



Sunflower Foundation

Views From the Field

stories from clinics & a reflection of 2023

CHCSEK's 2023 Highlights

- Positive patient feedback: patients enjoyed being part of the program and learned a lot
- Improved provider buy-in throughout the year: doctor continues to make a list of referrals, and diabetic support workers find the program beneficial
- Partnerships with SNAP-ed and K-State extension, using online classes
- Strong involvement of the local supermarket owner in the program



FOOD IS MEDICINE IN PRACTICE



Language Barriers

- Initial lack of materials in Spanish limited population reach for the program

Patient Motivation

- Initially, patients with the most motivation and compliance in care were chosen for cohorts
- Shifted to more difficult cases & faced challenges in medication adherence

Comprehensive Care

- Weekly check-ins focused on food consumption and nutrition; noticed a need to consider other elements in patients' lives

LOOKING FORWARD



2024 Considerations

- Consider wrap-around issues, recognizing the **complexity of changing behaviors**
- Expand check-ins to address broader elements in patients' lives, ensuring **cultural competency**
- Plan a break from implementation for **quality improvement and adapting** to changes in CHCSEK's diabetic patient approach
- Opportunity to **integrate the program with a diabetic specialist**, moving from cohorts to rolling enrollment but considering logistical challenges with food distribution



Hoxie's 2023 Highlights

- Patients, on average, dropped 1 point in their A1C, which can reduce risk of chronic complications by 45%
 - Some patients dropped up to 4 points
- Featured in the *Northwest Kansas Today* magazine
- Success of weekly check-in calls in keeping patients engaged
- Partnerships with local businesses and agencies
 - The Elephant Bar & Bistro
 - Sheridan County Public Health
 - Jamboree Foods

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Food Procurement

- To address patient needs, supplemental food sources needed to be explored
 - Vouchers to local grocery store
 - Meal kits prepared by local chef

Provider Buy-In

- Observed major provider turnaround in favor of the program as the year passed
 - Providers witnessing improvements, both emotional and physical, in patients

Sustaining Change

- Concern about patients' ability to afford nutritious food upon completion of the program
- Partnership with the health department to develop a pantry stocked with healthy options

LOOKING FORWARD

2024 Considerations

- Expansion of ongoing Produce Prescription program focused on obesity and hypertension with Decatur & Sheridan counties to other areas
- Exploring the impact on children & families in collaboration with local schools
- Conducting a deeper analysis of support services and their impact on improvement
- Aim to track and support current and prior participants for an additional year to observe lasting change





HEARTLAND

COMMUNITY HEALTH CENTER

Food is Medicine

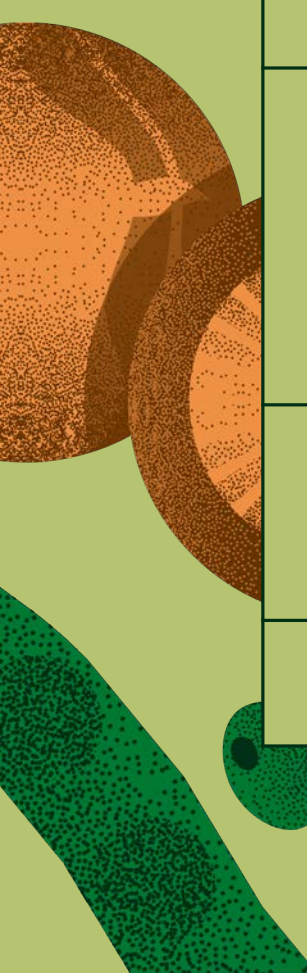


2023 Programming



1 on 1	
1st	Enrollment - Healthy Plate <ul style="list-style-type: none"> • Reusable shopping bag • Rx Meal Kit • Healthy Plate Placemat • Enrollment Packet
2nd	Goalsetting <ul style="list-style-type: none"> • Journal given • SMART Goals Handout
3rd	Meal Planning <ul style="list-style-type: none"> • Meal Planning Calenda
4th	Activity and Hydration <ul style="list-style-type: none"> • Water Bottle given • “Being Active with Diabetes” handout • “Rethink Your Drink” handout
5th	Healthy Carbs <ul style="list-style-type: none"> • “Count on Nutritious Carbs” handout
6th	Eating Out Strategies

Classes	
2/8	Gut and Mental Health Connections
2/22	Setting Intentions
3/8	Mindful Movements and Munchies
4/12	Taking Time for Nutrition (meal planning)
4/12	Taking Time for Nutrition (meal planning)
5/10	Cooking and Nutrition Basics
6/14	Dressing and Saucing Vegetables
7/12	Simple Salad Dressings
8/9	Great Grains!
10/25	Building Goals for Better Health
11/8	Diabetic Family Friendly Meals



Provider Engagement

Referrals:

- 2023 Program Referrals: We've had 47 referrals from providers over the past year.
 - 26 of these met with Karen and signed up for the program, 13 are meeting with Karen regularly in some capacity (weekly/monthly/1:1/class).
 - The others will be dropping off the rolls soon due to graduation or inactivity in the program. Graduates have remained active in some capacity (classes, weekly check-in as they shop the pantry).

Integration

- Integrated care with Chronic Care Manager (total number of participants receiving CCM care) Of the 13 active members, more than ½ are also working with our Chronic Care Manager.

The Program:

Attane Health <https://attane-health.com>

Program Kick Off August 2023

- Provided Access to high quality foods for 9 patients in the first year. We have identified the remaining 6 individuals who have been signed up for the program have had technological barriers and are working to address these.

Clinical Outcomes Goals:

- Improved veggie meter/carotenoid
- Improved participant satisfaction with FIM program through providing high quality foods and food choice
- Lower A1c, prevent DM2 for prediabetes, improved blood pressure and lower BMI after 6-12 months
- Improved adherence to dietary recommendations
- Increases access to specialty foods for participants that have dietary restrictions such as gluten free items.
- Access to personalized 1:1 nutrition coaching

Patient Engagement

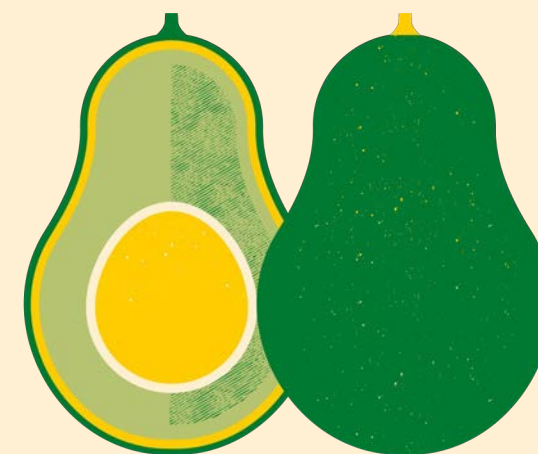
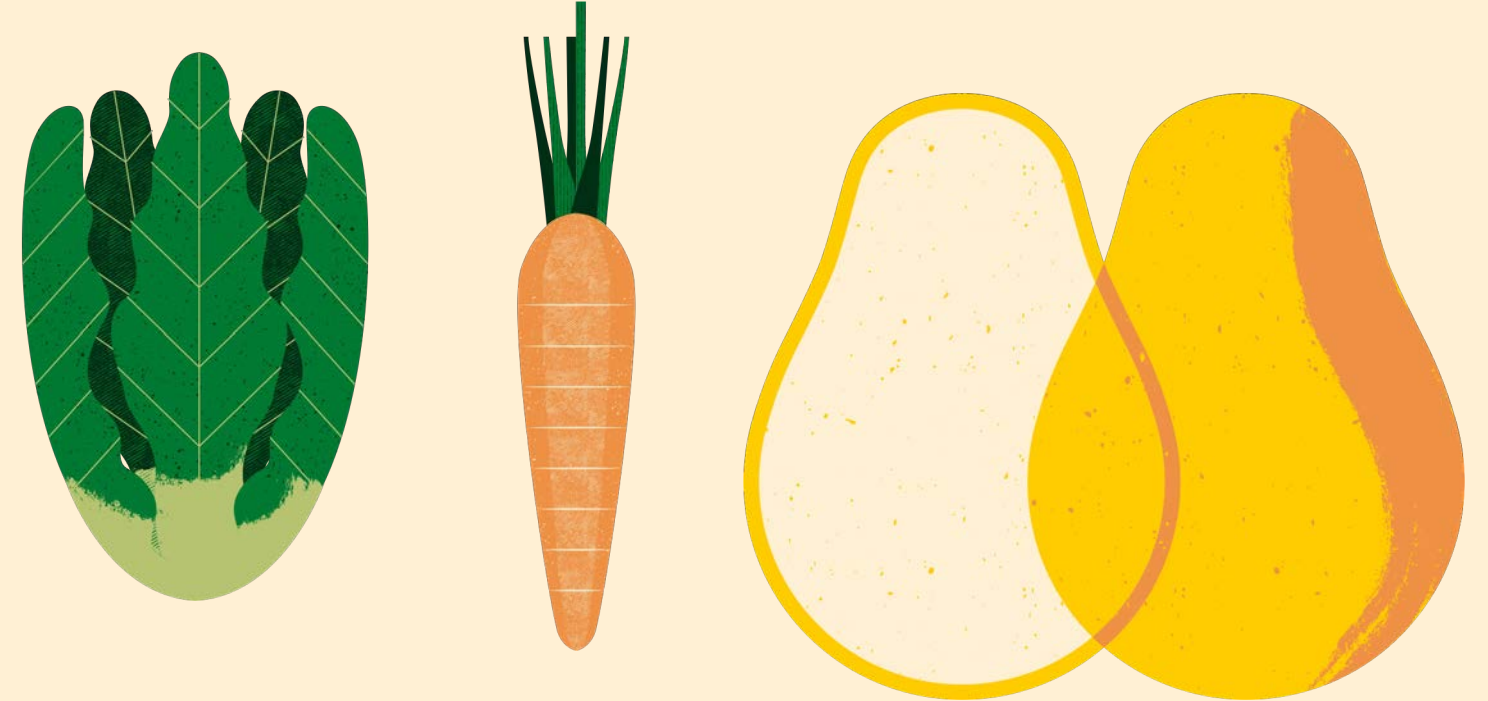
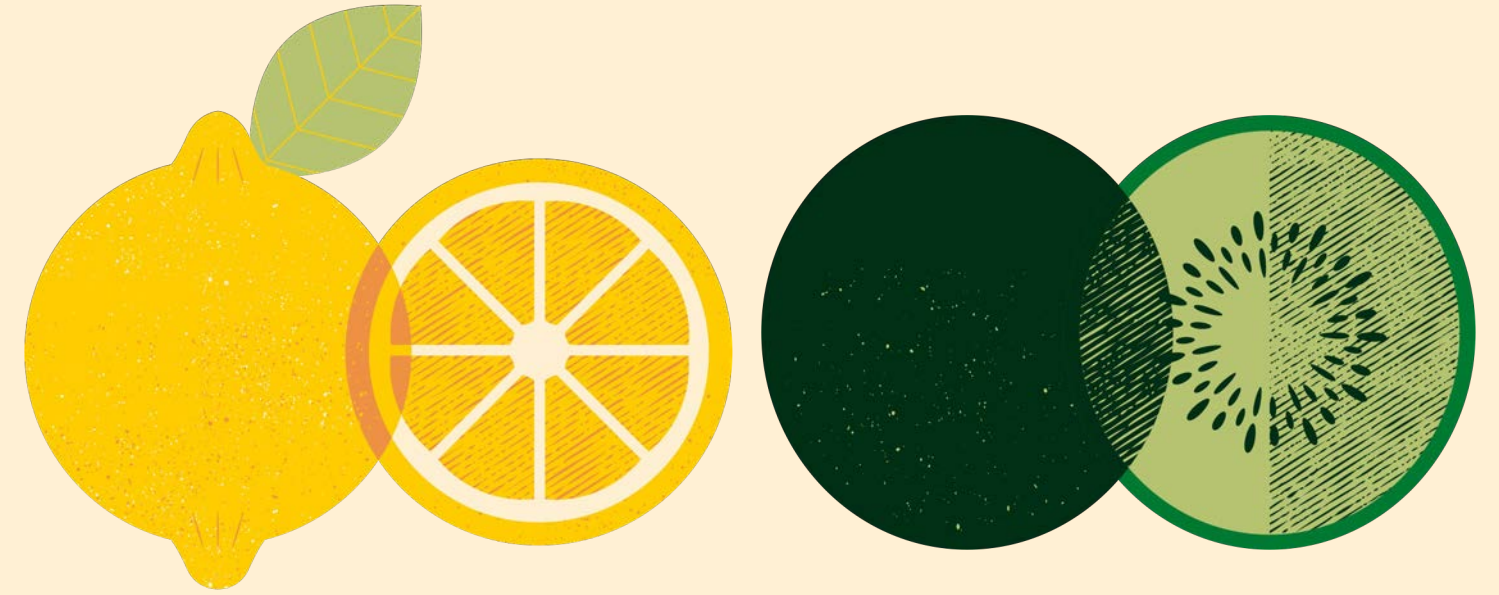
Patients Enrolled: 23 enrolled in 2023 with 13 regularly attending

FIM Appointments: 95 appointments in 2023

FIM Classes: 10 classes were held in 2023 with average attendance of 7 participants.

FIM Boxes Distributed: approximately 100 FIM boxes distributed

Attane Health (FreeFrom) Enrollments: 15 patients





2023: Care Cupboard

9,019

Shopping visits in
2023.

1,562

Households served in
2023

2,923

Unique individuals
were served

80%

Increase in shoppers
in 2023

Patient Impact

Multidisciplinary Approach:

Food is Medicine (FIM), Community Health Worker(CHW), Chronic Care Management Provider (CCM)

- Patient has lost 80 lbs over the last year.
- Enrolled in FIM program to maintain weight loss, lifestyle and to sustain changes to sustain health and wellness improvements.
- Working with CHW to address SDOH and care coordination. CHW made referral to CCM program and FIM program due to patient expressing desire to incorporate lifestyle changes and minimize need for medications.
- Patient receives GLP-1 medication from CCM
- The patient shows improved blood pressure readings and has enrolled in FIM program to continue to self-manage her chronic health condition.
- Patient participates in regular exercise sessions with CHW.
- Patient attends FIM classes consistently, is engaged during classes and reports higher level of patient satisfaction since being enrolled in the integrated care model FIM/CHW/CCM.



Summary

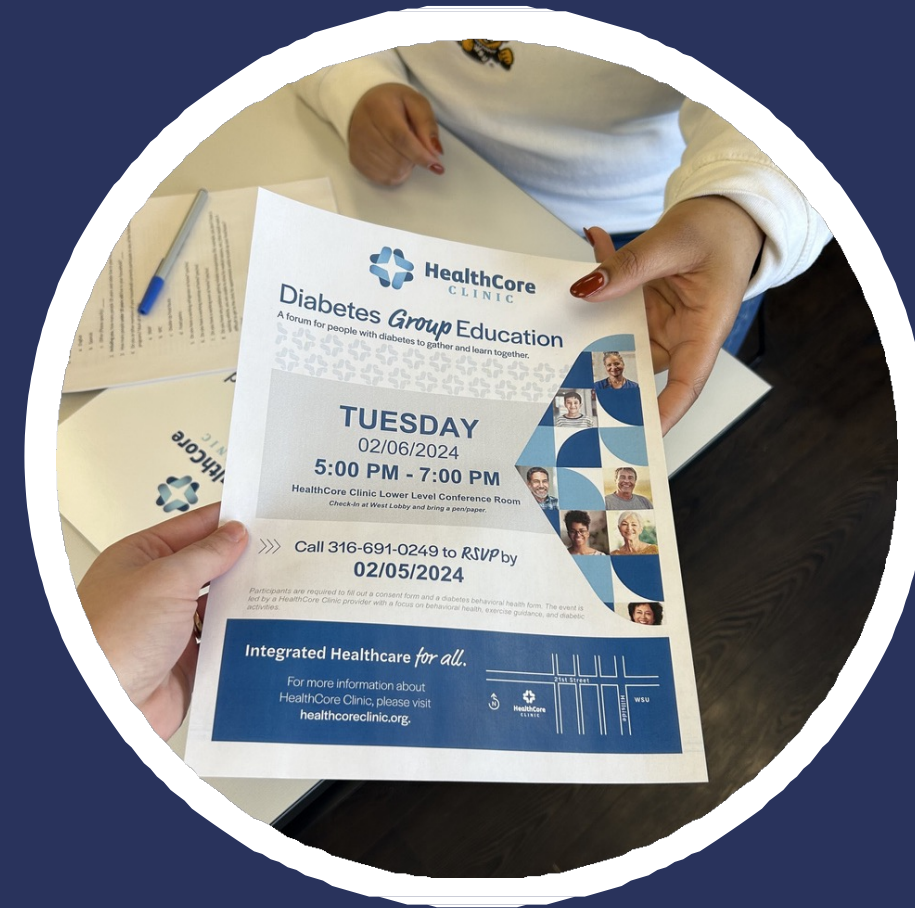
Challenges:

- Participants with low SODH and food insecurity
 - Access to quality food, mostly fresh produce
 - Working with CHWs to address social drivers of health that cause life stressors impacting patient's ability to prioritize healthy lifestyle changes
 - FIM programming for unhoused patients. Providing high quality shelf stable products.

2024 Goals:

- Provide SNAP enrollment through AmeriCorps staff at Care Cupboard and assistance with using SNAP dollars for FIM friendly shopping
- Utilize Azara to collect additional patient outcomes data
- Patient and provider engagement
- FIM Book Club with CHW:
 - guided by evidence-based practices
- Exercise Prescription Program
Collaboration with LiveWell Douglas County and LMH





HealthCore's 2023 Highlights

- Conducted 3-month cohorts for diabetes classes with 10-15 participants in English and Spanish
- Successful outreach to Spanish-speaking patients via texting instead of cold calling
- Engaged newly diagnosed or prediabetic individuals who showed keen interest
- Implemented a reset at the end of the year, with a 2-month break before starting a new cohort in October

FOOD IS MEDICINE IN PRACTICE



Patient Outcomes & Perceptions

- Easy to engage patients after seeing a provider, but maintaining motivation can be a challenge
- Importance of consistency in reaching out to patients

Program Delivery

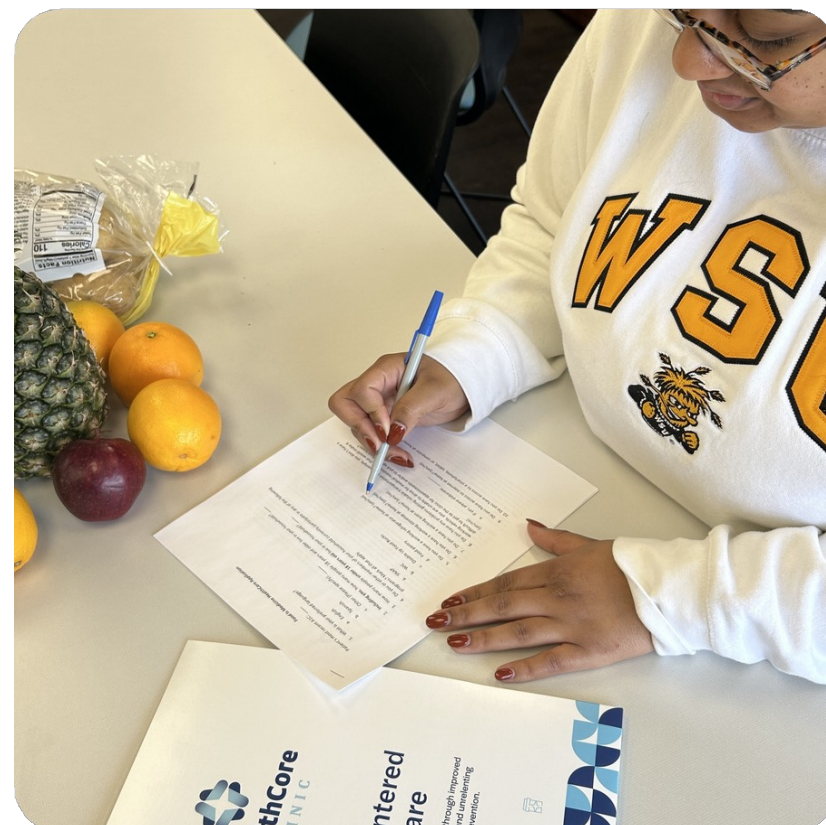
- **Flexibility is key.** Turnover in healthcare is high - how do you consistently deliver FIM when losing employees and orienting new ones?
- Filled gaps with SNAP cooking classes & opening up diabetes education class to all - emphasized the significance of diabetes education class in **relationship building**

Food Procurement

- Explore more food procurement options and partnerships with newfound support

Program Expansion

- Open Food is Medicine to more diagnoses, such as hypertension
- Emphasize prevention by including patients with prediabetes
- Increase provider buy-in by allowing any provider to refer patients to the program



LOOKING FORWARD



Genesis' 2023 Snapshot

- Experienced delay due to high turnover, increasingly common in healthcare & something other clinics have encountered
- Orientation of new FIM staff - meeting with previous cohorts of patients, many of which were happy & grateful to be involved
- Importance of patient-CHW conversations about eating habits to reveal lack of nutrition resources
 - Language barriers in reading labels on food
 - Example: Patient unaware of sugar in creamer



ONGOING INITIATIVES

Data Collection

- Currently working on completing exit surveys for the previous cohort to support evaluation efforts

Program Delivery

- Preparation underway to begin with a new group of patients (such as program welcome kits!)
- Ongoing provision of wrap-around services for blood glucose and pressure monitoring
 - Devices being provided to patients



FOOD IS MEDICINE



Health Ministries Clinic
COMMUNITY HEALTH CENTER

NEWTON, KANSAS

HMC STAFF

- Michael Williams, MD, CCMS
 - Dietary advocate, Instructor, Course Coordinator
- Audrey Armas
 - Food Procurement & Chef
- Melissa Butts
 - Administrative Support
- Brittani May, LSCSW, LCMFT
 - Behavioral Health Consultant
- Erica Stoltzfus, RN
 - Diabetic Education Coordinator
- Matthew Schmidt, LSCSW
 - Administration
- Jordanna McCallister
 - Media



COURSE OVERVIEW

- 12 WEEKS OF CLASS
- 6 WEEKS INCLUDE COOKING
- WEEKLY FOOD BOX DISTRIBUTION
- WEEKLY DIETARY EDUCATION LECTURES
- FINAL CLASS INCLUDES GROUP DISCUSSION & A POTLUCK!



CHALLENGES



PHYSICAL SPACE
& LOCATION



PATIENT
RECRUITMENT



CONSISTENT
ATTENDANCE



MEASUREMENT
OF OUTCOMES

CONTINUOUS IMPROVEMENT



RECIPE BOOKS



ONLINE ACCESS



MORE STAFF

FUTURE CHALLENGES



LOCATION



FUNDING



PATIENT FOLLOW-UP

INTERVIEW: ALAN SMITH



THANK YOU!



Health Ministries Clinic
COMMUNITY HEALTH CENTER

