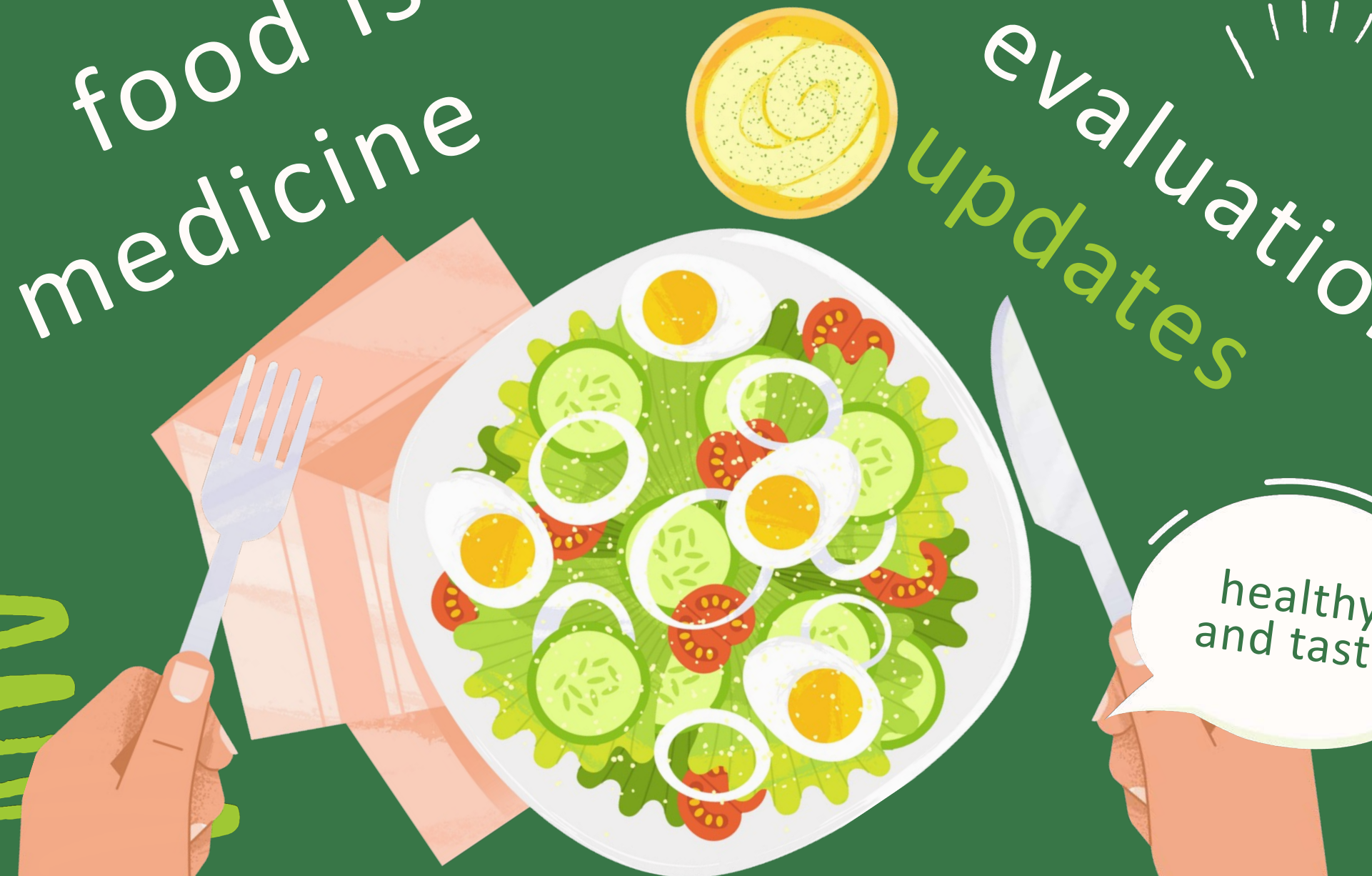


food is
medicine

evaluation
updates

healthy
and tasty



Sunflower Foundation FIM Program Timeline

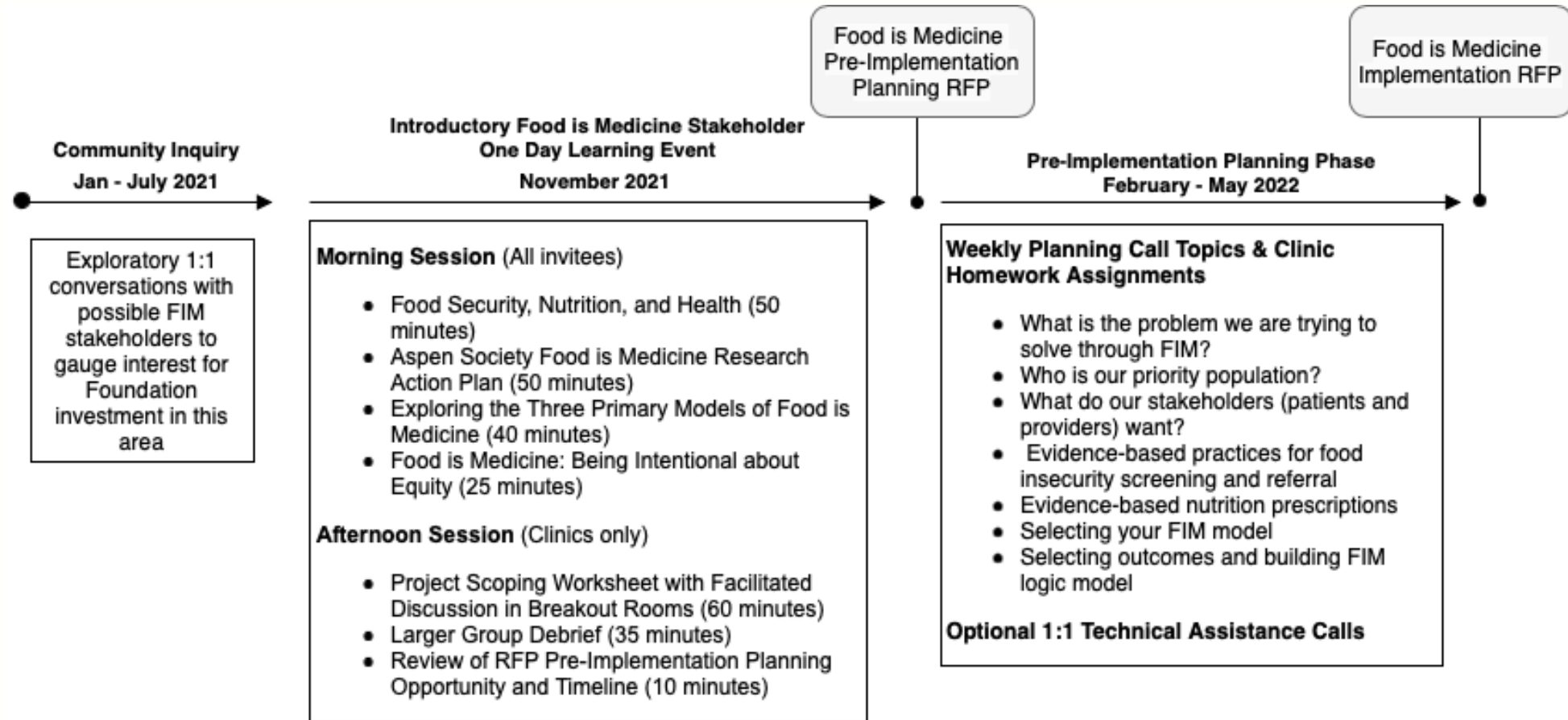


Figure 2. Overview of pre-implementation planning approach for food is medicine (FIM) interventions across multiple clinic sites in Kansas.

Variation in Clinic Implementation



INTERVENTION
DURATION: 2-12 MONTHS



ENROLLMENT: 16-56
PATIENTS



FOOD BOX FREQUENCY:
WEEKLY-MONTHLY



COMPLEMENTARY
ACTIVITIES: FEW-MANY

Quantitative Evaluation

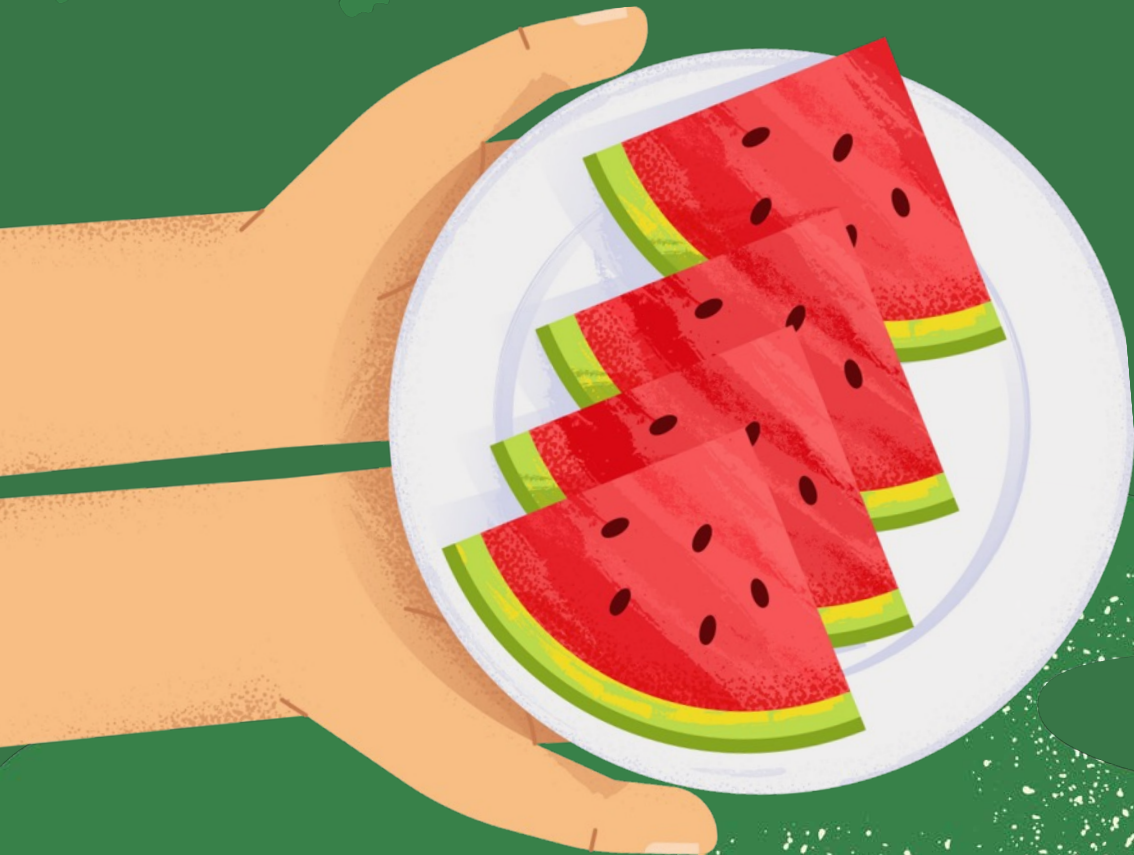
Pre/Post Survey

- Food Security
- Block
Fruit/Vegetable/Fiber Screener
- Depression (PHQ-9)
- Flourishing & Vitality
- Blood Pressure

Pre/Post Health Markers

- Hgb A1c (A1c Now POC device)
- BMI
- Blood Pressure

First, who are we reaching?



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

Patients Enrolled

171

Food Boxes Distributed

902

Cooking Classes
(Combined Attendance)

281

Group Education Classes
(Combined Attendance)

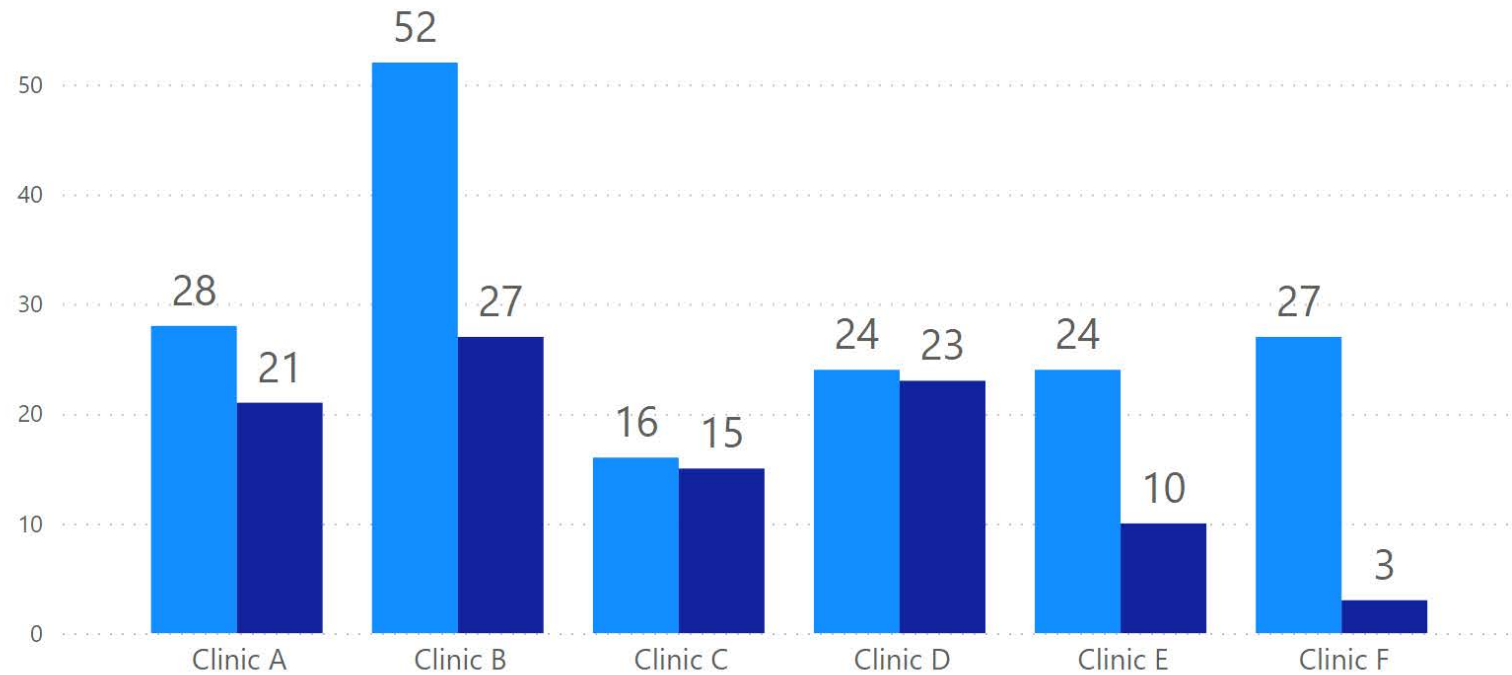
116

Visits with Diabetes
Educators or Dietitians

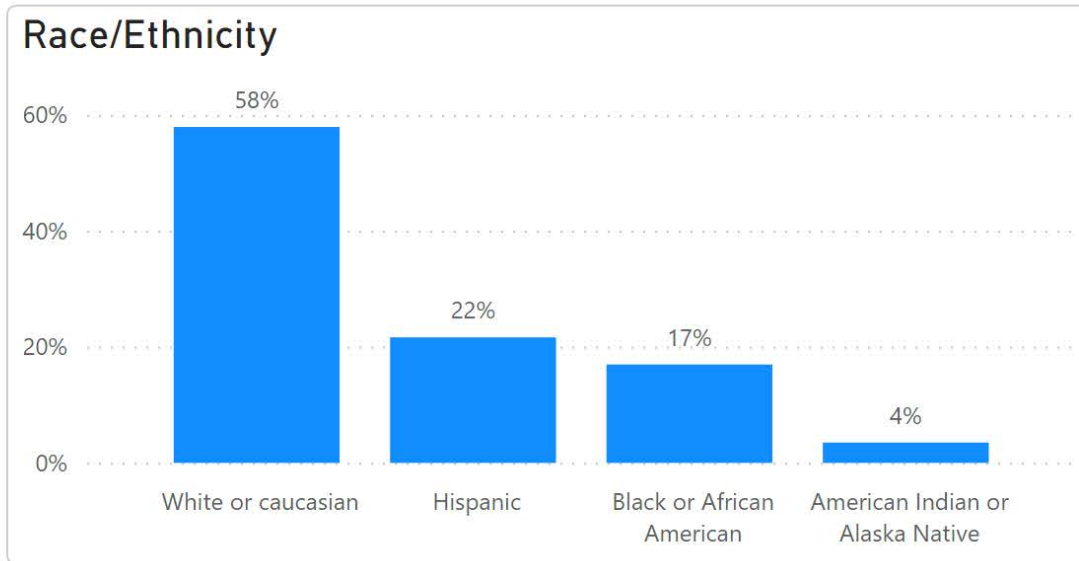
48

Survey Completion

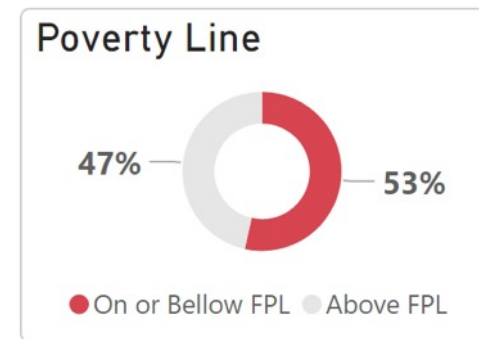
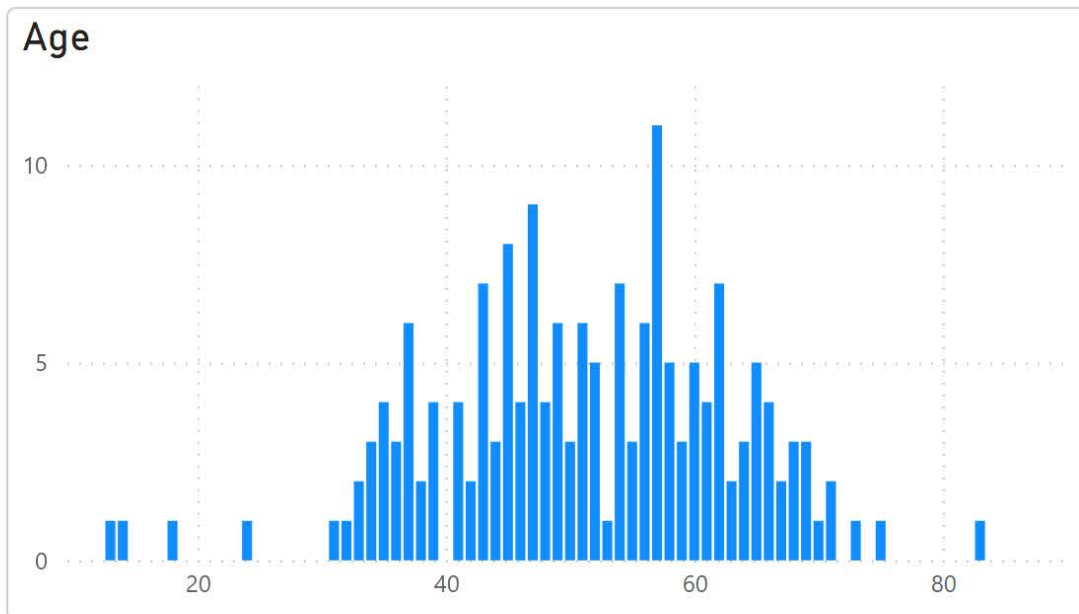
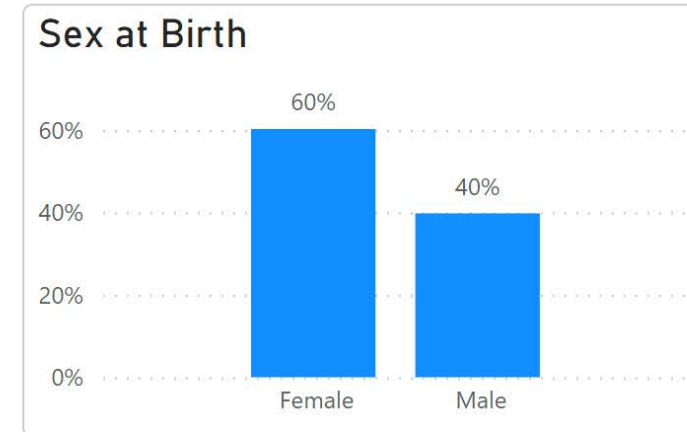
Event Name ● Baseline Patient Survey ● Final Patient Survey



All patients enrolled to date across all clinics (has completed the first survey)



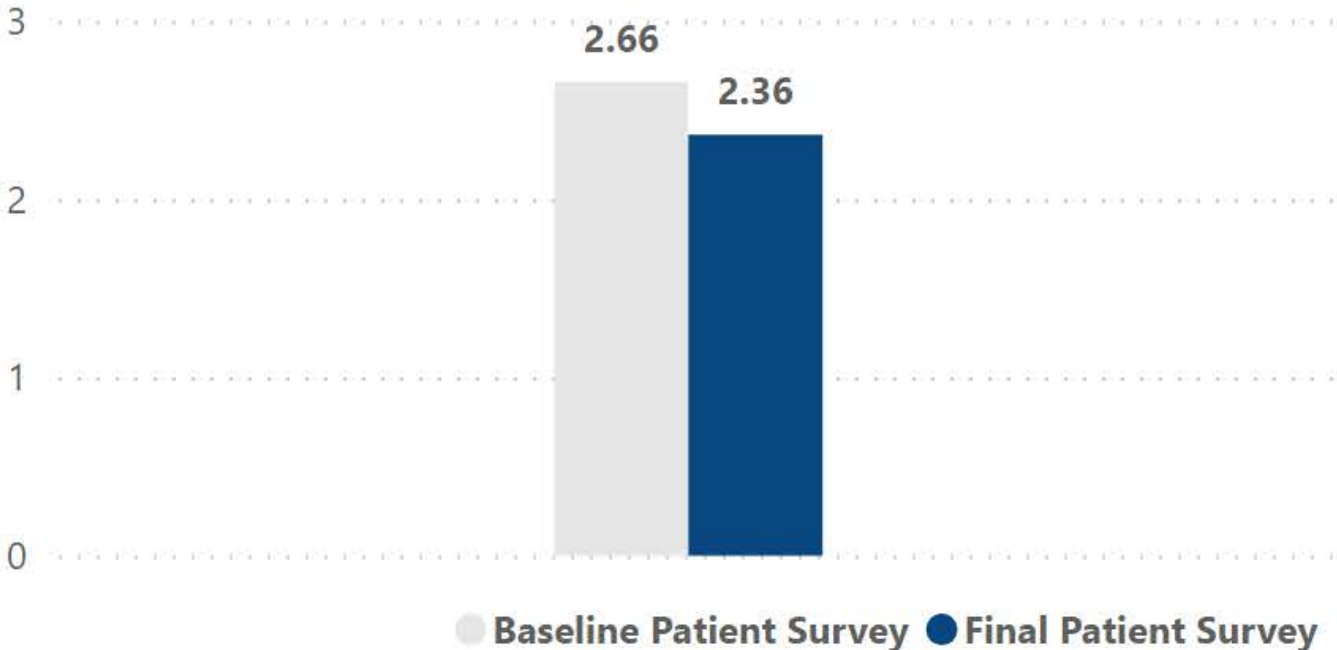
Clinic A	Clinic B	Clinic C	Clinic D	Clinic E	Clinic F	Total
28	52	16	24	24	27	171



How is FIM impacting food security?



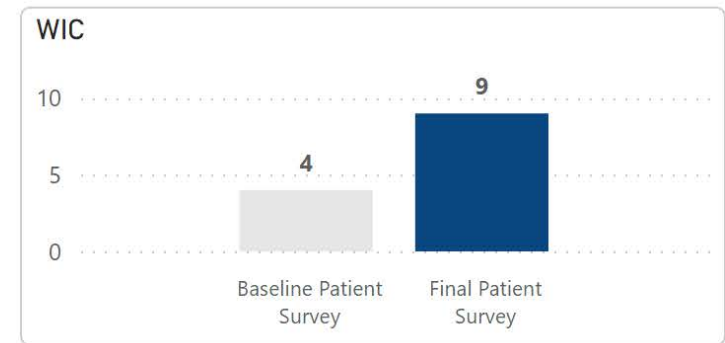
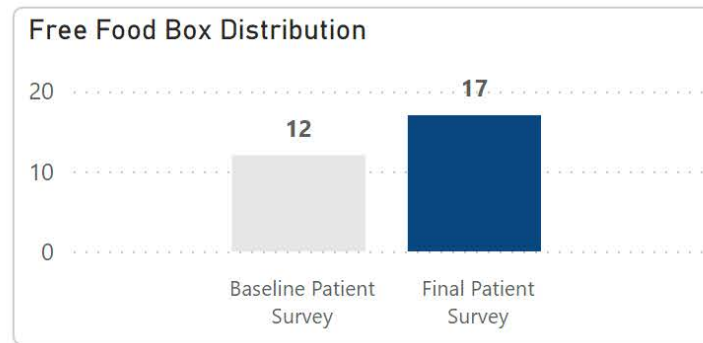
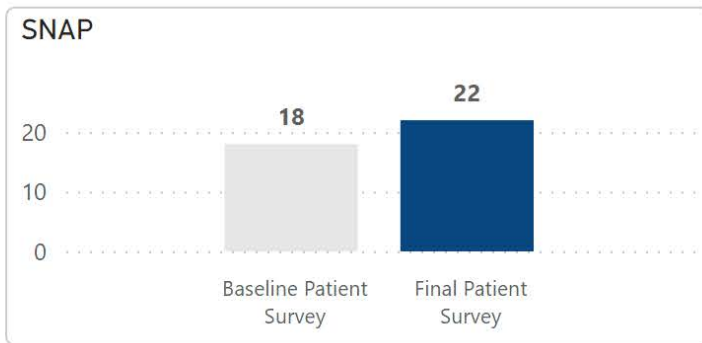
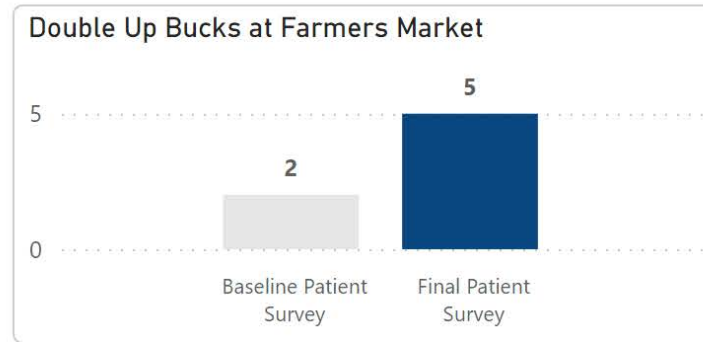
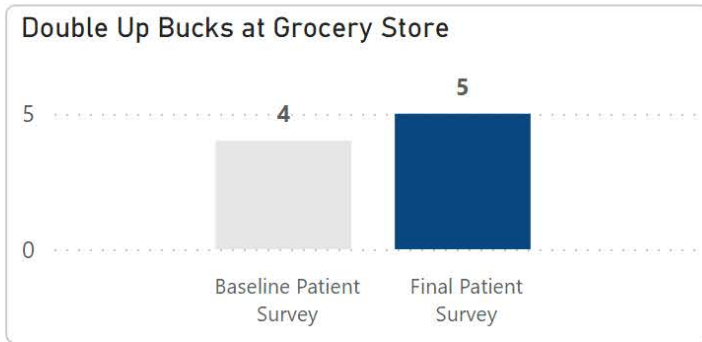
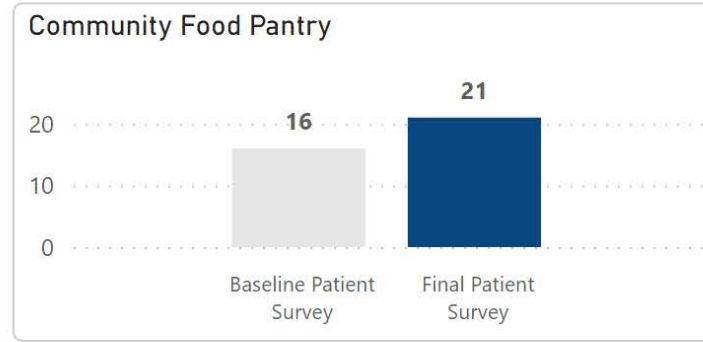
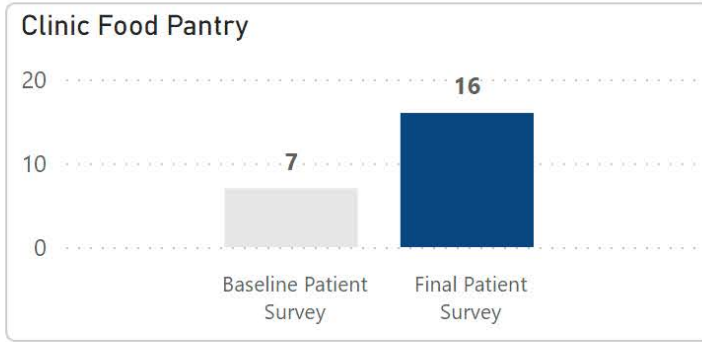
Food Insecurity Score (All Clinics)



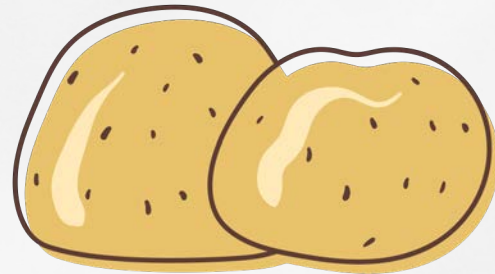
Utilization of Food Assistance Programs

(n=Number of participants who have completed surveys 1 and 2)

	Clinic A	Clinic B	Clinic C	Clinic D	Clinic E	Clinic F	Total
n=	21	27	15	23	9	3	98

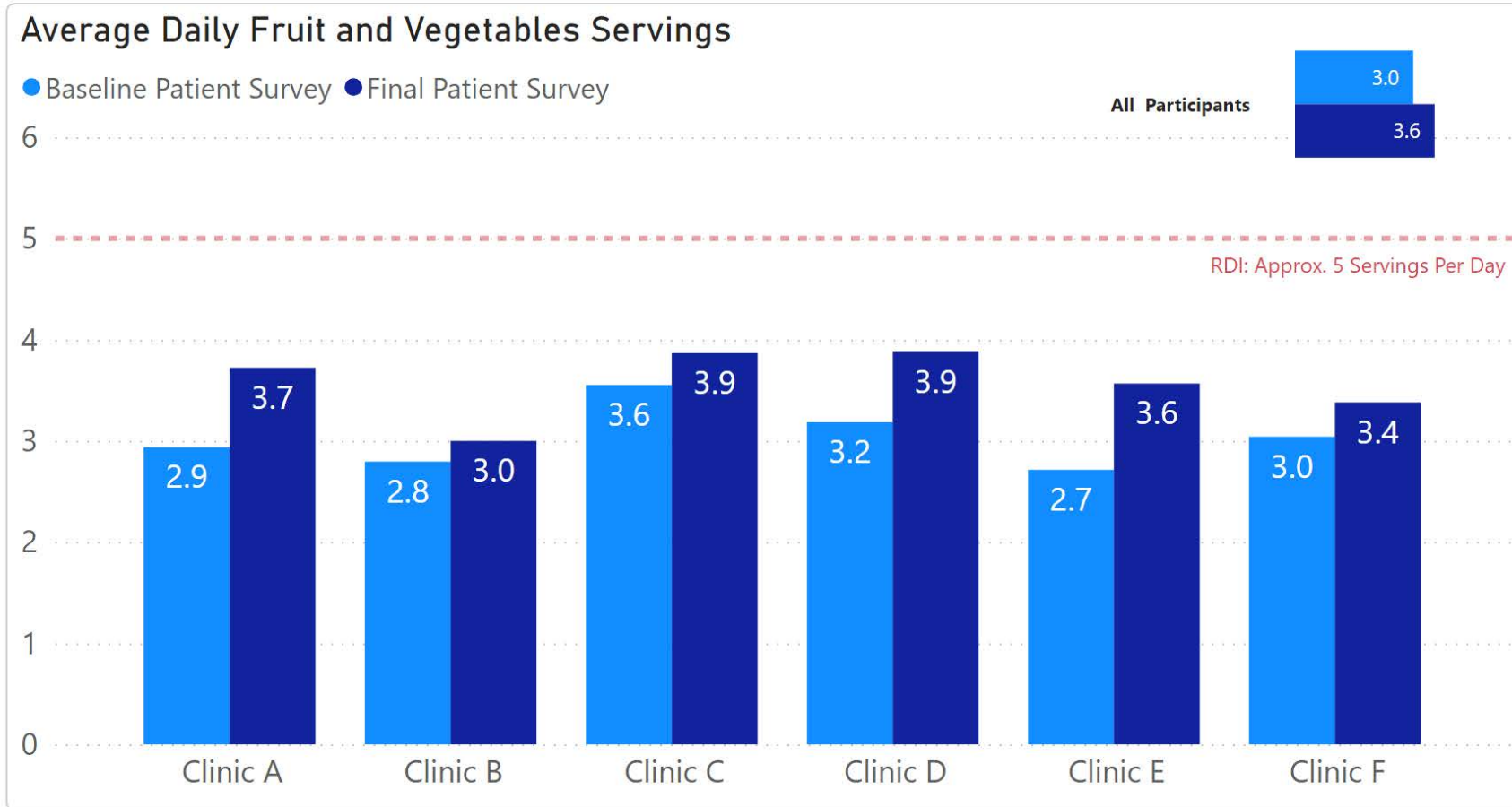


What are they eating?

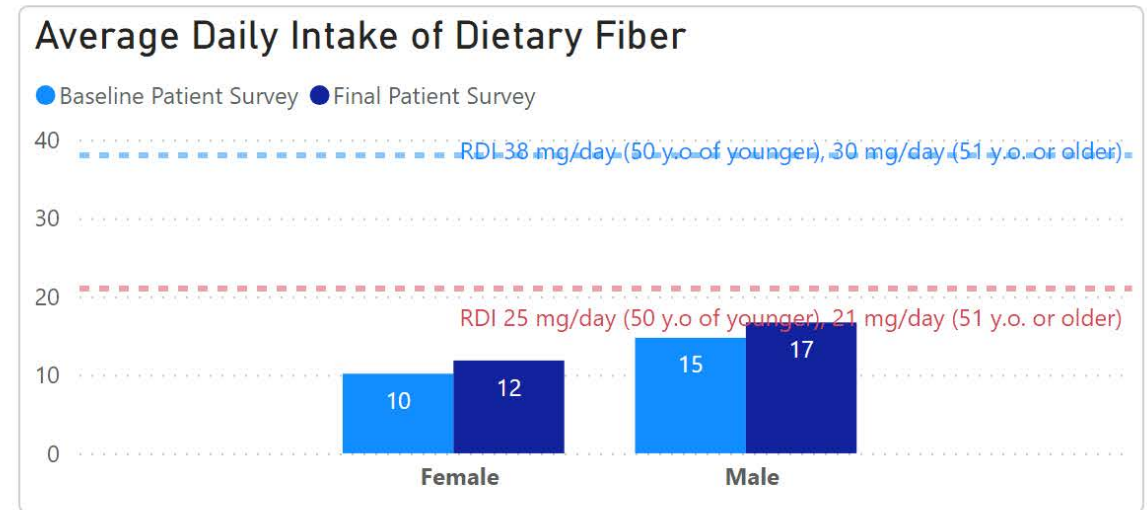
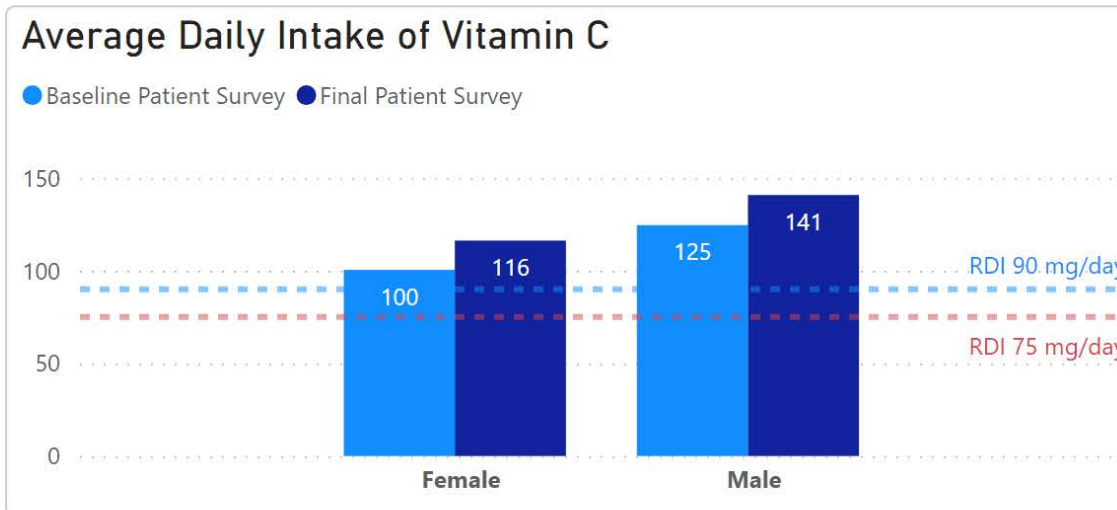
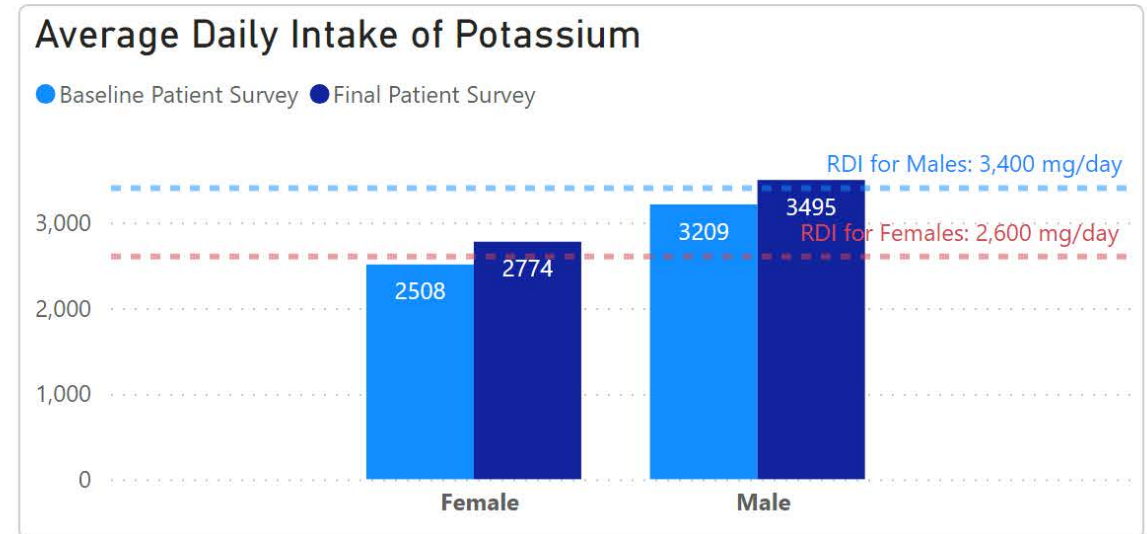
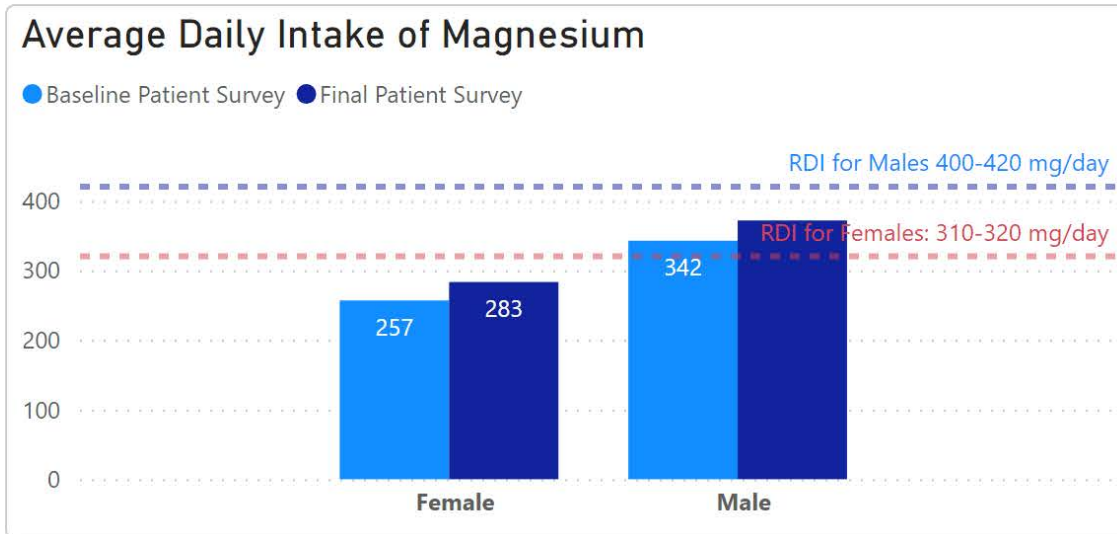


(n=Number of participants who have completed surveys 1 and 2)

	Clinic A	Clinic B	Clinic C	Clinic D	Clinic E	Clinic F	Total
n=	21	27	15	23	9	3	98



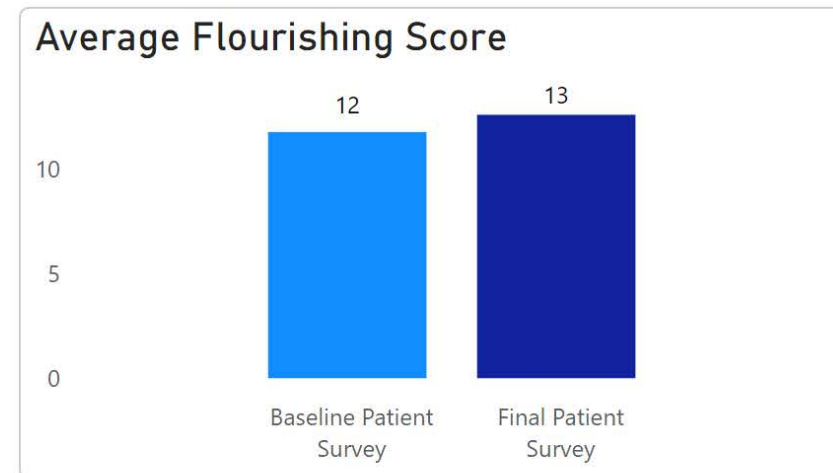
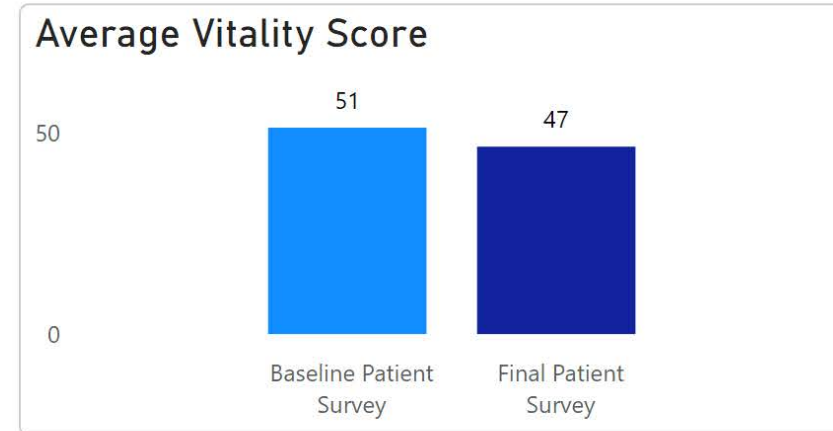
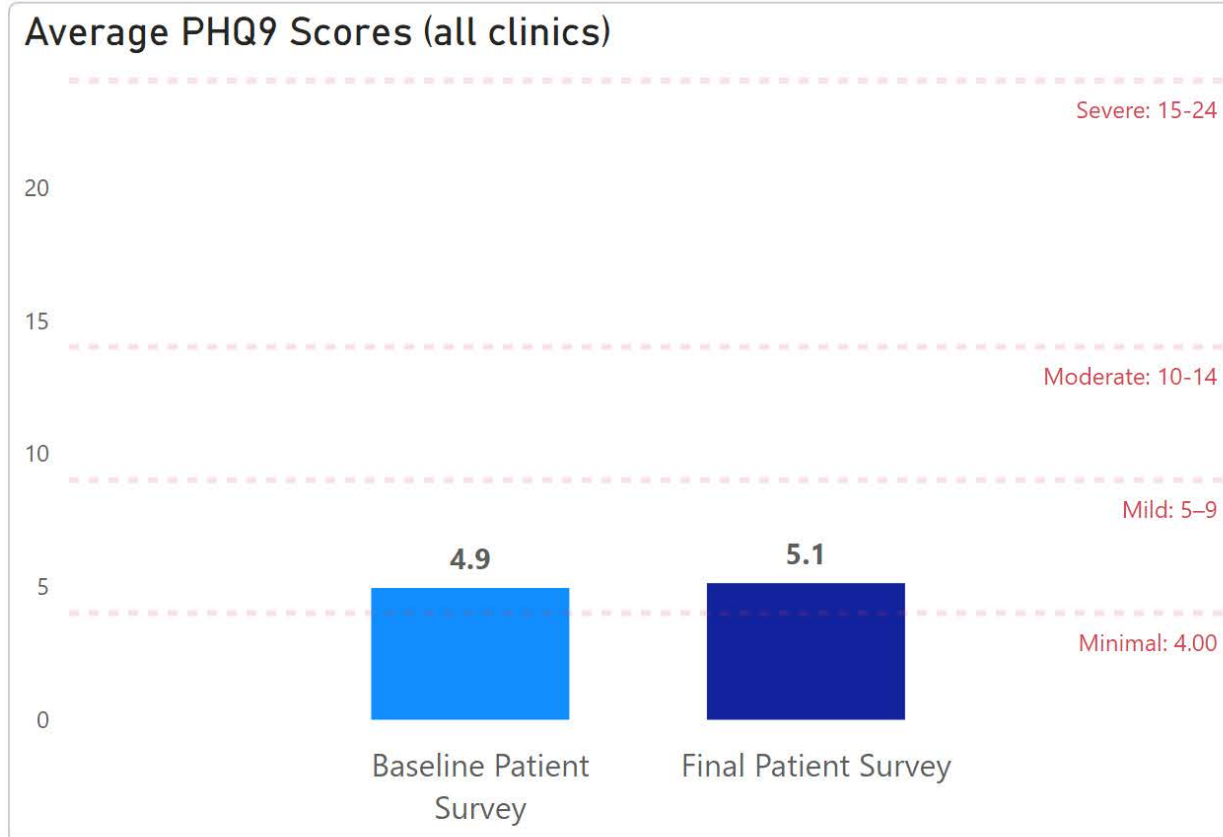
Statistically Significant
P value= <0.05



How is FIM
impacting
health
outcomes?



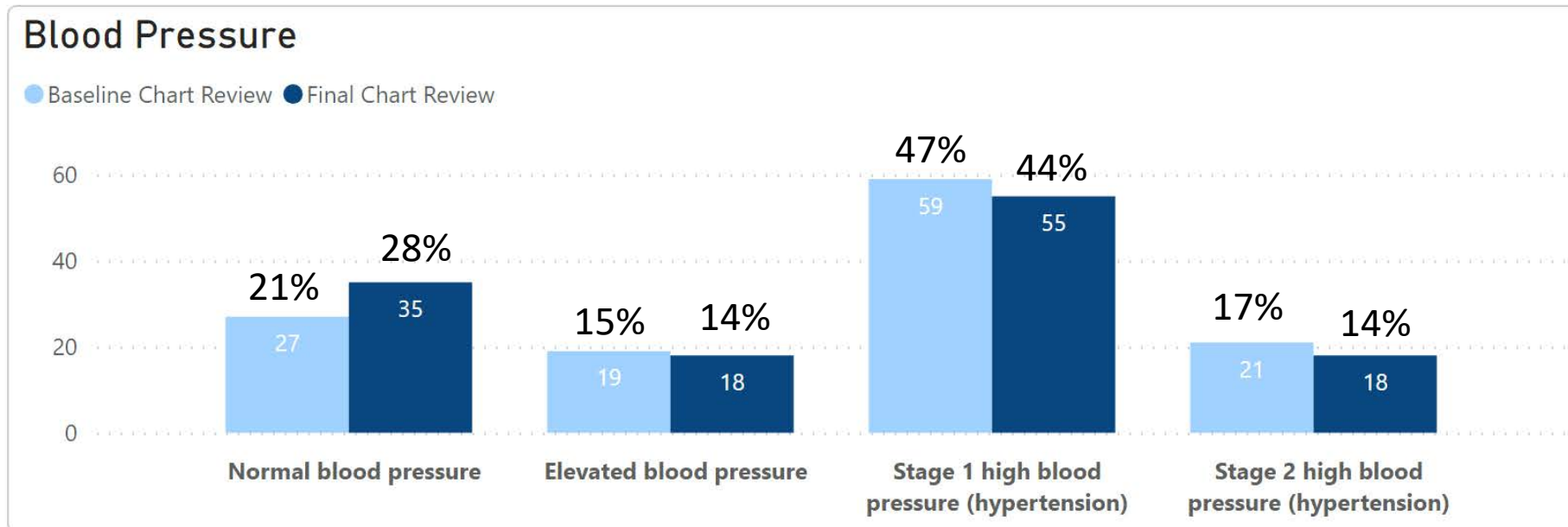
Mental Health



Hypertension

(n=Participants who have with at least 2 chart reviews)

	Clinic A	Clinic B	Clinic C	Clinic D	Clinic E	Total
n=	20	62	15	23	6	126

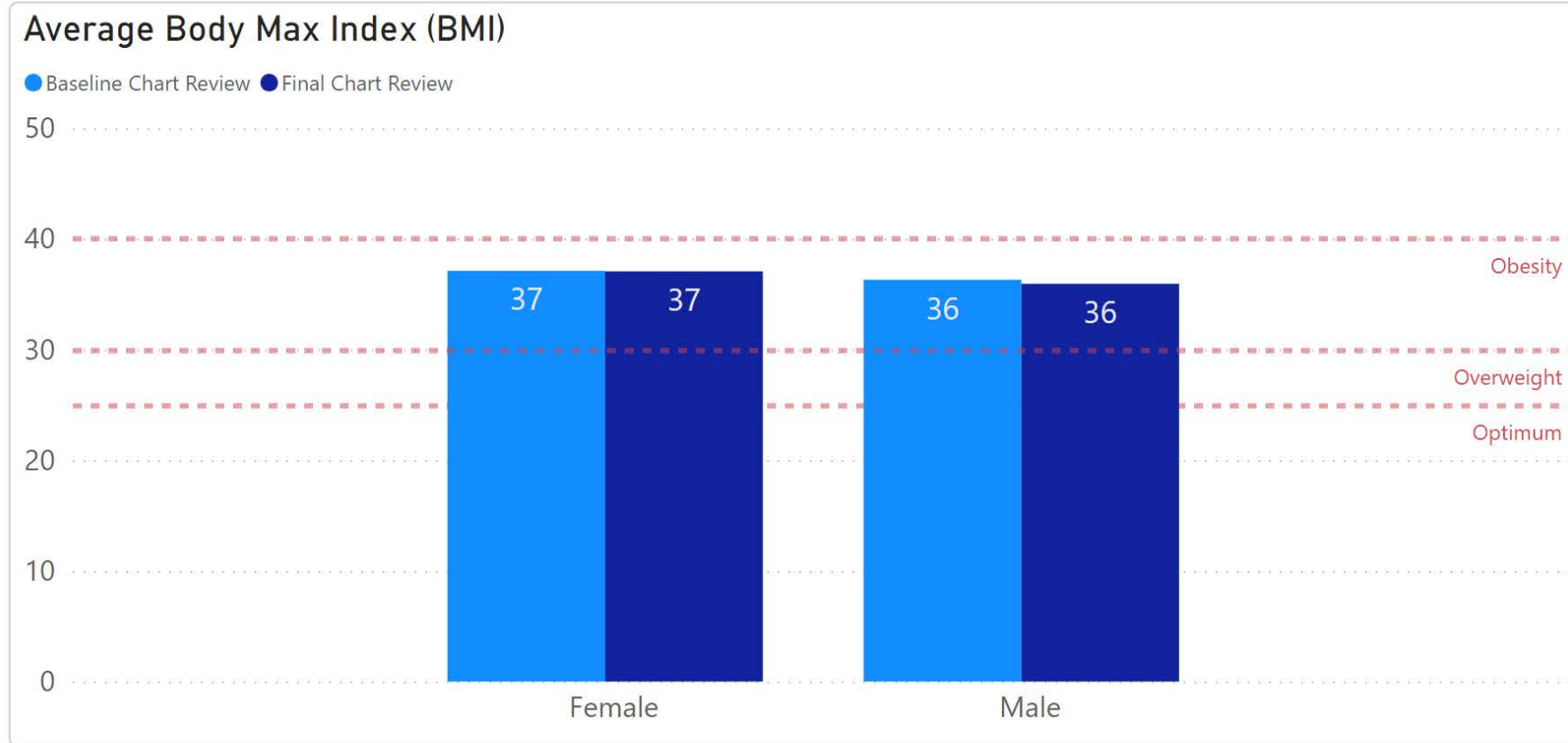


Weight

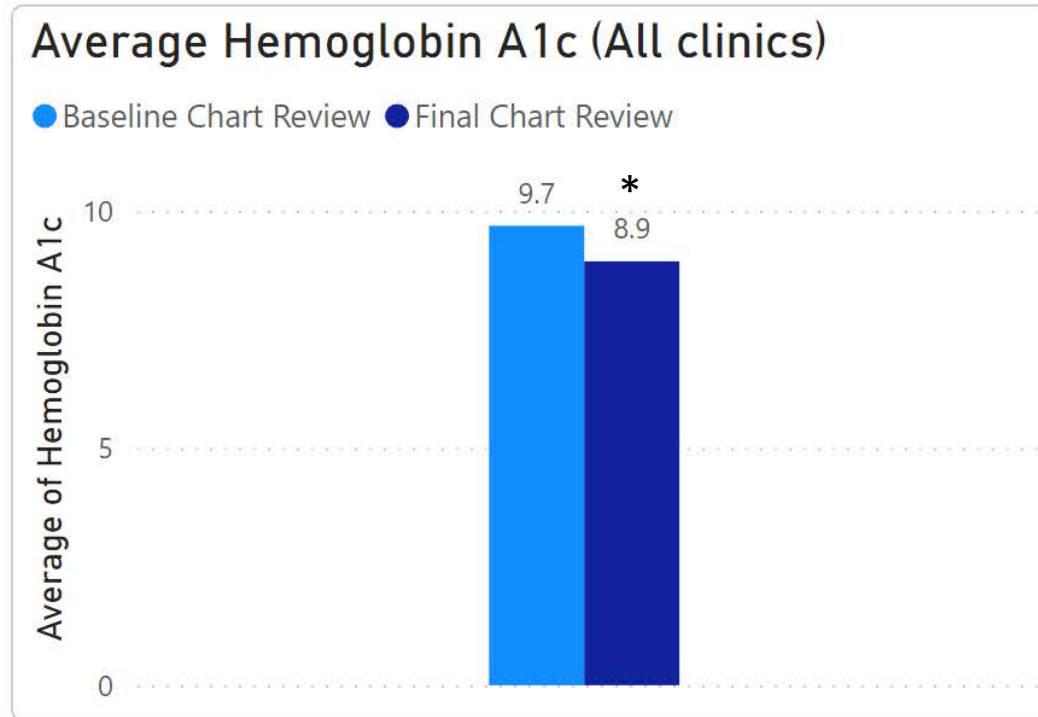
(n=Participants who have with at least 2 chart reviews)

Participants (surveys 1 and 2)

n= 126



Blood Glucose



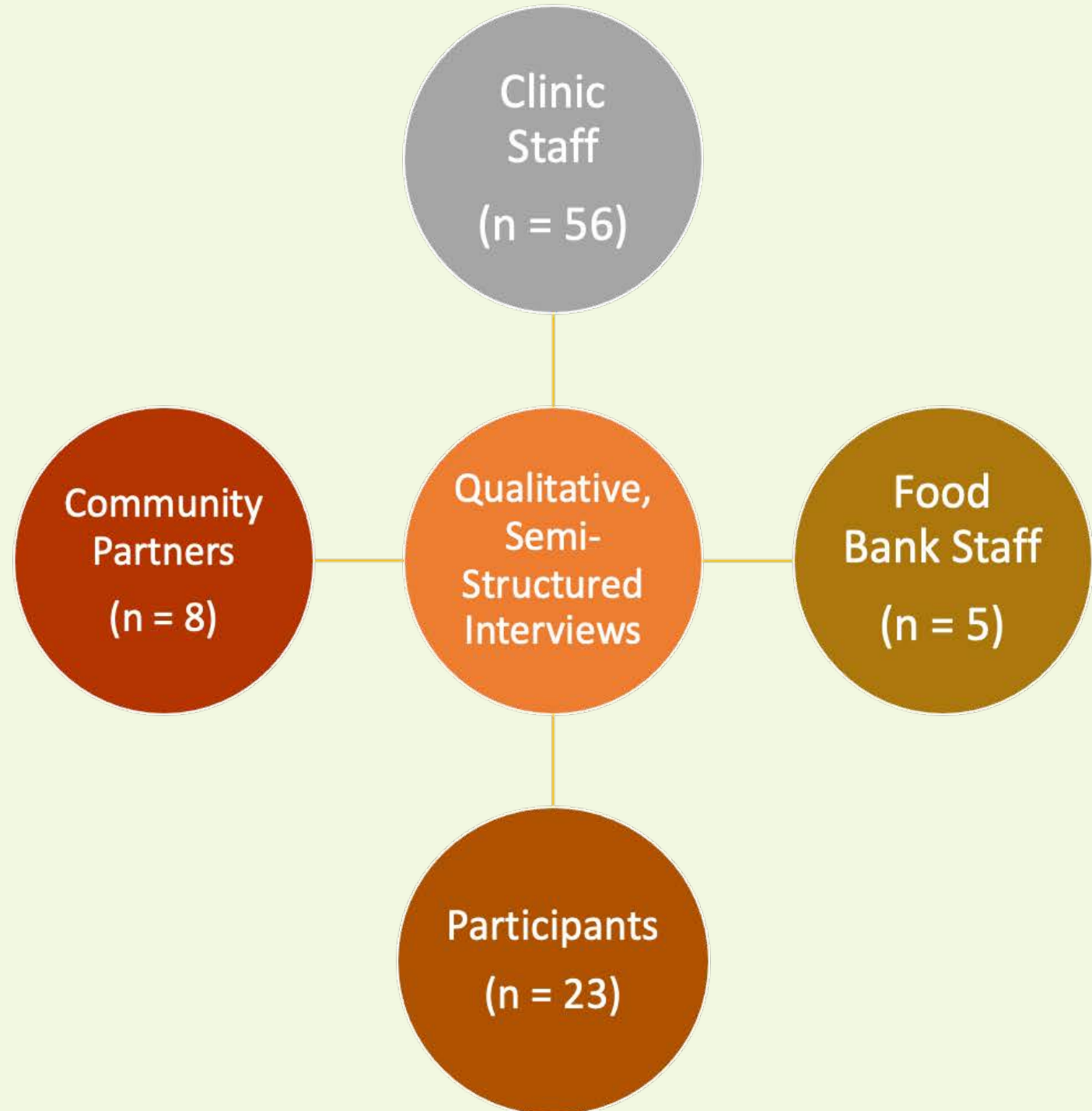
67% of patients experienced a reduction in A1c (n=126)

* The paired t-tests revealed a statistically significant decrease in mean HbA1c values from the baseline to final chart review. **p=0.029135939**

Qualitative Evaluation: Site Visits

Fall 2022 – Fall 2023: Site visits conducted at each clinic and data collected from:

- Six clinic sites (2x)
- Two food banks
- Community partners
- Participants



Site Visit Results – Clinic Interviews

"This [program] has really been the one that seems to have made a difference in A1c levels in some of my patients. And...they tell me they feel so much better. These are individuals who really felt lousy just a few months ago, and this [program] has made a difference."

Provider Buy-In

- Questions were asked to understand FIM program buy-in from the perspective of healthcare staff

Site Visit 1

- Provider hesitation reported at most clinic sites
- *"Provider buy-in has been a challenge for us. It's not that they don't believe in the program...it's getting their patients to buy in to the program...especially long-term."*

Site Visit 2

- Changes in patient health outcomes improved provider buy-in
- *"I was initially skeptical of this program...But, the improvements in A1C and some other clinical markers...has made me a believer that this type of program can be life-changing for patients."*

Participant Interviews: Community Engagement

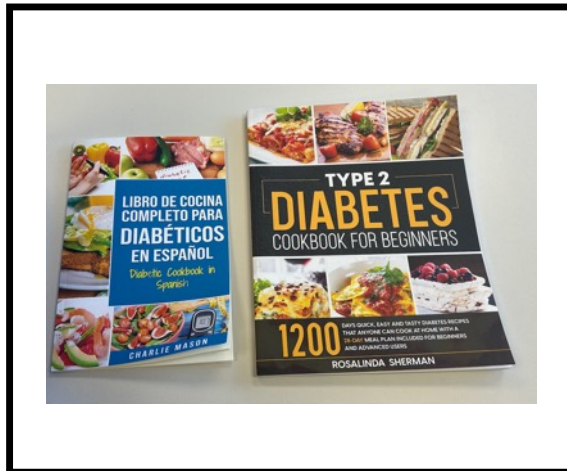
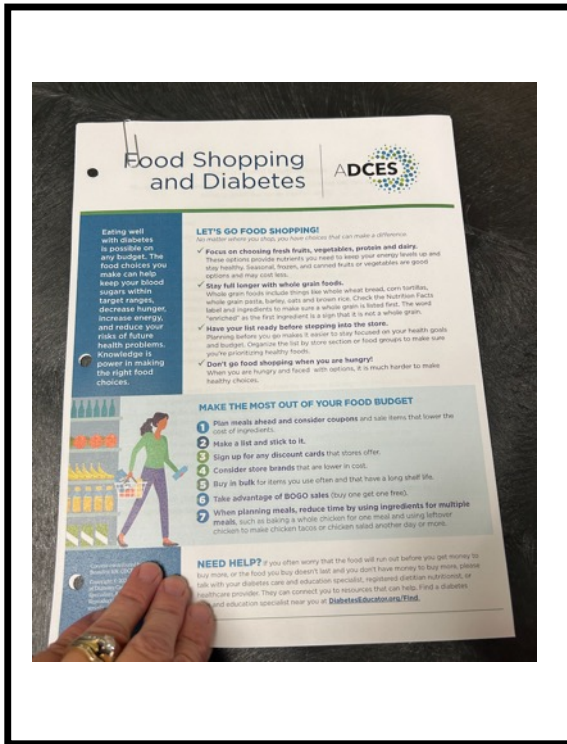


Patient education varied across clinics – much of this was due to space constraints, geographic location, and staffing capacity

“I love the cooking classes. I get to be with other people who all have something in common with me...and I have learned so much about what I eat and how it makes me feel.”

“These [cooking] classes have been a life-saver for me. I live alone and I’ve gotten to meet other people who also have diabetes. I’ve learned how to eat better...what foods to eat [and] what foods to avoid.”

“At the start of the program, we all got together as a group. I wish we would have done that more often [throughout the program]. We all have something in common and could learn from each other.”



Participant Education and Other Resources

- Patients received education on a variety of topics in addition to diabetes management, including sodium reduction, heart healthy meal planning, food label reading, physical activity, and other topics
- Food and fitness journals and BP and glucose monitoring devices were provided to some patients to track health
- “Goody bags” with recipe books and cooking equipment provided to many participants as well

Food

Food Bank boxes varied in both frequency of delivery and item availability

Produce Boxes

- All sites received fresh produce boxes from the food banks
- Participants across all sites enjoyed fresh produce boxes overall
- Potatoes often included in boxes – impacted patient glucose levels
- Patients with dental issues experienced problems with chewing some produce items

Dried and Canned Goods

- Five sites received dried/canned good boxes
- Food items included WW pasta, brown rice, canned tuna/chicken, pasta sauce, F/V, rolled oats, etc.
- Clinic and participant perceptions of food items varied, with lack of variety cited as main challenge
- Lack of culturally-appropriate items also a barrier
- Clinics often supplemented spices, other food items, and recipes

Prepackaged Meal Kits

- One clinic provided prepackaged meal kits and single-serving frozen food meals to clinic participants
- Feedback was mixed, with many participants indicating that they enjoyed the meals but would most likely not prepare some of the meal kit recipes again on their own
- Reasons cited for this included lack of availability of many of the food items at local grocery store.



Lessons Learned

Community Impact

- Establishment of new partnerships and relationships within the community
- Identification of additional resources to continue to support participants beyond the program
- Program facilitated community building and engagement

Patient Impact

- Clinic staff did regular check-ins and ongoing support with patients, providing holistic benefits for participants
- Resources and education helped patients better understand their overall health
- Development of new relationships with others provided social connectedness and peer support

