process



# Pre-implementation Planning

- Involves **naming of the problem**, **identification of stakeholders**, and **consideration of evidence-based practices** as essential prerequisites before the implementation of a new clinic-based initiative.
- Not only helps to ensure essential elements are in place for **immediate viability** of new programs, but it may also help to lay the foundation for the **long-term sustainability** of programs.
- Arguably most critical for the planning of **new patient services that require cross-sector collaborations**, such as food systems procurement of specific foods to meet nutrition needs for an individual.

# 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.

The slide features a light beige background with various vegetable illustrations. In the top left, there is a bunch of grapes and a leafy green. The top right shows a yellow banana, a green pea pod, and two red strawberries. On the right side, there are two mushrooms. The bottom left includes a yellow pear, two red tomatoes (one with a leaf), and a head of green lettuce. The bottom right shows a corn cob and another head of lettuce. The main title is centered in a dark brown font.

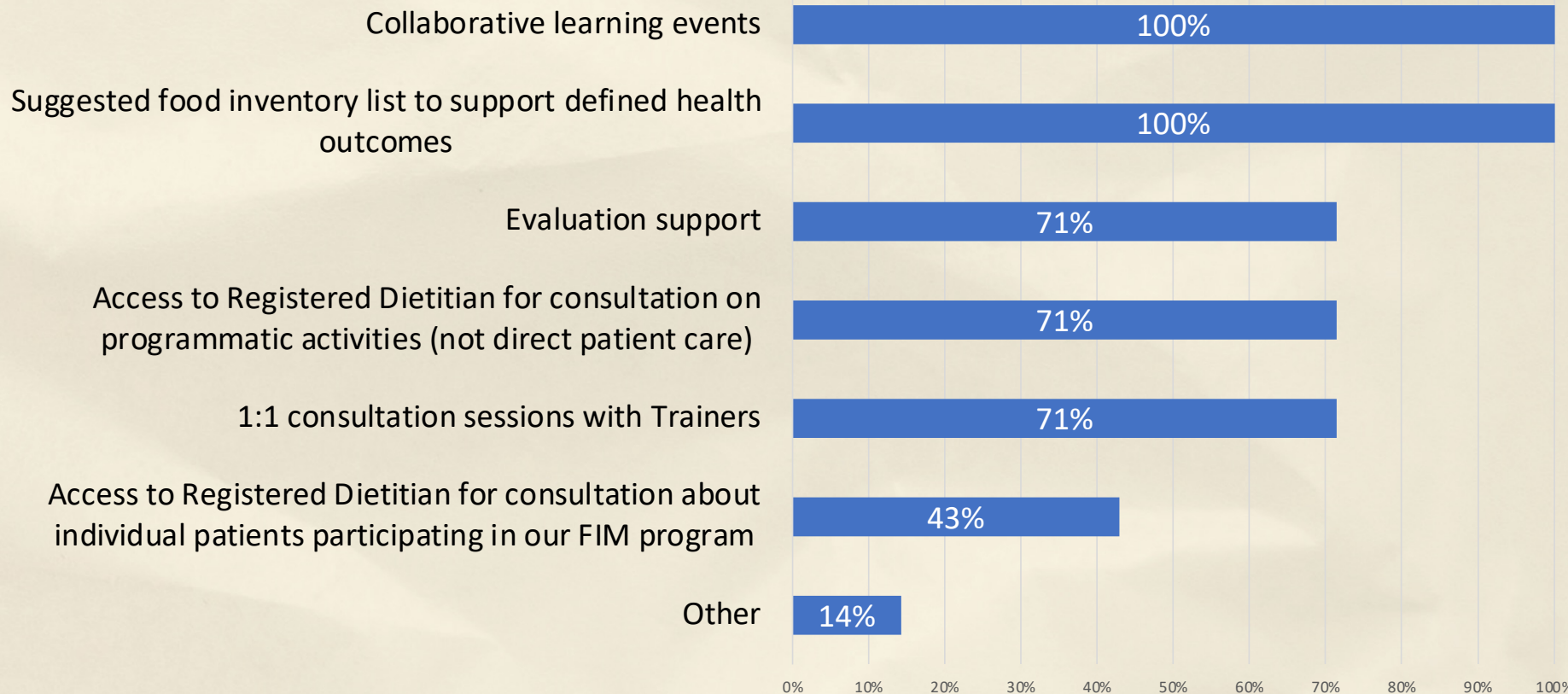
# How Useful and Relevant were Pre-Implementation Planning Activities?

We surveyed clinics (n=7) that participated in the pre-implementation work sessions to better understand utility of planning activities.

- Nearly all pre-implementation planning exercises were rated as **extremely or very useful** by 100% clinics and all clinics agreed the exercises were **extremely or very influential** in shaping the course of their FIM planning.
- All clinics identified a **need for at least two types of support** during the implementation phase (next slide).

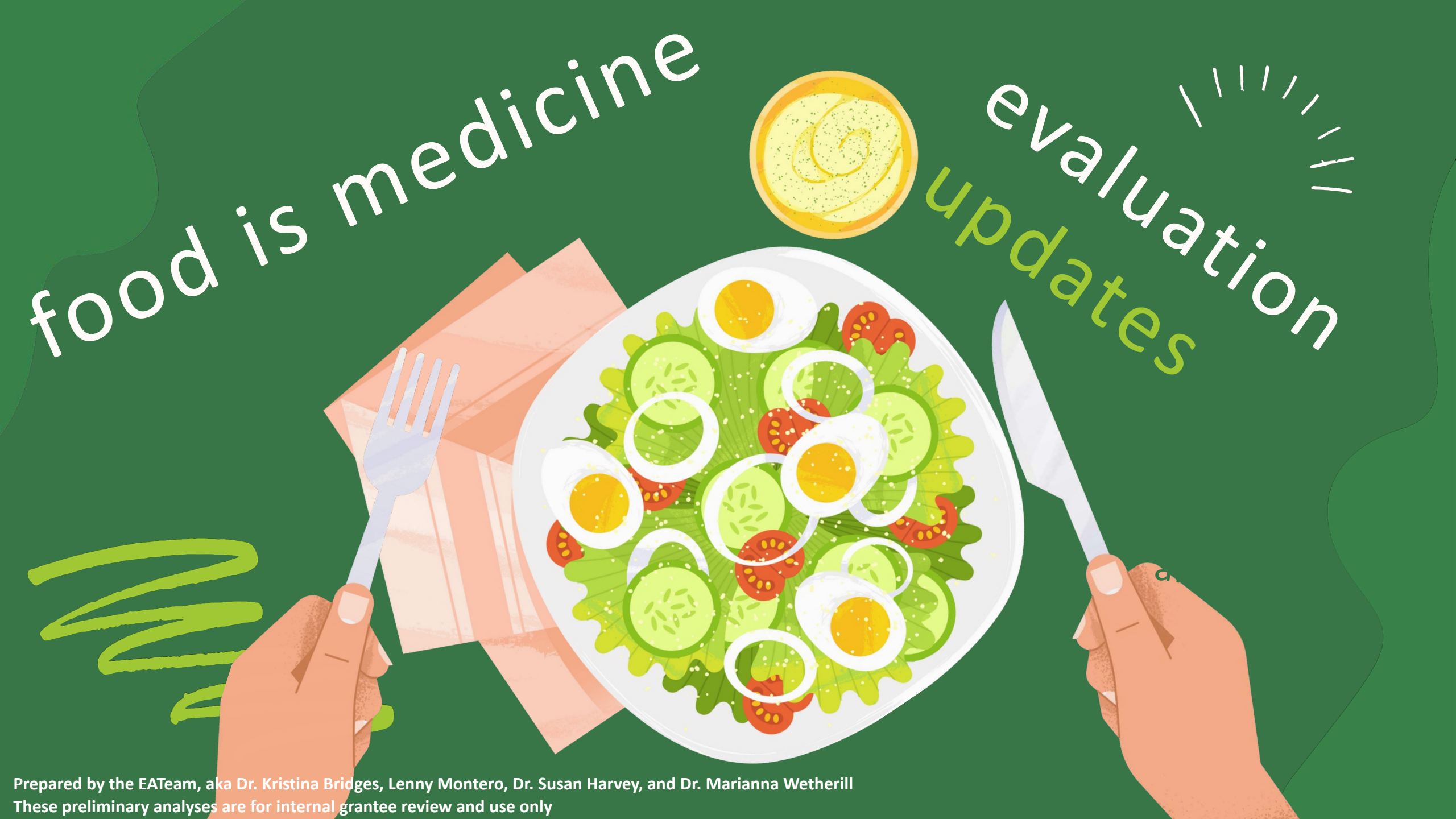
# What Kind of Implementation Supports Do Clinics Need?

Food is Medicine Implementation Support Needs, n=7 Clinics



# 2023/Early 2024 Dissemination Goals

1. Share information describing **pre-implementation processes** and **evaluation findings (process and outcomes)** via presentations at national conference(s) and open-access manuscripts
2. Participate in planning of a **Regional FIM Best Practices/Networking Event** (Co-Hosted by Sunflower Foundation & the Aspen Institute)



food is medicine

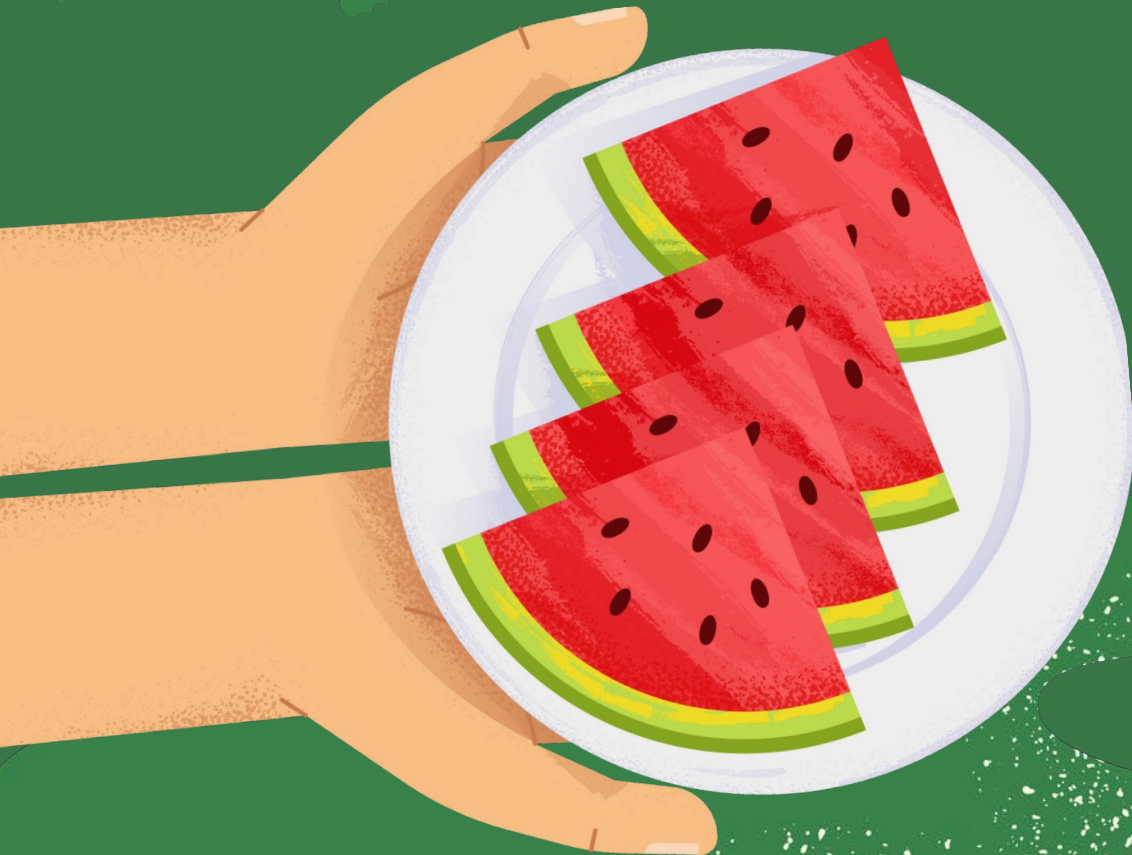
evaluation  
updates

# evaluation updates!

- The EATeam received **66** completed baseline surveys from participants across **4 clinics** between 11/10/22-03/20/23.
- Of these, **17** participants have completed follow-up surveys from **1 clinic**.
- Let's explore **who we are reaching** and **how FIM may make a difference** in patient health outcomes.



# First, who are we reaching?



The EATeam reviewed enrollment surveys to better understand patient profiles of current FIM participants.

# Overall demographic profile of enrolled participants




Mostly (62%)  
women

75% are  
Age 40-69

1/2 live at or  
below the  
poverty line

58% high  
school or less

# Overall health profile of enrolled participants



90% HAVE  
DIABETES

40% MEET  
CRITERIA FOR  
DEPRESSION

0% RATE  
HEALTH AS  
VERY GOOD

68% have  
hypertension

# Overall food & nutrition profiles of enrolled participants



100% food  
insecure

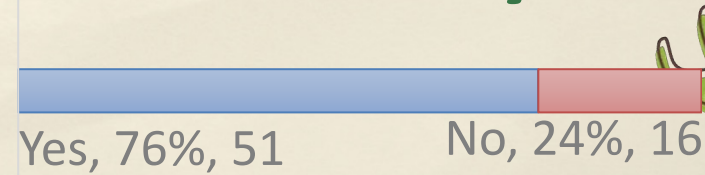
74% rate diet as  
fair or poor

1/3 report  
fruit/veg  
access barriers

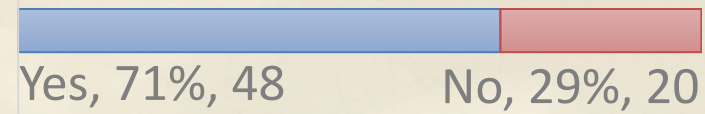
Most shop at  
non-  
supermarket  
grocery store

# A closer look: food security

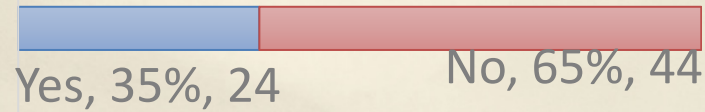
**We couldn't afford to eat balanced meals.**



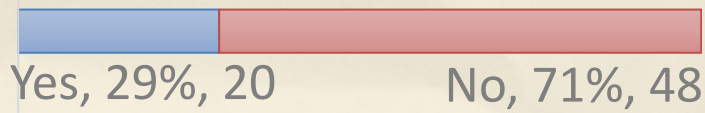
**The food that we bought just didn't last, and we didn't have money to get more.**



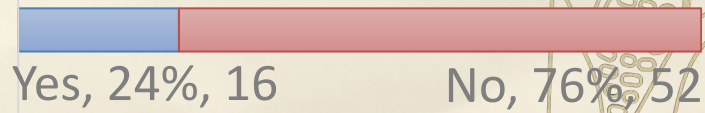
**In the last 12 months, did you or other adults in your household ever cut the size of your meals...**



**In the last 12 months, did you ever eat less than you felt you should because there wasn't...**



**In the last 12 months, were you ever hungry but didn't eat because there wasn't enough...**



# Next, what are they eating?



Fruits 2+ / day  
**Only 8% at goal**



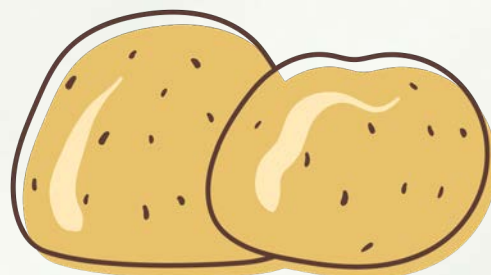
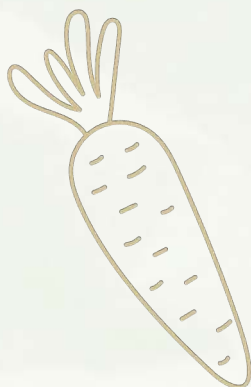
Nuts / seeds 4+ / week  
Only 19% at goal



Vegetables 2+ / day  
Only 2% at goal



Intact Grains 1+ / Day  
Only 4% at goal



# and, what are they drinking?



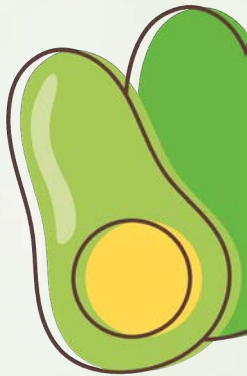
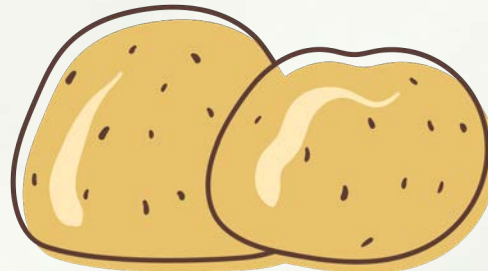
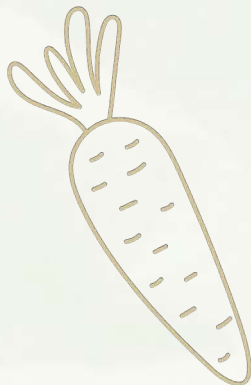
Water  
40% <3+/day



Regular Soda  
21% Daily or More



Coffee / Tea w/ Sugar  
20% Daily or More



# How might fim make a difference?

Sneak peak...

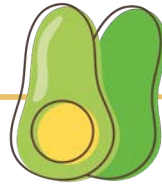


# Very preliminary results, n=17 from 1 clinic only



## Baseline A1c

Average A1c of 11.8%



## Post A1c

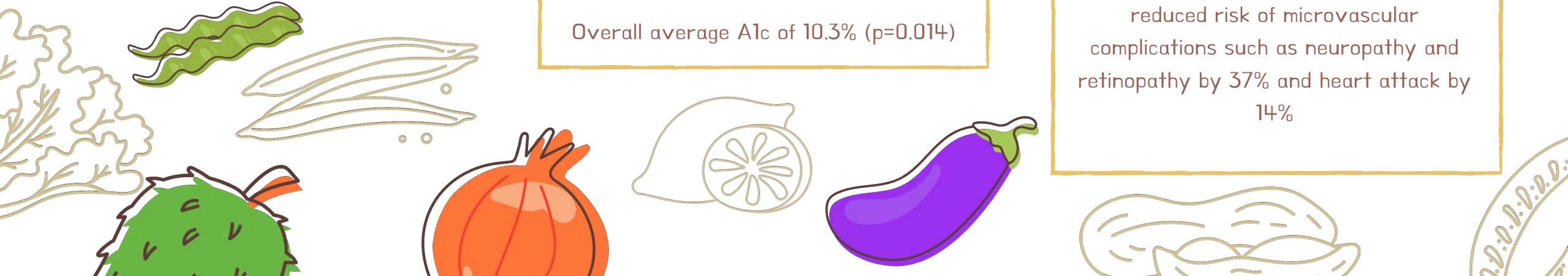
11 out of 17 improved glycemic control  
(avg decrease of 2.6%; 5 reduced < 9%)


Overall average A1c of 10.3% ( $p=0.014$ )



## Clinical Significance

1% decrease in A1c is associated with a  
reduced risk of microvascular  
complications such as neuropathy and  
retinopathy by 37% and heart attack by  
14%



An illustration of a white bowl filled with orange soup, garnished with green herbs and three orange slices. A white spoon with a purple handle is positioned to the left of the bowl. A green hand is shown holding the bowl from underneath. In the background, there is a pink napkin and a green leafy vegetable.

What do you want to  
know for future  
evaluation updates? Let  
us know!



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Susan Harvey, PhD  
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A decorative border surrounds the central text area. It features various stylized icons: carrots, strawberries, kiwis, and pills. Some icons are solid colors, while others have a halftone dot pattern. The background of the border is a light yellowish-beige.

# Food is Medicine: Lessons Learned from Clinics and Food Banks

**Food is Medicine Spring 2023 Learning Collaborative**

31 March 2023



# Presentation Overview

01.

What is Process  
Evaluation?

02.

Clinic Site Visit  
Results

03.

Food Bank Site Visit  
Results



# 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?



# Clinic Site Visit Results



# Main Themes



## Implementation

Celebrations and Challenges



## Capacity

Quantity and Quality



## Food

Food Bank Partnerships



## Partnerships

Other Community Partnerships

# Theme 1: Implementation Successes



## Provider and Staff “Champions”

“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.”



## Patient Buy-In

“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.”



## Program Integration

“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.”

# Theme 1: Implementation Challenges



## Provider Hesitation

“Provider buy-in has been a challenge for us. It’s not that they don’t believe in the program and what it can do, but I think for them, it’s getting their patients to buy in to the program...especially long-term.”



## Patient Recruitment

“Enrolling patients has been more difficult than we thought it would be. Some have expressed interest, but then have decided not to participate for different reasons.”



## Program Implementation

“Our staff has had to wear many different hats to get this going. And since we are short on staff, sometimes we aren’t sure what our roles are and it feels like they are constantly changing to deal with some of the issues we are dealing with.”

## Theme 2: Capacity

### Capacity:

1. Quantity
2. Quality

### 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, Skills, and Other Important Characteristics

“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.”

## Theme 3: Food



### Variety and Patient Choice

Taste/Food Preferences  
Patient Education  
Produce Availability



### Food Bank Adaptability

Expansion of Options

## Theme 4: Other Partnerships



### Space

Storage and  
Education



### Food


Local food  
procurement



### Education

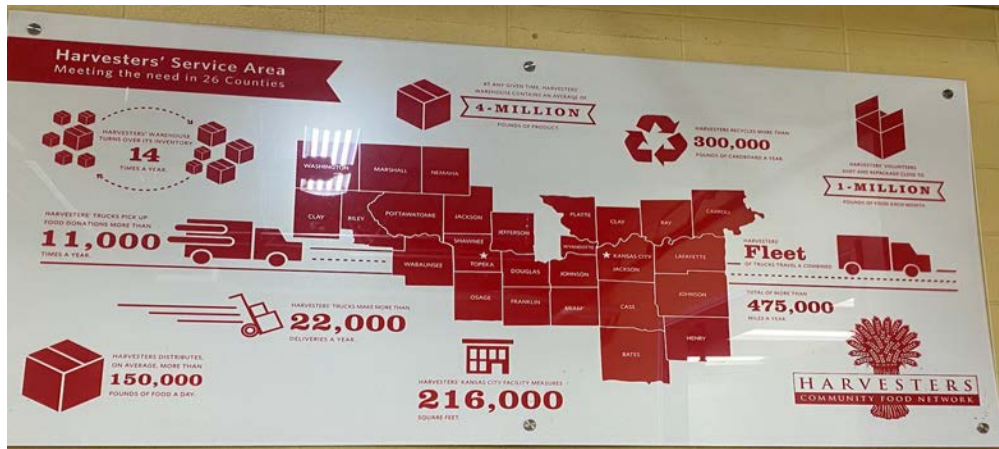
SNAP-Ed, Dietitians,  
Peer Education

# Food Bank Site Visit Results



Together, we create equitable access to nutritious food  
and address the root causes and impact of hunger.  
**THANK YOU** for your partnership!

# Main Themes



## Supply Chain Challenges

Impacts availability and options

## Capacity

Staff shortages

## Adaptability

Meeting clinic needs